

Crozer-Keystone Health System YMCA of Eastern Delaware County Reimbursement Overview

To encourage Crozer-Keystone employees and spouses to enhance your health by exercising regularly at the YMCA in Springfield, Ridley or Lansdowne, a fitness reimbursement is included in all Crozer-Keystone medical plans. CKHS has a partnership with these three YMCA locations, which are part of the YMCA of Eastern Delaware County.

To learn more about joining the Springfield YMCA (located on the Springfield Hospital Campus), the Ridley YMCA (located near Taylor Hospital), and the Lansdowne YMCA (located near DCMH), please visit the Community YMCA of Eastern Delaware County website (cyedc.org) or call Membership Services at 610-557-9622 (YMCA).

Eligible employees and spouses may receive a \$400 annual reimbursement of your YMCA membership fee, payable quarterly. You must continue to be enrolled in a CKHS medical plan for the full three months that you request reimbursement. Quarterly payments cannot be pro-rated.

How the reimbursement process works:

- Enroll in a CKHS medical plan, become a YMCA member, pay your dues, and meet the criteria below.
- Check in at the YMCA each time you participate in an exercise program. Your fitness reimbursement benefit begins on your first workout date. Each eligible individual is required to:
 - Complete and record at least 24 workouts within three continuous months;
 - Workout at least 45 minutes each time;
 - Record a maximum of seven workouts per week.
- Request that a YMCA representative provide an electronic summary of your workout activity when you complete 24 workouts within a three-month period. Request that the printout reflect only the three months for which you are requesting your reimbursement. Please print the following information on the document if it does not already appear:
 - Your name, date of birth, and employee number;
 - The name of the Crozer-Keystone employee and their employee number (if you are a spouse requesting reimbursement).
- Sign your workout summary printout and request that a YMCA manager do the same.
- Submit the original printout along with the ***Crozer-Keystone Health System YMCA of Eastern Delaware County Reimbursement Form*** to (please keep a copy for your personal records):

Fax: 610.447.6776 or Email: CKHSEmployeeBenefits@crozer.org

Once your claim has been verified by Employee Benefit Services, a reimbursement check will be mailed to your home within 60 business days.

If you continue to meet the criteria, you and your spouse are eligible for additional YMCA reimbursements every three months.

Crozer-Keystone Health System YMCA of Eastern Delaware County Reimbursement Form

Eligible employees and spouses enrolled in a Crozer-Keystone medical plan may receive a \$100 reimbursement when you complete 24 workouts in a continuous three-month period at the Springfield YMCA, Ridley YMCA or Lansdowne YMCA. The maximum annual reimbursement is \$400 (\$100 per quarter).

Fitness reimbursement annual eligibility begins with the date of your first fitness session; this benefit is not based on the calendar year. You must continue to be enrolled in an eligible medical plan for the full 3-months that you request reimbursement. Please see the reimbursement overview for complete details.

Do you qualify for reimbursement? To find out, please call the Benefit Answer Line at 610.447.6300 (15*6300), Option 9.

If you do not receive your reimbursement within 60 business days of your quarterly submission, please contact Employee Benefit Services at CKHSEmployeeBenefits@crozer.org for a status.

Request your reimbursement:

When you are ready to request reimbursement, have the YMCA's management verify and sign your workout summary printout then attach it to this Form.

Complete a separate Form for each plan member requesting reimbursement. Please print legibly.

Entity: CCMC CKHN CKHS DCMH HOME HEALTH SPRINGFIELD TAYLOR

Employee Name: _____

Spouse Name: _____ *(Participating Spouses Only)*

Employee Number: _____

Address: _____ New Address?

Phone Number: _____

Email: _____

Submit this Reimbursement Form with your workout summary printout to:

Fax: 610.447.6776 or Email: CKHSEmployeeBenefits@crozer.org

If you are age 40 or above, have a history of high blood pressure or heart disease, or have any doubt regarding your ability to exercise safely, Crozer-Keystone Health System recommends that you obtain your physician's approval before beginning your exercise program.