



WELL CHILD VISITS (24 MONTHS – 20 YEARS) HEALTHY BEHAVIORS REWARDS PROGRAM

We received your Promise Form for the **Healthy Behaviors Rewards Program for Well Child Visits (24 Months-20 Years)**. Your child is already on the way to better health.

You earned your rewards. Each point is worth \$1.00. You earned 5 points so far. We added \$5.00 to your Rewards Account. In this package, we are sending a mail order list and envelope. The rewards you order will be mailed to you. You will not have to pay for delivery.

✓	Levels	You sent us these forms	Points = \$
✓	Promise	Promise Form	5 = \$5.00
	Level 1	See your doctor for one well child visit (within 12 months of date of program registration)	15
	Level 2	See your dentist for one preventive dental visit (within 12 months of date of program registration)	15
	Level 3	See your doctor for all immunizations recommended for the member's age (within 12 months of date of program registration)	15

Each time you finish a level, more points will be added to your Rewards Account. **You still have 45 more points to earn.**

In this package:

- * Rewards Mail Order List and Envelope
- * Program description
- * Levels 1, 2, and 3 Rewards Request Forms to help you continue earning your rewards. Each form has details about how to meet the goal.
- * Stamped, addressed return envelopes for each Rewards Request form.

Using the Rewards Request Form is as easy as 1, 2, 3

- ① Read what you need to do to get to the next level, starting with Level 1. You have to do one level at a time. Call us if you have any questions.
- ② Fill out the Rewards Request Form.
- ③ Sign and date the Rewards Request form. Remember that your doctor needs to sign the form too. Return the form in the stamped envelope. **Please sign and mail each Rewards Request Form as soon as you finish so you don't forget.** Sending it is **FREE!**

For more ideas about your child's health, go to the Better Health web site and click on the Healthy Behaviors link: <http://www.betterhealthflorida.com>

Healthy Behaviors, Better Health
9250 W Flagler Street, Suite 600, Miami, FL 33174-3460
Do you have **questions?** Phone 1-800-514-4561 Fax 1-855-329-5289
E-mail: HealthyBehaviors@simplyhealthcareplans.com





WELL CHILD VISITS (24 MONTHS – 20 YEARS) HEALTHY BEHAVIORS REWARDS PROGRAM

If you have a child we will help and support you to keep them safe and healthy.



I want to make sure my child is safe and healthy. How do I start?

It's as easy as 1, 2, 3, 4

- ❶ Fill out the Promise Form and check boxes to show you plan to follow the program.
- ❷ Fill out the section with your name, address, and phone.
- ❸ Sign and date the form. Your child's doctor needs to sign the form too.
- ❹ Use the stamped envelope with our address and send us your form. It's **FREE!**



What rewards can I get?

You earn reward points when you meet different goals that promote your child's health and safety. Goals are based on your child's age. One point is worth \$1.00. You will get a rewards list that you can use to buy things you want by mail order. You **will not** be charged for stamps from your points. New points will be added as you meet different goals. **You can earn up to 50 points.**

Level	What You Need to Do	Points
Entry	Send us your signed Promise Form	5
Level 1	See your doctor for one well child visit (within 12 months of date of program registration)	15
Level 2	See your dentist for one preventive dental visit (within 12 months of date of program registration)	15
Level 3	See your doctor for all shots recommended for your child's age (within 12 months of date of program registration)	15



How do I get my rewards?

Each time you reach a level you will fill out and send us the Rewards Request form for that level. Once you earn points they are there for you to use any time you want for up to 1 year after you finished the Healthy Behaviors Rewards Program.



How do I get help with this program?

Call the Healthy Behaviors Rewards Program at 1-800-514-4561
or E-mail to HealthyBehaviors@simplyhealthcareplans.com





**Rewards Request Form Level 1
Well Child Visits (24 Months – 20 Years)
Healthy Behaviors Rewards Program**



I kept my promise. **I made it to Level 1**

Tell us what you did to get to Level 1.

To get to Level 1, I kept my promise to take my child to one complete well child visit.

Show us what you did to get to Level 1.

✓ Check the boxes below to show that you made it to Level 1. **Don't forget** to have your child's doctor sign also.

<input type="checkbox"/>	I took my child for one well child visit.
<input type="checkbox"/>	I signed this form and asked my child's doctor to sign also.
<input type="checkbox"/>	I will mail this form with both signatures in the stamped envelope with the health plan address.

We don't want to lose you, so please tell us again how to contact you.

Child's First Name		Child's Last Name	
Your First Name		Your Last Name	
Middle Initial		Email	
Phone Number		Other Phone	
Address		City	Zip Code

I kept my promise.

Sign your name [REQUIRED] →

The date today →

Your doctor needs to sign too.

Doctor's Signature [REQUIRED] →

The date today →

We sent you an envelope that you can use to **return this form.**
The stamp is paid. Just drop it in the mail box.

Our address is Healthy Behaviors, Better Health,
9250 W Flagler Street, Suite 600, Miami, FL 33174-3460

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**Rewards Requested Form Level 2
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I kept my promise. **I made it to Level 2**

Tell us what you did to get to Level 2.

To get to Level 2, I kept my promise to take my child for a preventive dental visit.

Show us what you did to get to Level 2.

✓ Check the boxes below to show that you made it to Level 2. **Don't forget** to have your child's dentist sign also.

<input type="checkbox"/>	My child received a preventive dental visit.
<input type="checkbox"/>	I signed this form and asked my child's dentist to sign also.
<input type="checkbox"/>	I will mail this form with both signatures in the stamped envelope with the health plan address.

We don't want to lose you, so please tell us again how to contact you.

Child's First Name		Child's Last Name	
Your First Name		Your Last Name	
Middle Initial		Email	
Phone Number		Other Phone	
Address		City	Zip Code

I kept my promise.

Sign your name [REQUIRED] →

The date today →

Your dentist needs to sign too.

Dentist's signature [REQUIRED] →

The date today →

We sent you an envelope that you can use to **return this form**.
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**Rewards Request Form Level 3
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I kept my promise. **I made it to Level 3**

Tell us what you did to get to Level 3.

To get to Level 3, I kept my promise to take my child for all recommended immunizations.

Show us what you did to get to Level 3.

✓ Check the boxes below to show that you made it to Level 3. **Don't forget** to have your child's doctor sign also.

<input type="checkbox"/>	My child received all recommended immunizations
<input type="checkbox"/>	I signed this form and asked my child's doctor to sign also.
<input type="checkbox"/>	I will mail this form with both signatures in the stamped envelope with the health plan address

We don't want to lose you, so please tell us again how to contact you.

Child's First Name		Child's Last Name	
Your First Name		Your Last Name	
Middle Initial		Email	
Phone Number		Other Phone	
Address		City	Zip Code

I kept my promise.

Sign your name [REQUIRED] →

The date today →

Your doctor needs to sign too.

Doctor's Signature [REQUIRED] →

The date today →

We sent you an envelope that you can use to **return this form**.
The stamp is paid. Just drop it in the mail box.

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