



Re: Healthy Behaviors Rewards Program

Dear Plan Member,

GOOD NEWS! You have been referred to the **Healthy Behaviors Rewards Program** checked below. The referral may have come from your doctor, a case manager, Plan reports showing that you qualify, and you might have even referred yourself.

All of these programs are offered to make sure our members get an extra boost as they try to improve their health. Your good health is very important to us. You can learn how to improve your health and earn valuable rewards while you do it.

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Alcohol and Drug Abuse Healthy Behaviors Rewards Program |
| <input type="checkbox"/> | Maternity Healthy Behaviors Rewards Program |
| <input type="checkbox"/> | Quit Smoking and Using Tobacco Healthy Behaviors Rewards Program |
| <input type="checkbox"/> | Weight Management Healthy Behaviors Rewards Program |
| <input type="checkbox"/> | Well Child Visits Healthy Behaviors Rewards Program |

In this package:

- * A Promise Form for you to sign and send to tell us you want to be in this program.
- * A stamped, addressed return envelope.
- * A description of the program so you know what will be involved.

Getting started is as easy as 1, 2, 3, 4, 5

- ① Read the program description. Call us if you have any questions.
- ② Fill out the Promise Form and check boxes to show you plan to follow the program.
- ③ Fill out the section with your name, address, and phone.
- ④ Sign and date the form. Your doctor needs to sign the form too.
- ⑤ Use the stamped envelope with our address and send us your form. It's **FREE!**

Healthy Behaviors, CHA,
9250 W Flagler Street, Suite 600, Miami, FL 33174-9925
Do you have **questions?** Phone 1-877-577-9043 Fax 1-855-329-5289
E-mail: HealthyBehaviors@simplyhealthcareplans.com





ALCOHOL AND DRUG ABUSE HEALTHY BEHAVIORS REWARDS PROGRAM

If you have alcohol or substance abuse issues and you're ready to quit, we will help and support you through our Alcohol and Drug Abuse Healthy Behaviors Rewards Program.



I want to become alcohol and drug free. 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 Make an appointment with your doctor and bring the Promise Form. You and your doctor should sign and date the form.
- 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 reach each goal level. 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 get to higher levels. **You can earn up to 50 points.**

| Level | What You Need to Do | Points |
|---------|---|--------|
| Entry | Send us your signed Promise Form | 5 |
| Level 1 | Present your 1 Day Sobriety Chip from AA/NA program | 9 |
| Level 2 | Present your 30 Day Sobriety Chip from AA/NA program | 9 |
| Level 3 | Present your 90 Day Sobriety Chip from AA/NA program | 9 |
| Level 4 | Present your 180 Day Sobriety Chip from AA/NA program | 9 |
| Level 5 | Present your 365 Day Sobriety Chip from AA/NA program | 9 |



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 finish the Healthy Behaviors Rewards Program.



How do I get help with this program?

Call the Healthy Behaviors Rewards Program at 1-877-577-9043
or E-mail to HealthyBehaviors@simplyhealthcareplans.com





**PROMISE FORM
TAKE CONTROL OF ALCOHOL & DRUG ABUSE PROMISE**

Are you ready to be healthy? Do you want to take back control from alcohol and drugs?



I want to take back control and be healthy

If your answer is yes, you can be part of the Alcohol and Drug Abuse Healthy Behaviors Rewards Program. Please fill out and sign this form.

✓ **I promise to follow the program. Please read and check every box. (all services are FREE)**

| | |
|--------------------------|---|
| <input type="checkbox"/> | I will visit my doctor and and talk about this program |
| <input type="checkbox"/> | I want to have a case manager through my health care plan |
| <input type="checkbox"/> | I will listen to my doctor and to my case manager. |
| <input type="checkbox"/> | I will sign up with Alcoholics Anonymous (AA) /Narcotics Anonymous (NA) |
| <input type="checkbox"/> | I will go to AA/NA meetings and show the Sobriety Chip to my case manager |

✓ **Check only the boxes that are important to you.**

| | |
|--------------------------|---|
| <input type="checkbox"/> | I want to be healthy |
| <input type="checkbox"/> | I want to be sober |
| <input type="checkbox"/> | I want to take back control of my life |
| <input type="checkbox"/> | If I have problems during my program I will tell my doctor or my case manager |

We need your name, address, phone, and email.

| | | | | | |
|------------------|--|-----------------|--|----------|--|
| Print First Name | | Print Last Name | | | |
| Middle Initial | | Email | | | |
| Phone Number | | Other Phone | | | |
| Address | | City | | Zip Code | |

You need to take this form to your doctor. Your doctor needs to sign this form too.

| | | |
|--|--|--|
| | | |
|--|--|--|

Sign Your Name REQUIRED

Your Doctor Signs REQUIRED

Today's Date

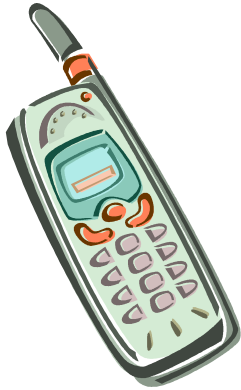
We sent you an envelope that you can use to **return this form to us.**
The postage is paid. Just drop it in the mail box.

Our address is Healthy Behaviors, CHA
9250 W Flagler Street, Suite 600, Miami, FL 33174-9925

Do you have questions? Phone 1-877-577-9043 Fax 1-855-329-5289

Email: HealthyBehaviors@simplyhealthcareplans.com





Did you know that most people who have Medicaid in Florida can get a free cell phone with air time and texting?

Cell phones give you a life line in case of emergency. Sometimes you can also get texts that remind you about healthy behaviors. These texts may be free as well.

Want to find out more?

All of the vendors below provide this phone service. Each vendor may have a different plan so check carefully. If the service is not FREE, do not enroll. We are only telling you about phones that should be free to you.

| Company | How to reach the company |
|--------------------|--|
| Access Wireless | <ul style="list-style-type: none"> • www.accesswireless.com • 1-800-464-6010 |
| Assurance Wireless | <ul style="list-style-type: none"> • www.ourteam@assurancewireless.com • 1-888-198-4888 |
| Safelink Wireless | <ul style="list-style-type: none"> • www.safelinkwireless.com • 1-800-977-3768 |

DON'T FORGET TO ASK ABOUT PROGRAMS FOR FREE HEALTH TEXT MESSAGES

