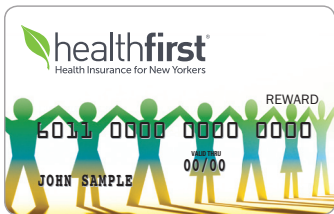


# 2017 Healthfirst Rewards

## Staying Healthy Has Its Rewards

Complete preventive health screenings or a health survey, or get medications, and you may be eligible for rewards!



Use your reward card at some of your favorite stores! For a complete list of participating retailers, visit [www.MyPrepaidCenter.com/site/Healthfirst](http://www.MyPrepaidCenter.com/site/Healthfirst).

**STEP 1** Visit your Primary Care Provider for preventive health screenings and medication refills in 2017.

**STEP 2** Fill out the Rewards request form as required and mail or fax it to the Healthfirst Rewards Program Team.

**Mail to:**  
Healthfirst Clinical Quality  
Attention: Healthfirst Rewards Program  
P.O. Box 5163  
New York, NY 10274-5163

**Fax to:**  
1-212-601-6944

**STEP 3** Give us up to 14 weeks to process and verify your request.

**STEP 4** If approved, you will receive your reward card in the mail. You can then start shopping!



Please note that you must be enrolled at the time of completing your screenings and/or fills and during the processing period. Remember to make a copy of the completed Rewards request form for your records. Rewards request forms for 2017 must be submitted by **March 1, 2018**.

**Have questions?** Call the Member Services number on the back of your Healthfirst ID card. You can also sign into your MyHealthfirst account at [www.MyHFNY.org](http://www.MyHFNY.org) for member account information.

The reward card cannot be used for gambling or for tobacco or alcohol purchases. Members can earn up to \$125 in rewards in 2017.

Healthfirst, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-463-6743 (TTY: 1-888-867-4132). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-463-6743 (TTY: 1-888-542-3821)。

# 2017 Healthfirst Rewards

Fill out this page and submit to apply for rewards!

Member Name: \_\_\_\_\_

Healthfirst Member ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we contact you via email? **Y / N**

## Health Initiatives—Medication & Vaccines

Member's Age as of December 31, 2017	Medication Management and Vaccines	Reward Value	Check Service(s) Completed in 2017
<b>2 yrs or younger (All doses must be completed by the 2<sup>nd</sup> birthday)</b>	<b>Complete Childhood Immunizations</b> Minimum Required Vaccinations: - Diphtheria, Tetanus, and Acellular Pertussis (DTaP) Vaccines (4 Doses) - Polio (IPV) Vaccine (3 Doses) - Measles, Mumps, and Rubella (MMR) Vaccines (1 Dose) - Haemophilus Influenza Type B (HiB) Vaccine (3 Doses) - Hepatitis B (Hep B) Vaccine (3 Doses) - Chicken Pox (VZV) Vaccine (1 Dose) - Pneumococcal Conjugate (PCV) Vaccine (4 Doses)	\$30	<input type="checkbox"/> in 2017
<b>13 yrs (All doses must be completed by the 13<sup>th</sup> birthday)</b>	<b>Immunization for Adolescents</b> - Meningococcal Vaccine (1 Dose) - completed on or between 11 <sup>th</sup> and 13 <sup>th</sup> birthdays - Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Tdap) Vaccines (1 Dose) - completed on or between 10 <sup>th</sup> and 13 <sup>th</sup> birthdays - Human Papillomavirus Vaccine (3 Doses) - completed on or between 9 <sup>th</sup> and 13 <sup>th</sup> birthdays	\$25	<input type="checkbox"/> in 2017
<b>5–64 yrs</b>	<b>Asthma Controller Medication*</b>	\$10 for every 3 months (max \$40 per year)	<input type="checkbox"/> in 2017

\*Submit form after your first fill and only once for the year for this medication. Pharmacy claims will be verified at the end of each quarter. Complete at least three (3) fills every quarter. Quarter schedule: 1st quarter: Jan–Mar; 2nd quarter: Apr–Jun; 3rd quarter: Jul–Sept; 4th quarter: Oct–Dec.

*Please turn over for additional information.*

Member Name: \_\_\_\_\_

Healthfirst Member ID: \_\_\_\_\_

**Wellness–Preventive Screenings**

Member's Age as of December 31, 2017	Preventive Screenings	Reward Value	Completed in 2017
0–15 mos	Five Well-Child Visits	\$30	<input type="checkbox"/> in 2017
3–6 yrs	Well-Child Visit	\$25	<input type="checkbox"/> in 2017
12–21 yrs	Well-Adolescent Visit	\$25	<input type="checkbox"/> in 2017
2–20 yrs	Annual Dental Visit	\$50	<input type="checkbox"/> in 2017
n/a	Postpartum Visit (21–56 days after delivery date)	\$30	<input type="checkbox"/> Postpartum Visit Date: ____/____/ 2017
n/a	Prenatal Visit During the First Trimester (first 3 months of pregnancy)	\$30	<input type="checkbox"/> Expected Date of Delivery: ____/____/ 2017
21–64 yrs	Cervical Cancer Screening	\$25	<input type="checkbox"/> in 2017
21–64 yrs	Cervical Cancer Screening and HPV Test (done on the same date)	\$50	<input type="checkbox"/> in 2017
50–74 yrs (women)	Breast Cancer Screening	\$25	<input type="checkbox"/> in 2017
50–75 yrs	Complete One of the Following Colorectal Cancer Screenings**:		
	- Colonoscopy	\$50	<input type="checkbox"/> in 2017
	- Fecal Occult Blood Test (gFOBT or iFOBT)	\$25	<input type="checkbox"/> in 2017
	- Flexible Sigmoidoscopy	\$50	<input type="checkbox"/> in 2017
18–75 yrs	Dilated Eye Exam for Diabetic Members - Members Must be Diagnosed with Diabetes - A Retinal or Dilated Eye Exam Done by an Eye Care Professional	\$25	<input type="checkbox"/> in 2017

\*\*Members may qualify for only one Colorectal Cancer Screening reward.

Plans are offered by affiliates of Healthfirst, Inc.

Prepaid cards are issued in connection with an award or promotion program. Prepaid card is issued by MetaBank®, Member FDIC.

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Card is point based, with 1 point = \$1. No cash access or recurring payments. Can be used at select merchants that welcome Discover in the U.S.; see website below. Card valid for up to 12 months; unused points will be forfeited at midnight EST the last day of the month of the valid-thru date. Card terms and conditions apply; see [www.MyPrepaidCenter.com/site/Healthfirst](http://www.MyPrepaidCenter.com/site/Healthfirst).