Empower Your Health Rewards Program

Your health and well-being are important to us. To help you stay healthy, we'll reward you for checkups and screenings. You must be a HAP Empowered Medicaid member on the date of service to get rewards. This chart shows which services are included. Ask your doctor which ones you need. To get rewards, services must be:

- Recommended by your doctor
- Supported by medical guidelines
- Documented in member's medical record
- Completed between Jan. 1 and Dec. 31, 2020

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of visits that can get reward</th>
<th>Requirements for reward</th>
<th>Gift card amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-child visits:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through age 15 months</td>
<td>6 visits within first 15 months</td>
<td>Must get all appropriate immunizations.</td>
<td>$100</td>
</tr>
<tr>
<td>Age 16 months-11 years</td>
<td>1 visit per year</td>
<td>Must measure body mass index, get all pertinent immunizations &amp; discuss BMI, immunizations, nutrition, and activity.</td>
<td>$25</td>
</tr>
<tr>
<td>Age 12-21 years</td>
<td>1 visit per year</td>
<td>Must measure BMI, get all pertinent immunizations and discuss activity and eating habits.</td>
<td>$25</td>
</tr>
<tr>
<td>Lead screening for children</td>
<td>1 visit</td>
<td>By age 2</td>
<td>$25</td>
</tr>
<tr>
<td>Women’s health screenings:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical cancer &amp; PAP Smear</td>
<td>1 visit</td>
<td>Age 21-64</td>
<td>$50</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>1 visit</td>
<td>Sexually active, age 16-24</td>
<td>$25</td>
</tr>
<tr>
<td>Mammogram Screening</td>
<td>1 visit</td>
<td>Age 50-74</td>
<td>$50</td>
</tr>
<tr>
<td>Pregnancy exams:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal exams</td>
<td>One per trimester</td>
<td>If member is new to HAP Empowered, it should be within 42 days of enrollment.</td>
<td>$15 per visit, up to $45</td>
</tr>
<tr>
<td>Postpartum exam</td>
<td>1 visit</td>
<td>7 to 84 days after delivery</td>
<td>$50</td>
</tr>
<tr>
<td>Adult medical services:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Annual Exam</td>
<td>1 visit per year</td>
<td>Age 20-64. Must measure BMI, review all medications, &amp; check blood pressure. For members with diabetes, must do HbA1c &amp; nephropathy tests &amp; HbA1c education.</td>
<td>$50</td>
</tr>
<tr>
<td>Diabetes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1c Test</td>
<td>1 visit per year</td>
<td>Members with diabetes</td>
<td>$25</td>
</tr>
<tr>
<td>Diabetic eye exam</td>
<td>1 visit per year</td>
<td>Members with diabetes</td>
<td>$25</td>
</tr>
</tbody>
</table>

For members under age 18, rewards are sent to the parent or legal guardian. For questions or more information, call (888) 654-2200.
Gift card reward form

To get your reward, have your doctor fill out this form. You or your doctor can mail or fax it to:
HAP Empower Your Health Rewards Program
PO Box 2578, Detroit, MI 48202
Fax: (313) 664-5090 ATTN: HAP Empower Your Health Rewards Program

Member name ___________________________________ Member date of birth __________
Member ID ____________________________________________________________
Member address _________________________________________________________
Email address ___________________________________________________________
Member phone ________________________________ Member cell phone _________________

Can we text you about important program information? □ Yes  □ No

Services

Well-child visits

Through age 15 months

Doctor's signature ________________________________________________

Dates of service Visit 1 _____ Visit 2 _____ Visit 3 _____ Visit 4 _____ Visit 5 _____ Visit 6 _____

Age 16 months-11 years

Doctor's signature __________________________________________ Date of service _____________

Age 12-21 years

Doctor's signature __________________________________________ Date of service _____________

Lead screening in children

Doctor's signature __________________________________________ Date of service _____________

Women's health screenings

PAP Screening (age 21-64) Date of service _____________

Chlamydia (sexually active, ages 16-24) Date of service _____________

Mammogram Screening (age 50-74) Date of service _____________

Doctor's signature __________________________________________ Date ____________________
Pregnancy exams

Exam for each trimester (For new HAP Empowered members, it should be within 42 days of enrollment.)

Doctor's signature ___________________________ Dates of service Visit 1 ___ Visit 2 ___ Visit 3 ___

Postpartum exam (21 to 56 days after delivery)

Date of service ___________________________ Date of delivery ___________________________

Doctor's signature ___________________________ Date ___________________________

Adult medical services

Annual visit (age 20-64)

Date of service ___________________________

Doctor's signature ___________________________ Date ___________________________

If member has diabetes

A1c Test by eye doctor

Date of service ___________________________

Doctor's signature ___________________________ Date ___________________________

Office contact name, address and phone number ___________________________

Diabetic Eye Exam by eye doctor

Date of service ___________________________

Doctor's signature ___________________________ Date ___________________________

Office contact name, address and phone number ___________________________

HAP will verify medical records or claims before sending gift card rewards.