

Empower Your Health Rewards Program

Your health and well-being are vital 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 checkups and screenings are included. Ask your doctor which ones you need. To get rewards, services must be:

- Recommended by your doctor
- Documented in your medical record
- Supported by medical guidelines
- Done between Jan. 1 and Dec. 31, 2021

Service	Requirements for reward	Gift card amount
Well-child services		
Well-child exams for children 31 days-15 months	Children between the ages of 31 days and 15 months must have 6 well-child visits with their primary care doctor. The completion of visits 1-6 will be awarded individually.	Visit 1 = \$50
		Visit 2 = \$50
		Visit 3 = \$50
		Visit 4 = \$50
		Visit 5 = \$50
		Visit 6 = \$100
Well-child exams for children 15-30 months	Children between the ages of 15 months and 30 months must have 2 well-child visits with their primary care doctor. The completion of visits 1-2 will be awarded individually.	Visit 1 = \$50
		Visit 2 = \$50
Childhood immunizations – Combo 3	Get these immunizations by age 2: DTaP, IPV, MMR, HiB, HepB, VZV, PCV	\$50
Childhood immunizations – Combo 10	Get these immunizations by age 2: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, Hep A, RV, Flu	\$50
Lead screening for children	Lead screening test done by age 2	\$25
Women's health screenings		
Cervical cancer screening (Pap smear)	Women ages 21-64 years have a Pap smear at least once every 3 years	\$50
Chlamydia test	Sexually active women ages 16-24 years tested for chlamydia once a year	\$25
Breast cancer screening (Mammogram screening)	Women ages 50-64 years have a mammogram at least once every 2 years	\$50

Service	Requirements for reward	Gift card amount
If you're pregnant		
Prenatal exam	Pregnant women have a prenatal exam in their first three months or within 42 days of joining HAP Empowered	\$50
Postpartum exam	Women who recently had a baby have a postpartum exam 7 to 84 days after birth	\$50
Adult medical services		
Adult yearly exam	Adults ages 21-64 years complete their annual exam	\$25
Diabetes		
A1c test	Members ages 18-64 years with diabetes get their A1c checked each year	\$25
Diabetic eye exam	Members ages 18-64 years with diabetes have a diabetic eye exam once every 2 years	\$25

For members under age 18, rewards are sent to the parent or legal guardian. For questions or for more information, call **(888) 654-2200 (TTY: 711)** seven days a week, 24 hours a day.

Gift card rewards 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

P.O. Box 2578, Detroit, MI 48202

Fax: **(313) 664-5090**

Member Name: _____ Member Date of Birth: _____

Member ID: _____

Member Address: _____

Email Address: _____

Member Phone: _____ Member Cell Phone: _____

Can we text you program information? Yes No

Services

Well-child services

Through age 15 months

Doctor's Signature: _____

Dates of Service: Visit 1 _____ Visit 2 _____ Visit 3 _____ Visit 4 _____ Visit 5 _____ Visit 6 _____

Ages 15-30 months

Doctor's Signature: _____

Dates of Service: Visit 1 _____ Visit 2 _____

Childhood immunizations – Combo 3 (ages 0-2 years)

Doctor's Signature: _____

Dates of Service: Visit 1 _____ Visit 2 _____ Visit 3 _____ Visit 4 _____

Childhood immunizations – Combo 10 (ages 0-2 years)

Doctor's Signature: _____

Dates of Service: Visit 1 _____ Visit 2 _____ Visit 3 _____ Visit 4 _____ Visit 5 _____ Visit 6 _____

Lead screening for children (ages 0-2 years)

Doctor's Signature: _____ Date of Service: _____

Women's health screenings

Pap smear (ages 21-64)

Doctor's Signature: _____ Date of Service: _____

Chlamydia test (sexually active, ages 16-24)

Doctor's Signature: _____ Date of Service: _____

Mammogram screening (ages 50-74)

Doctor's Signature: _____ Date of Service: _____

Pregnancy exams

Prenatal exam (within first trimester or for new HAP Empowered members, within 42 days of enrollment)

Doctor's Signature: _____ Date of Service: _____

Postpartum exam (7-84 days after delivery)

Date of Delivery: _____

Doctor's Signature: _____ Date of Service: _____

Adult medical services

Adult yearly exam (ages 20-64)

Doctor's Signature: _____ Date of Service: _____

If member has diabetes

A1c test

Doctor's Signature: _____ Date of Service: _____

Diabetic eye exam

Doctor's Signature: _____ Date of Service: _____

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

P.O. Box 2578, Detroit, Michigan 48202 | hap.org/Medicaid

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