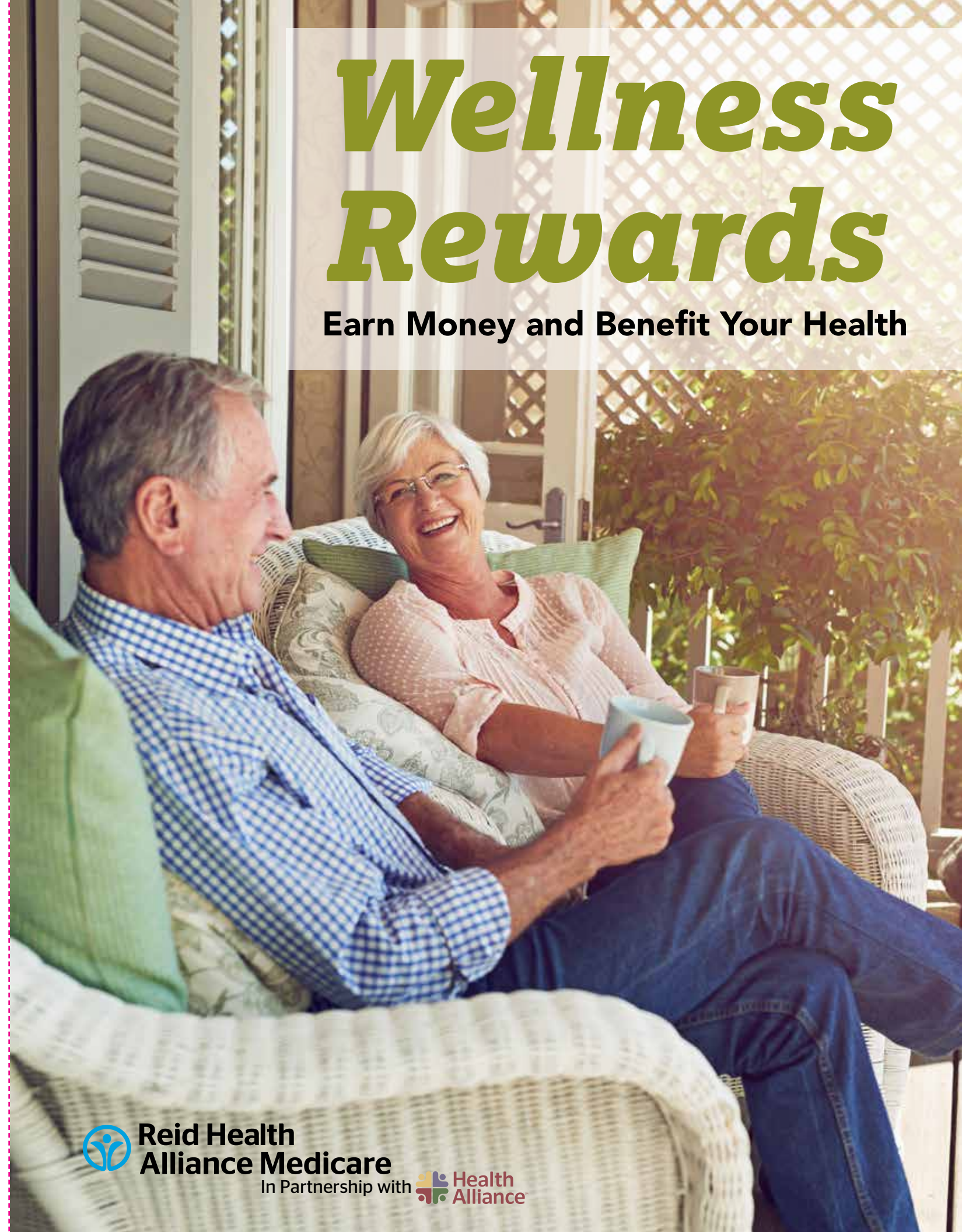


# Wellness Rewards

**Earn Money and Benefit Your Health**



Activity	Date Completed/ Result	Possible Points	My Points
<b>Flu Shot</b> You should get the flu shot each fall to help prevent getting or spreading the flu. I have received a flu shot in 2018.	Date ___/___/___	5 points	
<b>Your Health Alliance</b> Create an account at YourHealthAlliance.org for access to plan and claims info and other perks, like our online wellness tool, Rally®. Call Member Services at the number on the back of your ID card if you don't have access to a computer. I have created an account on YourHealthAlliance.org in 2018.	Date ___/___/___	5 points	
<b>Health Risk Assessment</b> Options include: <input type="checkbox"/> Rally, our online wellness tool at HealthAllianceMedicare.org/Rally <input type="checkbox"/> Paper form (call Member Services at the number on the back of your ID card to learn more.) I have completed a Health Risk Assessment in 2018.	Date ___/___/___	5 points	
<b>Social Activity</b> Join a Rally challenge or attend a community event, social club, volunteer activity or organized event with others. I have participated in a social activity in 2018.	Date ___/___/___ Activity:	5 points	
		100 Possible Points	My total points

Name \_\_\_\_\_

Member ID # \_\_\_\_\_

Mailing address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

By signing, you certify that you've participated and earned 50 or more points and would like to receive your \$50 gift card.

For questions, call 1-877-749-3253 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from February 15 to September 30.

Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on January 1 of each year. Other providers are available in our network.

med-2018ReidWellnessRewards-0817 · H1463\_18\_57490 · Accepted



# 2018 Wellness Rewards Checklist

You must earn 50 points to receive your gift card. Activities must be completed, not just scheduled, during 2018.

**Preventive care, exercise and healthy eating can add up to better health for you. That's rewarding in and of itself. But if you need an extra boost to take healthy steps, we can help. Wellness Rewards, our incentive program, helps you earn a \$50 gift card on your way to healthy lifestyle.**

- 1.** Track activities using our Wellness Rewards checklist.
- 2.** Earn a total of 50 points for completed activities, including your annual Primary Care Provider (PCP) visit.
- 3.** Send us your completed checklist no later than December 15, 2018 to earn your \$50 gift card. Mail to Health Alliance Medicare 301 S. Vine St. Urbana, IL 61801

If you have questions or need more information, call 1-877-749-3253 (ITY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from February 15 to September 30.

Visit [HealthAllianceMedicare.org/Perks](http://HealthAllianceMedicare.org/Perks) for more information.  
Health Alliance may need to validate the activities submitted.

Activity	Date Completed/ Result	Possible Points	My Points
<b>Annual Primary Care Provider (PCP) Visit (Required)</b> You must complete this activity to earn the \$50 gift card. I have received an annual visit with my PCP in 2018.	Date ___/___/___	30 points	
<b>Blood Pressure</b> Record your blood pressure reading from your most recent PCP visit. I have received a blood pressure reading in 2018.	Date ___/___/___ Result	5 points	
<b>Body Mass Index</b> Record your body mass index (BMI) measurement from your most recent PCP visit. I have received a BMI measurement in 2018.	Date ___/___/___ Result	5 points	
<b>Breast Cancer Screening</b> Females ages 50–74 should have the screening once every two years. I have received a breast cancer screening in 2018.	Date ___/___/___	10 points	
<b>Colorectal Cancer Screening</b> Options include: <input type="checkbox"/> Fecal occult blood test/FIT/Cologuard (once a year) <input type="checkbox"/> Flexible sigmoidoscopy (once every five years) <input type="checkbox"/> Colonoscopy (once every 10 years) I have received a colorectal cancer screening in 2018.	Date ___/___/___	20 points	
<b>Eye Exam</b> This is important for everyone, but especially important for people with diabetes, glaucoma or cataracts. I have received an eye exam in 2018.	Date ___/___/___	10 points	