Welcome to your Steps to a **Healthier Life Rewards Program!**



DEBIT

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One of the best ways to take care of your health is to see your doctor regularly and follow their care plan. To support you in this, we've created Steps to a Healthier Life (Steps for short), a program designed to track your progress and reward you for completing key health activities.

4000 1234 5678 9010

CARD EXPIRES 05/31 MEMBER NAME

VALID ONLY IN THE UNITED STATES

The card cannot be used to purchase alcohol, tobacco, or firearms products

and cannot be converted to cash.

Not for distribution.

It's easy to earn rewards!



You're automatically enrolled in the Steps rewards program

Complete a qualifying health activity



Earned rewards will be added to your reloadable card

Depending on your health needs, you may be eligible for total rewards of **\$900** or more per year! See the chart on the back for some of the ways to earn rewards.

For Members with HIV

Earn up to \$600 every year (\$150/quarter) for achieving and maintaining HIV viral load suppression (<200 copies/ml).

• For All Members

All members can earn anywhere from \$10 to \$50 for completing health activities, such as getting a dental checkup or a vision exam.

Health Activity Reports are sent to members throughout the year. The first time you earn a reward, you will receive a **reloadable card**. Keep this card handy, as rewards are automatically added for the amount earned over the past quarter. Eligible health activities are tracked through information from your provider and may take up to 90–120 days to process. You must be an active member of the plan to receive rewards.

Some of the ways you can earn rewards this year:

Health Activity	Value	Frequency	otal Yearly Reward
Achieve and maintain HIV viral load of <200 copies/ml*	\$150	Quarterly (4 times/year)	\$600
Fill out About Me and My Health Form and return it to SelectHealth**	\$10	Quarterly (4 times/year)	\$40
Complete RHIO consent form	\$10	One time reward	-
New Member Orientation	\$10	One time reward	_
Member Advisory Meeting attendance	\$10	Two times per year	\$20
Primary Care Provider (PCP) visit	\$50	Every six months	\$100
Newborn Primary Care Provider visit (birth-11 months)	\$20	Maximum six visits per year	\$120
Pediatric Primary Care Provider visit (age 12-35 months)	\$40	Every six months	\$80
Pediatric Primary Care Provider visit (age 3-20 years)	\$75	Once per year	\$75
Dental exam	\$25	Every six months	\$50
Eye exam	\$25	One visit every two years	\$25
Breast cancer screening – mammography^	\$25	One per year	\$25
Colon cancer screening^	\$25	One per year	\$25
Managing medication for long-term asthma^+	\$25	Once per year	\$25
Eye exam for diabetes^	\$25	Once per year	\$25
Take steps to quit smoking^	\$25	Once per year	\$25
Sexually Transmitted Infection screenings: Syphilis, Gonorrhea, Chlamydia^	\$25	One reward for each screening, once per year	\$75
Visit a doctor within 34 days of an alcohol or drug use hospitalization^	\$25	Once per year	\$25
Outpatient visit with a mental health provider after a psychiatric admission++	\$25	Once per year	\$25

*For members with HIV. **For a copy of this form, contact your Care Team or go online to SelectHealthNY.org/steps. ^As medically required. +Rewarded at the end of the year. ++Contact your Care Team for details.



1-866-469-7774 (TTY: 711) Monday - Friday, 8 am - 6 pm