

A black and white photograph of three young girls in a field. They are all smiling and have their arms raised in the air. The girl in the foreground is wearing a light-colored t-shirt and jeans. The girl in the middle is wearing a patterned short-sleeved shirt and jeans. The girl in the background is wearing a light-colored long-sleeved shirt. The background is a field with tall grass and trees.

CommunityConnect HealthPlanSM

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**Earn a reward for keeping
your child healthy!**



Help your child stay healthy and earn a reward from CommunityConnect HealthPlan.

- Make sure your child gets his or her vaccines (immunizations) or a well-child visit (checkup).
- After your child's visit or checkup, you will get a \$20 gift of your choice.
- Members ages 1 through 4 qualify for the reward program. You may get one gift card for each age level and up to four gift cards per household.

How do I know if my child is up-to-date? It's easy.

1. Take the **Reward Form** attached to this page to your child's next doctor visit. Ask the doctor's office staff to fill out and sign the provider information.
2. Select your reward (we will make sure you qualify) from one of these merchants:
 - AMC Theaters • CVS/pharmacy® • Kohls • Shell • Target
 - Applebee's • Kids Foot Locker® • Old Navy • SUBWAY® • Walgreens

If you have questions or need more (Reward) forms, call CommunityConnect HealthPlan at **1-888-279-1227**. To use a TTY, dial **1-800-947-3529**.

*Gift card options are subject to change based on availability.

SUBWAY® is a registered trademark of Doctor's Associates Inc. and is not a sponsor or co-sponsor of this program.

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Reward Form

1. Fill out the member section.
2. Bring this form to your child's next doctor visit. Ask the doctor's office staff to fill out and sign the provider section.
3. When you are done filling out this form, fold it at the dotted lines on the back. Make sure that the CommunityConnect HealthPlan address faces out. Seal the flap, and drop the form in the mailbox. No stamp is needed.
4. We'll check to make sure you qualify. Then we'll send you a Gift Card Redemption Form to choose a \$20 gift card of your choice. If you have questions, need help with filling out this form or need more forms, call CommunityConnect HealthPlan at **1-888-279-1227**. To use a TTY, dial **1-800-947-3529**.

Member section (Child's parent or legal guardian must fill this out.)

Child's name _____
Child's date of birth _____
Child's CommunityConnect HealthPlan ID Number _____
Your name _____
Address _____
City _____ State _____ ZIP _____
Phone number _____

Provider section (Health care provider must fill this out.)

Please verify that:

- ___ Immunizations (Vaccines) are up-to-date for age 1
- ___ Immunizations (Vaccines) are up-to-date for age 2
- ___ A well-child visit has been performed for age 3
- ___ A well-child visit has been performed for age 4

Date of last qualified service _____
Provider's name _____
Provider's signature _____
License number _____
Phone number _____

* Based on American Academy of Pediatrics and Advisory Committee on Immunizations Practices (ACIP) guidelines.

Thank you for helping our youngest members get a healthy start!

The merchants named here are not part of CommunityConnect HealthPlan. They are not program sponsors or cosponsors. Merchant name or logo use has the OK of each named merchant. All trademarks belong to their legal owners. Merchants are not liable for alleged or actual claims tied to this offer. Gift cards come with terms and conditions and only merchants can change their card terms. You must be at least age 18 and abide by the terms to take part. We will only send the cards to a U.S. address.

In southeastern Wisconsin, CommunityConnect HealthPlan is the trade name used by CompCare Health Services Insurance Corporation for its insurance policies offered through the BadgerCare Plus program.

Cut here.

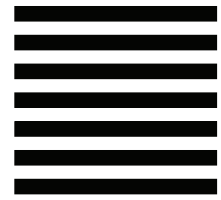




NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 70 OXNARD, CA

POSTAGE WILL BE PAID BY ADDRESSEE



ATTENTION OUTREACH CALL CENTER
COMMUNITYCONNECT HEALTHPLAN
PO BOX 9055
OXNARD CA 93031-9950



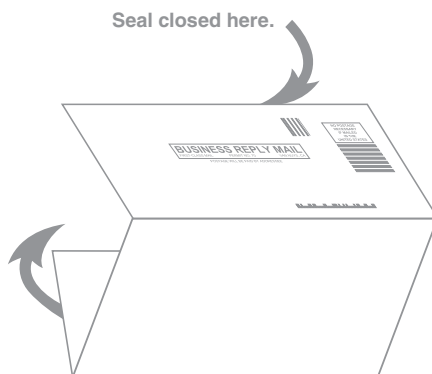
Fold here.

Fold here.

How to fold and send back

First, fold bottom panel up. Then fold both panels up again.

Seal closed. No staples.



English For help to translate or understand this, please call **1-888-279-1227**; **1-800-947-3529** (TTY)

Spanish Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono **1-888-279-1227**; **1-800-947-3529** (TTY)

Russian Если вам не всё понятно в этом документе, позвоните по телефону **1-888-279-1227**; **1-800-947-3529** (TTY)

Hmong Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau **1-888-279-1227**; **1-800-947-3529** (TTY)

Laotian ຖ້າທ່ານບໍ່ເຂົ້າໃຈບັນຫາໃດ ໃນເອກະສານສະບັບນີ້ ກະລຸນາ ໂທລະສັບສອບຖາມ ຕາມໝາຍເລກ **1-888-279-1227**; **1-800-947-3529** (TTY)