

**Reward yourself for creating a preventive care plan!** CarePartners of Connecticut HMO and PPO members can earn a \$50 reward for completing an Annual Wellness Visit with their provider.

Questions about the Healthy Reward Program? Call our Healthy Reward Hotline at **1-866-632-0066 (TTY: 711)**.

## As easy as 1, 2, 3

- 1** Complete an **Annual Wellness Visit with your provider between January 1, 2023 and December 1, 2023** to create or update your personalized preventive care plan.
- 2** **Sign this form** to confirm you reviewed your preventive care plan.
- 3** **Return the completed form postmarked by December 1, 2023 to:**  
**Mail:** CarePartners of Connecticut  
 Attn: Healthy Reward Program  
 1 Wellness Way, Mail Stop B3  
 Canton, MA 02021  
**Or, by fax:** 1-617-673-0782

## I talked with my provider about these topics to inform my preventive care plan:

If you prefer, give this list of suggested questions to your provider who will ask you the questions directly.

**PLEASE NOTE:** No need to provide answers to actual questions.

<b>Physical Health:</b> <input type="checkbox"/> Yes, I discussed. <input type="checkbox"/> No, I did not discuss.	<ul style="list-style-type: none"> <li>I would rate my current overall health as: poor, fair, good, or excellent.</li> <li>What type of physical activity do I do in a typical week?</li> <li>Does my health limit me in any of these activities?</li> <li>Does my provider recommend any increase or changes in my physical activity?</li> </ul>
<b>Pain:</b> <input type="checkbox"/> Yes, I discussed. <input type="checkbox"/> No, I did not discuss.	<ul style="list-style-type: none"> <li>How much does pain interfere with my typical day?</li> </ul>
<b>Emotional Health:</b> <input type="checkbox"/> Yes, I discussed. <input type="checkbox"/> No, I did not discuss.	<ul style="list-style-type: none"> <li>Have I been feeling anxious, depressed, irritable, or overwhelmed?</li> <li>Do these feelings interfere with caring for myself or connecting with friends and family?</li> </ul>
<b>Falls:</b> <input type="checkbox"/> Yes, I discussed. <input type="checkbox"/> No, I did not discuss.	<ul style="list-style-type: none"> <li>How many times have I fallen in the last 12 months?</li> <li>Do I have concerns about my balance or walking?</li> <li>Does my provider recommend any ways to reduce my risk for falling?</li> </ul>
<b>Incontinence ( Bladder Control):</b> <input type="checkbox"/> Yes, I discussed. <input type="checkbox"/> No, I did not discuss.	<ul style="list-style-type: none"> <li>Have I experienced urine leakage?</li> <li>Does my provider recommend any management options?</li> </ul>
<b>Screenings:</b> <input type="checkbox"/> Yes, I discussed. <input type="checkbox"/> No, I did not discuss.	<ul style="list-style-type: none"> <li>What health screenings do I need (e.g., breast cancer screening, colorectal cancer screening, diabetes screening, bone density screening)?</li> </ul>

**Member Signature:**

**Name of your Provider:**

**Member Name (First/Last):**

**Date of your Annual Wellness Visit:**

**Member ID #:**

**Choice of Reward:** (Walmart will be default if left blank)

Walmart       Target