

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, 2022 and December 15, 2022** 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 by December 15, 2022 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: Only check off if topic was discussed. No need to provide answers to actual questions.

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

Member Signature:

Name of your Provider:

Member Name (First/Last):

Date of your Annual Wellness Visit:

Member CarePartners ID #:

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

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☐ Target ☐ Walmart

