



Amerigroup Community Care is excited to reward you for being healthy. Every time you or your child completes certain healthy activities, you get to choose a gift card from over 100 retailers like Foot Locker, Best Buy, or even amazon.com.

**To earn your reward**

- 1 Make an appointment with your provider to get your healthy activities completed.
- 2 Complete the **Member Information** section.
- 3 Bring this postcard with you to your appointment.
- 4 Have your provider complete the **Provider Information** section.
- 5 Send us your completed postcard by December 31. You can send it to us by fax, mail or email.

**Being healthy brings rewards**

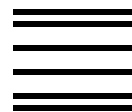
	Georgia Families Members	Georgia Families 360 <sup>sm</sup> Members
Mail:	Drop the postcard in the mail. We even pay the postage!	
Fax:	Fax it to us at 1-888-220-6712	Fax it to us at 1-888-375-5064
Email:	Email it to us at gahlthpro@amerigroup.com	Email it to us at GF360@amerigroup.com



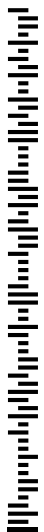
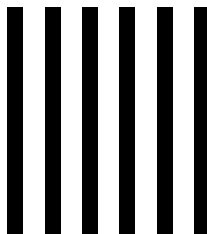
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 858 ATLANTA, GA

POSTAGE WILL BE PAID BY ADDRESSEE

HEALTH PROMOTION DEPT  
AMERIGROUP COMMUNITY CARE  
4170 ASHFORD DUNWOODY RD STE 100  
ATLANTA GA 30319-9903



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



## It's easy to get your gift card!

Once your completed postcard comes back to us and we verify that all tests were done, you will receive a phone call from Amerigroup to verify your email address or mailing address. Then, if you chose to receive your gift card by mail, you will receive your gift card in the mail in **4 to 6 weeks**. If you chose to receive your gift card by email, you will receive an email from Hallmark Business Connections. The email title will say: "Hallmark Business Connections has sent you an Award". The email will have the instructions and the link to the Hallmark website to pick your gift card for any one of the retailers on the site.

## Contact us

If you want to learn more about our Being Healthy Brings Rewards program, please contact us at:

- If you are a Georgia Families member, contact the Health Promotions department at 1-678-587-4868.
- If you are a Georgia Families 360<sup>sm</sup> member, contact the Georgia Families 360<sup>sm</sup> Intake Line at 1-855-661-2021.

You can visit [www.myamerigroup.com/ga](http://www.myamerigroup.com/ga) today to download and print more copies of the postcard to take with you to your doctor's appointment.

You must be an Amerigroup member at the time you complete your healthy activity. All activities are subject to limitations (such as once per year or before child's birthday, etc.)

## Rewards for healthy activities

If you or your child are:	Complete the activities:	Receive a reward for:	How often you can receive a reward:	Complete the activities before:
<b>FOR CHILDREN</b>				
Age 0-15 months	Six well-child visits	\$10 per visit	*Up to six times (one after each well-child visit)	Before baby turns 15 months
Age 12 months	Annual lead screening test	\$10	Once at 12 months	Before child's first birthday
Age 24 months	Annual lead screening test	\$10	Once at 24 months	Before child's second birthday
Ages 2-19	Annual well-child/teen visit	\$25	Once every year	December 31
*Note: You can receive up to \$60 for taking your baby to at least 6 of their well-child visits before they turn 15 months.				
<b>FOR WOMEN</b>				
Ages 20-51	Annual well-woman check-up and pap test	\$25	Once every three years	December 31
Ages 52-64	Annual well-woman check-up, pap test and mammogram	\$25	Once every two years	December 31
Ages 65-74	Annual well-woman check-up and mammogram	\$25	Once every two years	December 31
<b>FOR MEN</b>				
Ages 20-64	Annual wellness visit	\$25	Once every year	December 31
<b>FOR MEMBERS WHO HAVE DIABETES</b>				
Ages 18-75	Annual wellness visit , an A1c blood test, a urine test for your kidneys and a dilated retinal eye exam	\$30	Once every year	December 31
<b>FOR MEMBERS WHO HAVE HIGH BLOOD PRESSURE</b>				
Ages 18-85	Annual wellness visit and blood pressure check*	\$25	Once every year	December 31

\*Note: In order to qualify for your reward, make sure your primary care doctor completes your blood pressure check at your annual visit.

## Member information

(To be completed by member. Please fill-in completely.)

I would like to receive my gift card by:

- Email  
 Mail

Member name

Member ID number

Email address

Member's cell or home phone number

Street address

City, state ZIP code

## Provider information

(To be completed by provider. Please fill-in completely.)

I certify that the above member has completed the service(s) below:

Date(s) service(s) completed

Provider name

Provider phone number

Service(s) completed

Provider signature