



2026 Preventive Care Rewards Verification Form

To earn rewards, complete the following preventive care screenings. All screenings must be completed while enrolled as a Clever Care member.

| | | |
|--------------------------------------|--------|------------|
| Member Name: (First Name, Last Name) | | Member ID: |
| Date of birth: | Email: | Phone: |

Check the box of the wellness activity completed.

| | | | | | |
|---|----|--|----|--|--------------------|
| <input type="checkbox"/> Initial Health Risk Assessment within 90 days of enrollment | OR | <input type="checkbox"/> Annual Health Risk Assessment (C-SNP plans only) | OR | <input type="checkbox"/> Social Needs Screening | \$20 reward |
| Date completed: | | | | | |

| | | | |
|--|--------------|--|--------------------|
| <input type="checkbox"/> Welcome to Medicare Visit (new Medicare beneficiary only) | OR | <input type="checkbox"/> Annual Wellness Visit (current Medicare beneficiary) | \$25 reward |
| Select one: <input type="checkbox"/> Doctor visit <input type="checkbox"/> Telehealth <input type="checkbox"/> At-home Wellness Check | | | |
| Date of visit/screening: | Doctor name: | | |
| Note: Only eligible for one reward every benefit year. | | | |

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|---|--------------------|
| <input type="checkbox"/> Flu Vaccination | \$10 reward |
| Date of visit: Doctor name: | |

| | |
|--|--------------------|
| <input type="checkbox"/> Fall Risk, Bladder Control, and Physical Activity Assessment | \$25 reward |
| Date of screening: Doctor name: | |

| | |
|---|--------------------|
| <input type="checkbox"/> Diabetic Eye Exam | \$30 reward |
| Date of visit: Doctor name: | |

| | |
|--|--------------------|
| <input type="checkbox"/> Post-hospitalization visit (must complete within 30 days of discharge) | \$25 reward |
| Date of discharge: Date of post-hospitalization visit: | |
| Doctor name: | |

☐ **Diabetic Screening Measures**

(Must complete HbA1c, eGFR, and uACR tests to qualify)

HbA1c (blood test)

Date of visit:

eGFR (blood test)

Date of visit:

uACR (urine test)

Date of visit:

\$25 reward

Doctor name:

Doctor name:

Doctor name:

☐ **Mammogram Screening**

Date of screening:

Clinician/Doctor name:

\$25 reward

☐ **Controlling Blood Pressure**

Date of screening:

Blood pressure:

Doctor name:

\$10 reward

☐ **Discussion with provider about improving and maintaining physical and mental health**

Date of screening:

Doctor name:

\$25 reward

☐ **PCP visit within 7 days of an emergency room visit**

Date of follow-up:

Doctor name:

\$25 reward

Members can only receive a reward for one of the following screenings:

☐ **Colonoscopy**

Date of test:

Doctor name:

\$30 reward

☐ **Other Colon Cancer Screening**

Date of test:

Doctor name:

\$25 reward

Test completed:

☐ Sigmoidoscopy ☐ CT colonography ☐ FIT-DNA

☐ Fecal Occult Blood Test (FOBT)

I, the patient's doctor, hereby attest and verify that I performed the completed wellness activities noted above.

Doctor signature:

Print name:

Date:

I, the Clever Care member, hereby attest and verify that I have completed the requirements for the wellness reward activities noted above.

Member signature:

Date:

Reward details:

Reward amount will be added to your Benefits Mastercard® approximately 4–6 weeks upon receipt and can be used towards fitness activities, herbal supplements, OTC items, and grocery allowance. All wellness activities and tests must be performed during the current benefit year to qualify for the reward incentive. All unused reward amounts will expire December 31, 2027.

You may only receive one reward for each wellness activity completed during the current benefit year.

For additional information regarding Clever Care's preventive care rewards, please refer to the attached FAQ, or call Member Services at (833) 388-8168 (TTY: 711) 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.



Frequently Asked Questions

1. How do I submit my rewards form?



Mail

Clever Care Health Plan
c/o Member Rewards
7711 Center Ave, Suite 100
Huntington Beach, CA 92647



Online

Login to the Member Portal at **members.clevercarehealthplan.com** and select MEMBER FORMS. Follow the directions to upload an attachment and submit the form.



Fax

(657) 210-6635



Clever Care Community Centers

Rowland Heights

19705 Colima Rd.
#11
Rowland Heights, CA 91748

Westminster

9600 Bolsa Ave.
Suite D & I
Westminster, CA 92683

Monterey Park

117 West Garvey Ave.
Suite C
Monterey Park, CA 91754

Koreatown

928 South Western Ave.
Suite 227
Los Angeles, CA 90006

Community centers are open Monday–Friday, 9:00 am – 5:00 pm To speak to a community center representative, call (833) 721-4378.

2. How much will I receive if I complete both Initial/Annual Health Risk Assessment and Social Needs Screening?

You can only receive a maximum of \$20 in rewards. You will only be rewarded for completing either the Health Risk Assessment or Social Needs Screening.

3. Who qualifies for an Annual Health Risk Assessment rewards?

Only members enrolled in Total+ or Breathe+ qualify for Annual Health Risk Assessment rewards. Members not enrolled in Total+ or Breathe+ may complete the Social Needs Screening to earn rewards.

4. If I complete a Fecal Occult Blood Test and then eventually get a colonoscopy, how much reward will I receive?

If you've been issued a \$25 reward for completing the Fecal Occult Blood test, you will receive an additional \$25 for completing a colonoscopy.

5. What is the requirement to receive the reward for the Diabetic Screening Measures?

Members must complete ALL of the screenings below:

- Hemoglobin A1c Blood Test
- eGFR Blood Test
- Urine Albumin-Creatinine Ratio Test

6. When will I receive my reward?

Rewards are applied to your Benefits Mastercard® approximately 4–6 weeks upon receipt and can be used towards fitness activities, herbal supplements, OTC items, and grocery allowance.

7. What is the maximum amount I can receive from the rewards program?

Part C rewards for all plans is up to \$300 per benefit year.

8. Do I need to send a copy of my test or screening results to receive the reward?

No. You do not need to send your test or screening results.

However, your doctor's signature is required to attest that the tests or screenings have been completed.

9. When is the last day I can submit my rewards form?

Clever Care must receive all forms by 1/31/2027.

10. Will my unused rewards carry over to the following year?

Yes. Rewards issued in 2026 can only be used until December 31, 2027. Rewards earned in the current year can be redeemed until December 31 of the following year. If a member is terminated by the Plan, any remaining reward balance on the flex card will expire. Any unused rewards will expire after December 31, 2027.

11. Do I need to complete all screenings before I send my rewards form?

No, it is not required to complete all screenings before submitting your rewards form. Members can choose from the following options:

Option 1

You may submit your form as soon as you complete your screening.

Option 2

Wait until all your screenings are completed before submitting the form.

12. Where can I get extra copies of the rewards form?

- Download a form on the Member Portal at **members.clevercarehealthplan.com**
- In person at a Clever Care community center
- Contact Member Services at (833) 388-8168 (TTY: 711)

13. Can I receive rewards for screenings completed before 2026?

Members cannot receive rewards for screenings completed before 2026. All screenings must be done within the 2026 plan benefit year.

Additionally, all screenings must be completed while active as a Clever Care member.

14. When should I complete health risk assessments (HRA)?

To receive a reward for completing a health risk assessment new members must complete their HRA within 90 days of enrolling in the plan.

Annual rewards will be available only for Total+ or Breathe+ members.

Redemption of the \$20 reward can only be done once per year.