

# 2025 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  | e wellness activi                                    | ity completed   |                     | ·           |
| □ Initial Health Risk<br>Assessment within 90<br>days of enrollment<br>Date completed:  | OR Annual Hea<br>(Total+ memb<br>only)               | nent <sub>OR</sub> Scree  | cial Needs<br>ening | \$20 reward |
| Date completed.   |  |   |                     |             |
| <ul> <li>Welcome to Medicare<br/>(new Medicare beneficiary<br/>Select one: Doctor vi<br/>Date of visit/screening:</li> <li>Note: Only eligible for one</li> </ul> | only) <b>OR</b> (curr<br>sit Telehealth Doctor name: | nnual Wellness Vis<br>rent Medicare bene<br>At-home Wellness<br>t year. | eficiary)           | \$25 reward |
| □ <b>Flu Vaccination</b><br>Date of visit:  | Doctor name:   |   |                     | \$10 reward |
| □ Fall Risk, Bladder Cont<br>Date of screening:   | <b>rol, and Physical Act</b><br>Doctor name:         | tivity Assessment   | :                   | \$25 reward |
| Diabetic Eye Exam Date of visit:  | Doctor name:   |   |                     | \$30 reward |
| <ul> <li>Post-hospitalization v</li> <li>Date of discharge:</li> <li>Doctor name:</li> </ul>  | · · ·  | ithin 30 days of dis<br>post-hospitalizatio                             | 0                   | \$25 reward |

| Diabetic Screening Measures<br>(Must complete HbA1c, eGFR, and uACR tests to qualify) |  |  |             |  |  |  |
|---|--|--|-------------|--|--|--|
| <b>HbA1c</b> (blood test)<br>Date of visit:   | <b>eGFR</b> (blood test)<br>Date of visit: | <b>uACR</b> (blood test)<br>Date of visit: | \$30 reward |  |  |  |
| Doctor name:  | Doctor name:                               | Doctor name:                               |             |  |  |  |
| Mammogram Screening   |  |  |             |  |  |  |
| Date of screening:  | Clinician/Doctor name:                     |  | \$25 reward |  |  |  |
| Members can only receiv   | ve a reward for one of the                 | following screenings:                      |             |  |  |  |
| Colonoscopy   |  |  |             |  |  |  |
| Date of test:   | Doctor name:                               |  | \$50 reward |  |  |  |
| Other Colon Cancer Screening  |  |  |             |  |  |  |
| Date of test:   | Doctor name:                               | \$25 reward                                |             |  |  |  |
| Test completed:SigmoidoscopyCT ofFecal Occult Blood Test                              |  | 425 reward                                 |             |  |  |  |
| Controlling Blood Pres  | sure                                       |  |             |  |  |  |
| Date of screening:  | Blood pressure:                            | Doctor name:                               | \$10 reward |  |  |  |
| Discussion with provid<br>and mental health   | maintaining physical                       |  |             |  |  |  |
| 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                                |             |  |  |  |

# 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<sup>®</sup> 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, 2026.

# 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

7711 Center Ave. Suite 100 Huntington Beach, CA 92647 c/o Member Rewards



**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



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 a.m. – 5:00 p.m. 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+ qualify for Annual Health Risk Assessment rewards. Members not enrolled in Total+ 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 additionally \$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<sup>®</sup> 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 1/31/2026.

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

Rewards issued in 2025 can only be used until December 31, 2026. Any unused rewards will expire after December 31, 2026.

### 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 2025?

Members cannot receive rewards for screenings completed before 2025. All screenings must be done within the 2025 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+ members.

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