Take steps to manage your diabetes and get up to \$100 in reward cards!*



When you're managing diabetes, it's important to visit your main doctor regularly to make sure you're staying healthy. You can get up to \$100 in reward cards when you complete an annual diabetic eye exam OR complete a biannual HbAIc blood test (every 6 months) OR get a HbAIc blood test result less than 8 (every 6 months). You can get a \$20 reward card for each exam or test you complete, for a total of \$100 in reward cards.

You can find an eye doctor (ophthalmologist) by visiting **texaschildrenshealthplan.org/vision**

To qualify for this extra benefit, you need to join Texas Children's Health Plan Case Management. To join, call Member Services at

1-866-959-2555 (STAR), **1-866-959-6555** (CHIP), or **1-800-659-5764** (STAR Kids).

Need help?

If you have questions or need help finding a provider, scheduling an appointment, or setting up a free ride to the doctor, call

1-866-959-2555 (STAR), **1-866-959-6555** (CHIP), or **1-800-659-5764** (STAR Kids).

How to get your reward cards from Texas Children's Health Plan

- STEP 1 Schedule one or all three of these exams with your primary care provider (PCP).
- STEP 2 Turn to page 2 of this printout. It includes 3 forms for you to fill out. Have your doctor or nurse sign the form that matches the exam you completed.
- STEP 3 Place the form into a stamped envelope and mail to the address below:

Case Management Texas Children's Health Plan P.O. Box 301011 WLS 8392 Houston, TX 77230-1011

STEP 4 Once we receive the signed form and confirm your exam, you'll get your reward card in the mail!

^{*} Restrictions and limitations may apply. Maximum of five (5) \$20 reward cards per member, per year. Available to active Texas Children's Health Plan members age 18 and older who are enrolled in Case Management program. To check the status of your extra benefit, call 1-800-990-8247. Please allow 45 days for delivery after mailing form into Texas Children's Health Plan. Extra benefit valid from September 1, 2019 to August 31, 2020.

Annual diabetic eye exam		Reward Card Claim Form
Member name		
Member ID	Member date of birth	
Mailing address		
City	State	ZIP
Email address	Daytime telephone	
Date of visit	Are you a seasonal farm worker?	
Doctor or nurse signature		
Doctor or nurse printed name		
VAS-2001-074		Diabetes
Biannual HbA1c Blood test (every 6 months)		Reward Card Claim Form
Member name		
Member ID	Member date of birth	
Mailing address		
City	State	ZIP
Email address	Daytime telephone	
Date of visit	Are you a seasonal farm worker?	
Doctor or nurse signature		
Doctor or nurse printed name		
VAS-2001-074		Diabetes
Get a HbAlc blood result less than 8 (every 6 m	onths)	Reward Card Claim Form
Member name		
Member ID	Member date of birth	
Mailing address		
City	State	ZIP
Email address	Daytime telephone	
Date of visit	Are you a seasonal farm	worker?
Doctor or nurse signature		
Doctor or purse printed name		