

Current Date

Member Name
Address
City, ST ZIP

IMPORTANT INFORMATION ABOUT YOUR HEALTH COVERAGE

As a member of the Iowa Health and Wellness Plan, you are responsible for a contribution (also called a premium) toward your health coverage. You are receiving this letter because you have not completed the Healthy Behaviors program. Instructions on how to complete your Healthy Behaviors each year, are on the backside of this letter.

If you complete your Healthy Behaviors by Month, Year, you will not have a contribution in 2015.

If you do not participate in the Healthy Behaviors program, you will get a billing statement for your health coverage. An example is enclosed to help you understand how your Iowa Health and Wellness Plan billing statement will look each month. **THE ENCLOSED STATEMENT IS FOR YOUR INFORMATION ONLY. THIS IS NOT A BILL.** Please do not return a payment with this sample statement.

The statements you will get in the future will have a pre-addressed, postage paid envelope for you to return your contribution and your payment coupon. Your first statement will have the contribution amount due for Month, Year. Each monthly statement after will request the total amount due from you.

Please be aware that if you do not return a contribution or claim a financial hardship within 90 days of getting your statement, you will be disenrolled from the Iowa Health and Wellness Plan.

For more information on how to read your coming statements, please visit <http://dhs.iowa.gov/ime/members/member-resources> or call Iowa Medicaid Member Services at 1-800-338-8366, Monday through Friday, from 8:00 a.m. until 5:00 p.m.

470-5309 (2/15)

What is the Healthy Behaviors Program?

The Healthy Behaviors Program is a new way for you to get healthy and stay healthy. By participating in this program, you will save money and pay no contribution (also called a premium) for your health care coverage. Complete the following two activities and receive FREE health care in your second year of enrollment.

How to complete the requirements for the Healthy Behaviors Program:

To participate in the Healthy Behaviors Program and avoid paying a monthly contribution you will need to do the following two activities.

1. Get a **Wellness Exam** (Annual Physical) from your primary care provider.
 - a. Call your primary care provider and schedule your check-up.
 - b. Talk to your provider about completing the health risk assessment. Your provider might be able to help.
 - c. Keep your appointment and work with your provider to stay healthy.
2. Complete the Iowa Medicaid Health Risk Assessment (HRA).
 - a. Go online to: www.AssessMyHealth.com.
 - b. You will need to enter a five digit code from your provider. This will let your provider see your results. If your provider does not have a code, enter MBR11.
 - c. Please enter your Medicaid member ID number when finished to get credit for the Healthy Behavior.
 - d. Select 'yes' to share your results with your provider.

You can also complete the assessment over the phone. Call Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606 in the Des Moines area. Call from 8:00 a.m. – 5:00 p.m., Monday – Friday.

Sample Iowa Health and Wellness Plan Billing Statement

THIS IS NOT A REAL STATEMENT



000000
John Doe
123 Main Street
Anytown, Iowa 00000-0000

Statement Date: 12/25/14
Due Date: 00/00/00
Statement: 0000000000000000
Member ID: 0000000X

Hi John Doe,

As a member of the Iowa Health and Wellness Plan it is your responsibility to pay a member contribution. **THIS IS NOT A REAL STATEMENT**, the purpose of this piece is to show you a sample of the statements to come.

1

The total amount that you'd owe along with the date that it is due will be shown below on the payment coupon.

2

The amount owed should be returned with the payment coupon below. Make your check out to *Iowa Health and Wellness Plan*. Please do not send cash or any other documents with your payment.

3

If you are unable to pay your coming contribution, please check the hardship box below and return the payment coupon OR call Member Services at 1-800-338-8366. **Important note: Checking the box below to claim financial hardship will apply to this month's amount due only. You will still be responsible for amounts due from past months.**

If you have any questions please call Member Services at **1-800-338-8366** Monday through Friday, from 8:00 a.m. to 5:00 p.m.

TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT



Hardship: By checking this box I am claiming financial hardship (see more information about hardship on back side).

Due Date: 00/00/00
Member ID: 0000000X 0
Amount Due: \$10.00

John Doe
123 Main Street
Anytown, Iowa 00000-0000

Make check or money order out to:
Iowa Medicaid Enterprise
Iowa Health and Wellness Plan Contributions
PO Box 00000
Anytown, IA 00000-0000

Amount Due: \$10.00

Paid: \$



DO NOT SEND CASH
THIS IS NOT A REAL STATEMENT

0000000X 0 0000000000 06152015 001500 1

470-5303 (01/15)

