



Health Plan

www.clearhealthalliance.com/member



Dear Member:

Thank you for your interest in our Alcohol and Substance Abuse Treatment (ADA) Healthy Behaviors Rewards Programs. You're getting this mailing because your case manager or doctor referred you, you referred yourself or you've found this on our website. Your health is important to us. We will support and reward you for taking steps to better your health through our programs.

There are two separate ADA programs you can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. You can enroll in one or both ADA programs if and when you like. It's your choice. When you're ready, just tell your case manager or doctor when you want to enroll in an ADA program.

When you complete each program, you will get a gift card reward!

Want to enroll? Send us your enrollment form. To enroll in another program later, send us this form again. Download a copy from our website, www.clearhealthalliance.com/member.

Then, follow these steps:

1. See your case manager or doctor and follow the plan for each program in which you've enrolled.
2. Fill out the form for each program in which you've enrolled.
3. Let us know you completed your program. Send the form to us in one of these ways:
 - Mail: CHA Healthy Behaviors Programs,
9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
 - Fax: 1-855-329-5289
 - Email: HealthyBehaviors@simplyhealthcareplans.com
4. Get your reward!

Have questions or need help? Call us at 1-844-406-2398 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com.

Enclosures: Enrollment form
 Program forms
 Nondiscrimination notice
 Get help in another language



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Alcohol and Substance Abuse Treatment Healthy Behaviors Rewards Programs Enrollment Form

Please fill out and sign this form to enroll in one or more Alcohol and Substance Abuse Treatment (ADA) Healthy Behaviors Rewards Programs. For each ADA program you want to enroll in, place a checkmark in the Yes, I want to enroll! table column below.

Yes, I want to enroll!	Program	Description	Gift card
	ADA 1	Complete a screening assessment signed by your case manager	\$20
	ADA 2	Show us you have been sober for 180 days	\$50

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Please tell us how to contact you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address _____ City _____ State _____ ZIP code _____

Primary parent/caregiver name (if applicable): _____

How would you like us to contact you? (Check all that apply. Contact your case manager to disenroll from these communications at any time.) Call Text Email

Sign your name _____ **Date** _____

Send us this signed form in one of these ways:

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Congratulations for taking a step toward better health!



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Alcohol and Substance Abuse Treatment Healthy Behaviors Rewards Program 1 Form

After you've enrolled in this program:

1. Complete an alcohol and substance abuse screening with your case manager.
2. Sign this form. Ask your case manager to sign it, too.

Sign your name _____ Date _____

Case manager's signature _____ Date _____

3. Send us this signed form in one of these ways:
 - Mail: CHA Healthy Behaviors Programs,
9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
 - Fax: 1-855-329-5289
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your \$20 gift card.

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once you've enrolled in this program, you must complete the steps listed above within 12 months to earn the reward.

We want to stay in touch. Please tell us how to reach you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____



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Alcohol and Substance Abuse Treatment Healthy Behaviors Rewards Program 2 Form

After you've enrolled in this program:

1. Follow your plan of care and stay sober for 180 days.
2. Take part in an Alcoholics Anonymous/Narcotics Anonymous (AA/NA) support group.
3. Show your AA/NA sobriety chip, signed attestation or similar proof to your case manager.
4. Sign this form. Ask your case manager to sign it, too.

Sign your name _____ Date _____

Case manager's signature _____ Date _____

5. Send us this signed form in one of these ways:
 - Mail: CHA Healthy Behaviors Programs, 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
 - Fax: 1-855-329-5289
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your \$50 gift card.

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once you've enrolled in this program, you must complete the steps listed above within 12 months to earn the reward.

We want to stay in touch. Please tell us how to reach you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____