



Health Plan

www.clearhealthalliance.com/member



Dear Member:

Thank you for your interest in our Weight Management (WM) 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 WM 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 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 a 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 nutritionist, doctor and/or case manager 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

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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Weight Management Healthy Behaviors Rewards Programs Enrollment Form

Please fill out and sign this form to enroll in one or both Weight Management Healthy Behaviors Rewards Programs. For each 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
	WM 1	Meet with a nutritionist two times (for first and follow-up visits) and choose a support group.	\$50
	WM 2	Follow your care plan for three months, gain or lose at least 4 lbs., keep food/exercise log and visit your doctor.	\$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:

- Mail: CHA Healthy Behaviors Programs, 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
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Congratulations for taking a step toward better health!



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Weight Management Healthy Behaviors Rewards Program 1 Form

After you've enrolled in this program:

1. Visit your nutritionist for a support visit.
2. Choose a support group.
 - Manage your weight with Choose MyPlate. Visit <https://supertracker.usda.gov/default.aspx> or call 1-888-779-7264. Or choose a weight management program in your community.
 - Choose an exercise program in your community or commit to a walking program.
3. Visit your nutritionist for a follow-up visit within two weeks of the first visit.
4. Sign below. Ask your nutritionist to sign, too.

Sign your name _____ Date _____

Nutritionist'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're 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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Weight Management Healthy Behaviors Rewards Program 2 Form

After you've enrolled in this program:

1. Visit your doctor to create a care plan and attend a weight management and/or exercise program.
2. Keep a daily log of food and exercise. Show this to your doctor.
3. Gain/lose 4 pounds and maintain your weight for three months.
4. Sign below. Ask your doctor to sign, too.

Sign your name _____ Date _____

Doctor'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're 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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**Weight Management Healthy Behaviors Rewards Program 2
Food and Exercise Log**

Write down what you eat and/or what physical activity you do each day.

Month 1, Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 1, Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 1, Week 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Snack							
Dinner							
Exercise							

Month 1, Week 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 2, Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 2, Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Snack							
Dinner							
Exercise							

Month 2, Week 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 2, Week 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 3, Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Snack							
Dinner							
Exercise							

Month 3, Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 3, Week 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 3, Week 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Snack							
Dinner							
Exercise							