



Healthy Rewards™ Healthy Behaviors Program — Weight Management Form 1

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

Enroll in Healthy Rewards by logging in to your secure health plan account at simplyhealthcareplans.com/medicaid and visiting the Benefit Reward Hub. You can also enroll by calling Healthy Rewards at **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m.

After you've enrolled in this program:

1. Visit your provider for a support visit.
2. Choose a support group online or in your community.
3. Visit your provider for a follow-up visit.
4. Sign below. Ask your provider to sign, too.

Sign your name: _____ Date: _____

Have provider sign their name: _____ Date: _____

5. Email this signed form to healthybehaviors@simplyhealthcareplans.com.

Receive your \$50 gift card reward. Rewards may not be used on gambling, alcohol, tobacco, or prescription drugs.

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



Healthy Rewards™ Healthy Behaviors Program — Weight Management Form 2

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

Enroll in Healthy Rewards by logging in to your secure health plan account at simplyhealthcareplans.com/medicaid and visiting the Benefit Reward Hub. You can also enroll by calling Healthy Rewards at **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m.

After you've enrolled in this program:

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

Sign your name: _____ Date: _____

Have provider sign their name: _____ Date: _____

5. Email healthybehaviors@simplyhealthcareplans.com the following three items:
 - This signed form
 - Your completed food and exercise log
 - Your completed program attendance certificate

Receive your \$50 gift card reward. Rewards may not be used on gambling, alcohol, tobacco, or prescription drugs.

Note: Once you're enrolled in this program, you must complete the steps listed above within the calendar year to earn the reward.



Healthy Rewards™ Healthy Behaviors Programs — Weight Management Form 2

Food and exercise log

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

Month 1, Week 1

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



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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							
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							
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							
Snack							
Dinner							
Exercise							



Month 3, Week 2

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



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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							
Snack							
Dinner							
Exercise							