



Dear Member:

Thank you for your interest in our Smoking Cessation (SMO) 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 three separate SMO 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 more SMO programs if you like. It's your choice. When you're ready, just tell your case manager or doctor when you want to enroll in another SMO 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.simplyhealthcareplans.com/medicaid.

Then, follow these steps:

1. See your 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:**
Healthy Behaviors
Simply Healthcare Plans, Inc.
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 1-844-406-2396 for Florida Medicaid, 1-877-440-3738 for Long-Term Care or TTY 711, or email us at HealthyBehaviors@simplyhealthcareplans.com.

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

Smoking Cessation Healthy Behaviors Rewards Program 1 Form

After you've enrolled in this program:

1. Visit your doctor for a support visit.
2. Choose and attend a quit-smoking program/support group.
 - Tobacco-Free Florida
 - www.quitnow.net/florida
 - www.tobaccofreeflorida.com
 - www.tobaccofreeflorida.com/teens
 - Florida Quit Line: 1-877-U-CAN-NOW (1-877-822-6669) to talk to a Quit Coach®
 - Area Health Education Center
 - AHEC I Quit face-to-face classes in the local communities: www.ahectobacco.com
 - Or call 1-87-QUIT-NOW-6 (1-877-848-6696)

3. Send your program attendance certificate to us by mail, fax or email (see #5 below).
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: Healthy Behaviors, Simply Healthcare Plans, Inc., 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
 - Fax: 1-855-329-5289
 - Email: HealthyBehaviors@simplyhealthcareplans.com
6. **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 it 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): _____



Smoking Cessation Healthy Behaviors Rewards Program 2 Form

After you've enrolled in this program:

1. Quit smoking, vaping and using tobacco for one month.
2. Attend a quit-smoking program/support group. (This is optional.)
3. Follow your care plan and remain tobacco-free for one month.
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: Healthy Behaviors, Simply Healthcare Plans, Inc., 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
 - Fax: 1-855-329-5289
 - Email: HealthyBehaviors@simplyhealthcareplans.com
6. **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're enrolled in this program, you must complete it 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): _____



Smoking Cessation Healthy Behaviors Rewards Program 3 Form

After you've enrolled in this program:

1. Quit smoking, vaping and using tobacco for three months.
2. Attend a quit-smoking program/support group. (This is optional.)
3. Follow your care plan and remain tobacco-free 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: Healthy Behaviors, Simply Healthcare Plans, Inc., 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
 - Fax: 1-855-329-5289
 - Email: HealthyBehaviors@simplyhealthcareplans.com
6. **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're enrolled in this program, you must complete it 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): _____