



Dear Member's Parent/Guardian:

Thank you for your interest in our Asthma Management Healthy Behaviors Rewards Programs. You're getting this mailing because your child's case manager or doctor referred your child, you referred your child or you've found this on our website. Your child's health is important to us. We will support and reward you for taking steps to better your child's health through our programs.

There are five separate asthma programs your child can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. Your child can enroll in as many programs they like. It's your child's choice. When ready, just tell your child's case manager or doctor when they want to enroll in a program.

When your child completes each program, they will get a gift card reward!

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

Then, follow these steps:

1. See your child's doctor or case manager and follow the plan for each program in which your child has enrolled.
2. Fill out the form for each program in which your child has enrolled.
3. Let us know your child completed a program. Send the form to us in one of these ways:
 - **Mail:** Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - **Fax:** 1-877-614-5321
 - **Email:** HealthyBehaviors@simplyhealthcareplans.com
4. Get your child's reward!

Have questions or need help? Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com.

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

**Asthma Management Healthy Behaviors Rewards Programs
Enrollment Form**

Please fill out and sign this form to enroll your child in one or more Asthma Management Healthy Behaviors Rewards Programs. For each program your child wants 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
	1	Enroll in the Asthma Case Management program	\$20
	2	Take your child to their doctor for an asthma visit	\$20
	3	Make an Asthma Action Plan	\$20
	4	Fill all asthma medicines for six months	\$50
	5	Get your child a flu shot	\$20

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: _____

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

Sign your child's name _____ **Date** _____

Send us this signed form in one of these ways:

- Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
- Fax: 1-877-614-5321
- Email: HealthyBehaviors@simplyhealthcareplans.com

Have questions or need help? Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com. Congratulations for taking a step toward better health for your child!

Asthma Management Healthy Behaviors Rewards Program 1 Form

After your child has enrolled in this program:

1. Talk with your child's case manager about their asthma. Complete an Asthma Health Risk Assessment. If your child qualifies, the case manager will enroll your child in our Asthma Case Management program.
2. Sign below. Ask your child's case manager to sign, too.

Sign your child's name _____ Date _____

Case manager's signature _____ Date* _____

*Please enter the date only if you completed the HRA electronically/telephonically

3. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your child's \$20 gift card.
Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once your child has enrolled in this program, the steps listed above must be completed 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: _____



Asthma Management Healthy Behaviors Rewards Program 2 Form

After your child has enrolled in this program:

1. Take your child to their doctor for an asthma visit.
2. Sign below. Ask your child's doctor to sign, too. Also, ask your child's doctor to send the claim to Simply — Florida Healthy Kids.

Sign your child's name _____ Date _____

Doctor's signature _____ Date _____

3. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

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

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

Note: Once your child has enrolled in this program, the steps listed above must be completed 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: _____

Asthma Management Healthy Behaviors Rewards Program 3 Form

After your child has enrolled in this program:

1. Create an Asthma Action Plan (AAP) for your child with their doctor. Ask your child's case manager for an AAP.
2. Sign below. Ask your child's doctor to sign, too.

Sign your child's name _____ Date _____

Doctor's signature _____ Date _____

3. Send us this signed form in one of these ways:

- Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
- Fax: 1-877-614-5321
- Email: HealthyBehaviors@simplyhealthcareplans.com

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

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

Note: Once your child has enrolled in this program, the steps listed above must be completed 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: _____



Asthma Management Healthy Behaviors Rewards Program 4 Form

After your child has enrolled in this program:

1. Fill your child's asthma medications for six months.
2. Sign below. Ask your child's doctor to sign, too. Also, ask your child's doctor to send the claim(s) to Simply — Florida Healthy Kids.

Sign your child's name _____ Date _____

Doctor's signature _____ Date _____

3. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

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

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

Note: Once your child has enrolled in this program, the steps listed above must be completed 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: _____



Asthma Management Healthy Behaviors Rewards Program 5 Form

After your child has enrolled in this program:

1. Get your child a flu shot.
2. Sign below. Ask your child's doctor or pharmacist to sign, too. Also, ask their doctor to send the claim to Simply — Florida Healthy Kids.

Sign your child's name _____ Date _____

Doctor's or pharmacist's signature _____ Date _____

3. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

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

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

Note: Once your child has enrolled in this program, the steps listed above must be completed 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: _____