Get rewarded for healthy activities

As an Aetna Better Health® of Illinois member, you earn dollars on an Aetna Better Care Rewards® gift card when you complete certain healthy activities.

This includes annual wellness visits with your doctor, some cancer screenings, prenatal and postpartum care, child wellness exams and immunizations and more.



Find the full list of qualifying rewards activities on our website at AetnaBetterHealth.com/Illinois-Medicaid/rewards-program.html.

Once we confirm that you've received qualifying care, your rewards are loaded on a gift card. You can use it to shop in store or online at participating retailers.

How to get your rewards

Register for rewards

You must register for the rewards program to receive your gift card. When you complete your first healthy activity, you can register. There are two ways to register:

- Online with the Aetna Medicaid portal at <u>AetnaBetterHealth.com/Illinois-</u> <u>Medicaid/member-portal.html</u>. Once you're signed into the portal, follow the steps shown on the next few pages to complete your rewards registration.
- Or call our team at 1-833-711-0774 (TTY: 711)

Receive your rewards card by mail

When you register and are eligible for your first reward, a gift card will be mailed to the shipping address you provided at registration. You should receive your card in approximately 14 business days after registering. If you don't receive your card or have another issue, call Member Services at **1-833-711-0774 (TTY: 711).**

Get more rewards

Each time you complete a qualifying healthy activity, new rewards will be loaded onto the same gift card.

Be sure to keep your card in a safe place so you'll have access to rewards when they are added.

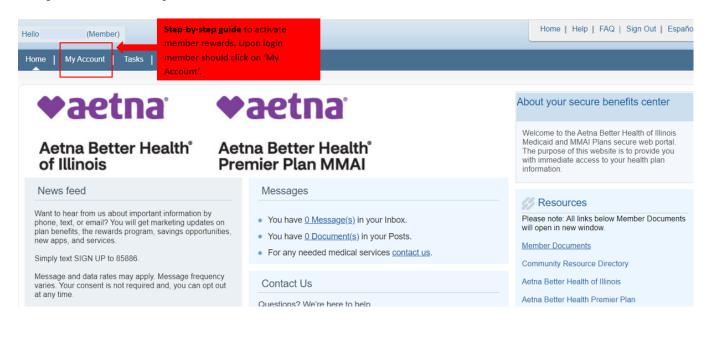
Card can only be used for Qualified Purchases indicated by your plan provider everywhere Visa debit cards are accepted. Card is issued by Sutton Bank, pursuant to a license from Visa U.S.A. Inc. Please contact your Program Sponsor directly for a full list of Qualified Purchases. Visa is a registered trademark of Visa, U.S.A. Inc. All other trademarks and service marks belong to their respective owners. No cash or ATM Access. Terms and conditions apply, contact your Plan Provider for details.

Register for rewards in the Aetna portal

A step-by-step guide

Step 1. Log in to the member portal at <u>AetnaBetterHealth.com/Illinois-</u> <u>Medicaid/member-portal</u>. If you haven't set up your portal account yet, you'll need to do so. Have your member ID card ready to speed up the process.

Step 2. Choose My Account.



Step 3. Choose No cost extra benefits and services.

	Home ▶ My Account ▶ My Prof	ile 🕨 User Details				
vaetna vaetna	About User Details					
Aetna Better Health' of Illinois Plan MMAI	This page shows info about the user who is logged in. It allows you to change your email address. Choose "Submit" to save your change We use your details to confirm your identity. Need to update your personal info with us? Call Member Services or Provider Relations.					
My Account						
My Profile	Edit User Details					
User Details	Choose "Submit" to save your chan	ges. Fill in all fields with an asterisk (*).				
Member Benefits	Username			é		
Change Password	First name			Last name		
Change Secret Question	E-mail	d	*	ID		
-	Date of Birth			ZIP		
Data Access	Restrict Substance Abuse C	code and Description View.				
Change PCP	Whenever box is checked,	substance abuse information is not s	shared with t	he health plan.		
My ID Card			5.0	bmit		
My Care Plan			Sui	bmit		
My Tasks						
Create Task						
Contact Us						
Contact My Support Circle						
No Cost Extra	Click on 'No Cost Extra Benefits and Services'					

Step 4. Choose **Benefits I can get now** from the list.

Home My Account Tasks Administration					
н	ome ▶ My Account ▶ No Cost Extra Benefits and Services				
◆aetna: Aetna Better Health' of Illinois	No-cost extra benefits and services				
My Account					
My Profile	Benefits I Should Know About				
User Details	Benefits I Can Get Now Click on 'Benefits I Can				
Member Benefits	Get Now'				
Change Password	Benefits I've Earned				
Change Secret Question					

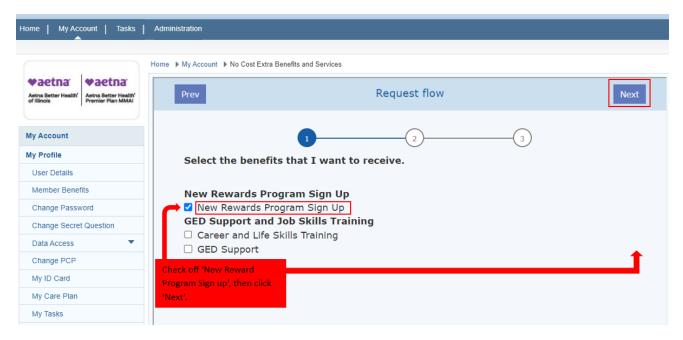
Step 5. Choose Get now.

Home My Account Tasks Administration				
	Home My Account No Cost Extra Benefits and Services			
◆aetna: Aetna Better Health of Illinois	Prev No-cost extra benefits and services			
My Account	Extra benefits for me			
My Profile User Details	Get Now Click on 'Get Now'			
Member Benefits	Act Now			
Change Password Change Secret Question				

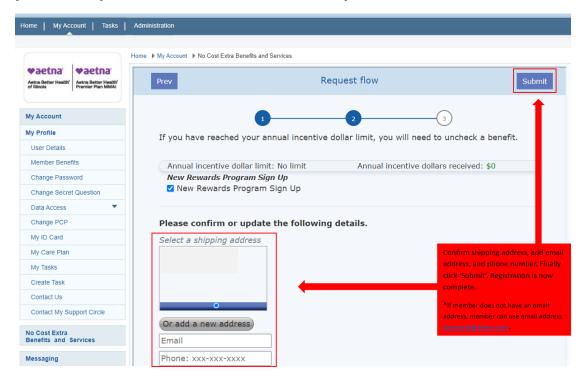
Step 6. Select New rewards program sign up. Then click the Request button.

Home My Account Tasks Administration				
Lange Income	Home My Account No Cost E	Extra Benefits and Services		
Image: sector and a sector and a sector a s	Prev	Qualified	Request	
My Account	Listed below are benefits you may qualify for. Select the benefit below to learn more. Clic the Request button to process your order.		t the benefit below to learn more. Clic	
My Profile				
User Details	Career and Life Skills Training GED Support			
Member Benefits				
Change Password				
Change Secret Question	Moodfit			
Data Access	New Rewards Program Sign Up Select 'New Rewards Program Sign Up'. Then click on 'Request'. Registration for Aetna Better Care Rewards program		Select 'New Rewards Program Sign Un' Then	
Change PCP				
My ID Card				
My Care Plan	Registration for Aetha better care Remarks program			
My Tasks				

Step 7. Check the box for **New rewards program sign up**. Then click the **Next** button.



Step 8. Confirm your shipping address shown on the screen is correct or add your correct address. Type in your email address and phone number so we can reach you about your rewards if needed. When you're finished, click the **Submit** button.



9. Registration is complete. You'll see a screen that says your request has been successfully submitted. Click the **Finish** button.

Your rewards card will be sent to the address you provided in approximately 14 business days.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Talk to your doctor first about whether this is right for you.

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AetnaBetterHealth.com/Illinois-Medicaid

IL-24-10-02





Aetna Better Health[®] of Illinois

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or 1-800-385-4104.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address:	Attn: Civil Rights Coordinator P.O. Box 818001
	Cleveland, OH 44181-8001
Telephone:	1-888-234-7358 (TTY: 711)
Email:	MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104 (TTY: 711).**

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104** (TTY: **711**).

Polish: UWAGA: Jeżeli mòwisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-385-4104** (TTY: **711**).

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-385-4104 (TTY: 711)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-385-4104 (TTY: 711) 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104** (TTY: **711**).

Arabic: 1-800-385-4104 (م هاتف الصم و البكم: ملحوظة: (رقم هاتف الصم و البكم: ملحوظة:

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104** (телетайп: **711**).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો િન:શલ્ુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ ધ છે. ફોન કરો 1-800-385-4104 (TTY: 711).

> کریں اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال ^{خبردار:} (TTY: 711) 4104-385-800-1

Urdu:

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104** (TTY: **711**).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104** (TTY: **711**).

Hindi: धय न द: यद आप ह द ब लत ह त आपक लए मफत म भ ष सह यत सव ए उपलबध ह। 1-800-385-4104

(TTY: 711) पर क ल कर।

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104** (TTY: **711**).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-385-4104** (TTY: **711**).