

Aetna Better Health® of Virginia 9881 Mayland Drive Richmond, VA 23233 Aetna Better Health® of Virginia Maternity Incentive Program

AetnaBetterHealth.com/Virginia



Aetna Better Health® of Virginia

# **Earn gift cards to Walmart**

#### How do I qualify?

It's easy! Just take the attached form to your OB/GYN office when you go for your doctor's visit. A member of the office staff will sign your form to show that you came in for your visit.

## How many gift cards can I earn?

During your pregnancy as an Aetna Better Health member, if you go to all of your prenatal appointments, you could receive up to two \$20 aift cards and one \$10 gift card.

- You will receive one \$20 gift card for every six prenatal visits.
- You will receive one \$10 gift card for your postpartum checkup, which you should have 1-12 weeks (7-84 days) following the birth of your baby.
- The gift cards will be given to you after your baby is born.

Please note that there may be an annual limit on your total incentive amount that you could receive per calendar year.

#### When do I turn in the form?

After your postpartum visit 1-12 weeks (7-84 days) after your baby is born, mail your form to:

#### **Aetna Better Health® of Virginia**

9881 Mayland Drive Richmond, VA 23233

Or email it to: QualityManagementPrograms@Aetna.com

Do I have to be an Aetna Better Health member to get a gift card? Yes.

## Can I qualify for a gift card if I'm pregnant now and a new Aetna **Better Health member?**

Yes. You can receive one \$20 gift card for every six prenatal visits, and an additional \$10 gift card for your postpartum visit 1-12 weeks (7-84 days) after your baby is born. Just remain an Aetna Better Health member and you will receive the gift cards.

## Who keeps the form?

Some doctors' offices feel that the Maternity Incentive Program is such a nice benefit for Aetna Better Health members that they have agreed to keep the form in your medical chart. If your doctor's office does not wish to keep the form, you can keep it. Don't forget to bring it to every prenatal office visit.

## **Aetna Better Health Maternity Incentive Program**

Member date Aetna Better I Street addres City, State & Z Phone numbe To be filled of Date of first vi	of birth:_ Health member ID : ss: ZIP:	#:	
Date of visit	Weeks gestation	Office address or office stamp	Office signature
	Postpartum Visit		
After your bal	oy is born, mail you	r form to:	
Aetna Better	Health® of Virgini	a	

PO Box 818044

Cleveland OH 44181-8044

Or email it to: QualityManagementPrograms@Aetna.com

For more information you can visit our website:

AetnaBetterHealth.com/Virginia