

# Aetna Better Health® of Maryland

## 2019-2020 Member Incentive Programs



| Incentive Program  |   | Program Description  | Eligibility  | Gift Card Reward Amount |
|--|---|--|--|-------------------------|
| Promise Program – Complete 7 Prenatal Visits                               | Promise Program – Complete Postpartum Visit<br>Promise Program – Class Completion (Birthing, Parenting, First Aid/Safety)<br>Promise Program – Care Manager Meeting | Members are eligible for rewards throughout their pregnancy for completing prenatal care visits, their postpartum follow-up, attending pregnancy-related classes and meeting one-on-one with their Care Manager. | Per pregnancy  | \$10                    |
| Promise Program – Complete Postpartum Visit                                |   |  |  | \$25                    |
| Promise Program – Class Completion (Birthing, Parenting, First Aid/Safety) |   |  |  | \$5 for each class      |
| Promise Program – Care Manager Meeting                                     |   |  |  | \$5                     |
| Ted E. Bear Club – Scouts/YMCA Membership                                  | Members (ages 5 – 18) are eligible for either a Boy/Girl Scouts or YMCA membership  | Once per year  | Once per year  | \$60 Value              |
| Asthma Program – Asthma Action Plan  | Asthmatic member has established an Asthma Action Plan with their Care Manager  | Once while enrolled in the Asthma Care Management program  | Once while enrolled in the Asthma Care Management program              | \$10                    |
| Asthma Program – PCP Follow-up   | Asthmatic member follows up with PCP after an Emergency Department (ED) visit   |  |  | \$10                    |
| Asthma Program – Environmental Assessment                                  | Asthmatic members complete an in-home assessment for asthma triggers  |  |  | \$10                    |
| Diabetes – Annual A1c Screening  | Diabetic members ages 18-64 who complete any of these services  | Once per year for each screening   | Once per year for each screening                                       | \$25                    |
| Diabetes – Annual Retinal Eye Exam   |   |  |  | \$25                    |
| Diabetes – Annual Nephropathy Screening                                    |   |  |  | \$25                    |
| Annual Well-Child Visit  | Members ages 3-6 and 11-21 who complete annual well-child visit with their PCP/OB-GYN   | Once per year  | Once per year  | \$25                    |
| Well-Child Checkups for Members under 15 Months Old ( <b>NEW 2019</b> )    | Members who attend at least six well-child checkups during their first 15 months of life  | Once after turning 15 months old   | Once after turning 15 months old                                       | \$50                    |
| Immunization Status  | Members who turn ages either 2 and/or 13 and received all recommended immunizations   | Once when turning 2 and/or 13  | Once when turning 2 and/or 13  | \$25                    |
| Lead Screening   | Children ages 12-23 months who complete at least one blood lead screening test  | Once during age 12-23 months   | Once during age 12-23 months   | \$25                    |
| Breast Cancer Screening  | Women ages 50-74 who receive a mammogram during the year  | Once every 2 years   | Once every 2 years   | \$25                    |
| Cervical Cancer Screening  | Women ages 21-64 who complete their regular pap smear testing during the year   | Once every 3 years (Pap test only) or every 5 years (Pap and HPV test)   | Once every 3 years (Pap test only) or every 5 years (Pap and HPV test) | \$25                    |

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