United Healthcare Community Plan

Complete a healthy activity. Get a reward.

Wellness visits and other healthy activities are so important that you can earn rewards for getting them done in 2025. This reward program is offered to you at no added cost as a UnitedHealthcare member and as part of your NY Essential Plan benefits.

3 steps to start earning — and using — rewards

1. **Schedule and do one of the eligible healthy activities.** For help finding a provider or scheduling an appointment, please call Member Services at the number on the back of your member ID card.
2. **Your over-the-counter (OTC) and healthy food prepaid S3 card will be loaded with the reward.** To view your rewards balance, visit HealthyBenefitsPlus.com/UHCEssentialPlan or call **1-833-818-9770,** TTY **711.** If you do not have the prepaid card, call **1-833-818-9770,** TTY **711** to ask for a replacement. You can continue adding rewards to your card by completing more approved activities. (See list on back.)
3. **Use your prepaid card to pay for healthy foods and OTC products at participating retailers.** Get more details and use the store finder at HealthyBenefitsPlus.com/UHCEssentialPlan.

Connect to care

Questions? Chat with Member Services through the **UnitedHealthcare® app** or **myuhc.com/communityplan** if you need help.

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Qualified healthy activities

You can earn a reward each time you do an approved healthy activity*

Measure	Incentive amount	Member activity
Breast cancer screening	$25 per calendar year	Complete 1 breast cancer screening, women between 40–74 years old
Adult immunizations	$15 per calendar year	Get a flu vaccine
Adult immunizations	$15 one time	Get a Tdap vaccine, if needed
Adult immunizations	$15 one time	Get a zoster (shingles) vaccine, if needed
Adult immunizations	$15 one time	Get a pneumococcal vaccine, if needed
Kidney health evaluation	$15 per calendar year	Complete these 2 tests for kidney function: 1. estimated glomerular filtration rate (eGFR) 2. urine albumin-creatinine ratio (uACR)
Statin therapy for patients with diabetes	$25 per calendar year	Fill your prescriptions for statin (cholesterol-lowering) medications and continue with all your available refills
Statin therapy for patients with cardiovascular disease	$25 per calendar year	Fill your prescriptions for statin (cholesterol-lowering) medications and continue with all your available refills
Tobacco cessation	$25 per calendar year	If you smoke and you want to quit, fill a prescription for smoking cessation medications, or have a counseling session with your Primary Care Provider (PCP), or both
Diabetes HbA1C control	$20 per calendar year	Have a documented hemoglobin A1C level that is below 9 – your doctor's office should send a claim with the proper coding for your hemoglobin A1C level
Controlling high blood pressure	$20 per calendar year	Have a documented blood pressure reading from your doctor's office that is below 140/90 – your doctor's office should send a claim with the proper coding for your blood pressure
Cervical cancer screening (ages 21–64)	$25 per calendar year	Complete a cervical cancer screening

Continued →

Measure	Incentive amount	Member activity
Colorectal cancer screening (ages 45–75)	$25 per calendar year	Complete a colorectal cancer screening – ask your doctor which type of test is best for you
Diabetes eye exam	$25 per calendar year	Complete a retinal or dilated eye exam
Asthma medication ratio	$25 per calendar year	Take controller medication for asthma so you don't need to take rescue medications often – fill your asthma controller medication prescription at least 2 times more often than your rescue medications
Additional reward for completing 3 activities	$25 per calendar year	Complete any 3 eligible health activities above to earn an additional $25
Annual wellness visit	$25 per calendar year	Complete a well visit to your primary care provider when you are not sick

* **To earn each reward, the eligible healthy activity must be completed by Dec. 31, 2025, and the claim must be submitted and processed by March 31, 2026.** Processing your reward may take up to 8–16 weeks. Once you complete a qualifying healthy activity, we will be notified through claims and your prepaid card will be loaded with the reward. Remember to keep your card. Future reward dollars will be added to it for each qualifying healthy activity you complete.

Rewards expire 180 days after date of issuance. This card is redeemable for specific goods at select retailers. If you receive access to certain reward funds with your Card, you agree to the terms and conditions available at HealthyBenefitsPlus.com/UHCEssentialPlan/Home/RewardsTerms (the "Website"). This Card is not redeemable for cash except as required by law. Call 1-833-818-9770, TTY 711 for rewards balance. Distributed and serviced by Optum Financial, Inc. on behalf of itself and its subsidiaries. No ATM Access.

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United Healthcare Community Plan

NOTICE OF NON-DISCRIMINATION

UnitedHealthcare Community Plan complies with Federal civil rights laws. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare Community Plan provides the following:

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

If you need these services, please call the toll-free member phone number listed on your member ID card.

If you believe that UnitedHealthcare Community Plan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Civil Rights Coordinator by:

Mail:	Civil Rights Coordinator UnitedHealthcare Civil Rights Grievance P.O. Box 30608 Salt Lake City, UTAH 84130
Email:	**UHC_Civil_Rights@uhc.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web:	Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Mail:	U.S. Dept. of Health and Human Services 200 Independence Avenue SW, Room 509F, HHH Building Washington, D.C. 20201
Phone:	Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-866-265-1893**, TTY **711**, 8 a.m. – 6 p.m., Monday – Friday.

United Healthcare Community Plan

NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

UnitedHealthcare Community Plan cumple con los requisitos fijados por las leyes Federales de los derechos civiles. UnitedHealthcare Community Plan no excluye a las personas o las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

UnitedHealthcare Community Plan provee lo siguiente:

- Asistencia y servicios gratuitos de ayuda para las personas con discapacidades en su comunicación con nosotros, con:
  - Intérpretes calificados en el lenguaje de señas
  - Información por escrito en diferentes formatos (letras de mayor tamaño, audición, formatos electrónicos accesibles, otros formatos)
- Servicios gratuitos con diversos idiomas para personas para quienes el inglés no es su lengua materna, como:
  - Intérpretes calificados
  - Información impresa en diversos idiomas

Si usted necesita estos servicios, por favor llame gratuitamente al número anotado en su tarjeta de identificación como miembro.

Si usted piensa que UnitedHealthcare Community Plan no le ha brindado estos servicios o le han tratado a usted de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante el Coordinador de los Derechos Civiles (Civil Rights Coordinator) haciéndolo por:

Correo:	Civil Rights Coordinator UnitedHealthcare Civil Rights Grievance P.O. Box 30608 Salt Lake City, UTAH 84130
Correo electrónico:	**UHC_Civil_Rights@uhc.com**

Usted también puede presentar una queja acerca de sus derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, por:

Internet:	Sitio en internet para la Oficina de Derechos Civiles en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Correo:	U.S. Dept. of Health and Human Services 200 Independence Avenue SW, Room 509F, HHH Building Washington, D.C. 20201
Teléfono:	Gratuitamente al 1-800-368-1019, 1-800-537-7697 (TDD)

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros al **1-866-265-1893**, TTY **711**, 8 a.m. a 6 p.m., de lunes a viernes.

LANGUAGE ASSISTANCE

ATTENTION: Language assistance English services, free of charge, are available to you. Call 1-866-265-1893 TTY/711.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-265-1893 TTY/711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-265-1893 TTY/711.	Spanish/Español
注意：您可以免費獲得語言援助服務。請致電 1-866-265-1893 TTY/711。	Chinese/中文
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-265-1893 رقم هاتف الصم والبكم 711/TTY	Arabic/اللغة العربية
주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-866-265-1893 TTY/711로 전화하시기 바랍니다.	Korean/한국어
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-265-1893 (телетайп: TTY/711).	Russian/Русский
ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il 1-866-265-1893 TTY/711.	Italian/Italiano
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-265-1893 TTY/711.	French/Français
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-265-1893 TTY/ 711.	French Creole/ Kreyòl ki soti nan Fransè
אכטונג: אויב איר רעדט אידיש, זענען פאראן פאר אייך שפראך הילף סעריסעס פריי פון אפצאל. רופט 1-866-265-1893 TTY/711	Yiddish/אידיש
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-265-1893 TTY/711.	Polish/Polski
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyong pantulong sa wika nang walang bayad. Tumawag sa 1-866-265-1893 TTY/711	Tagalog
দৃষ্টি আকষর্ণ: যদি আপনার ভাষা বাংলা হয়, তাহলে আপনি বিনামূলেয্ ভাষা সহায়তা পাবেন। 1-866-265-1893 TTY/711 নমব্রে ফোন করুন।	Bengali/বাংলা
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-265-1893 TTY/711.	Albanian/Shqip
Προσοχή: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-265-1893 TTY/711.	Greek/ Ελληνικά
توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ کال کریں 1-866-265-1893 TTY/711.	Urdu/اردو