



*You can earn **My healthpays®** REWARDS from Iowa Total Care when you complete healthy activities!*



START EARNING TODAY!

- \$30** For Completing the Health Risk Screening. **Must complete within 90 days of enrollment.**
- \$50** Notification of Pregnancy Form. **Must complete within first trimester.**
- \$25** Notification of Pregnancy Form. **Must complete within second trimester.**
- \$20** Postpartum Doctor Visit.*
4-6 weeks after delivery.
- \$20** Annual Breast Cancer Screening
Once per year.
- \$45** For Annual Comprehensive Diabetes Care. **Ages 18-75.** Must complete all of the following once in the calendar year.
 - HbA1c test
 - Kidney screening
 - Retinopathy screening (dilated eye exam)
- \$20** Annual Child Well Care Visit. **Ages 2-20.**
Once per year.
- \$20** Annual Adult Well Care Visit. **Ages 21 and up.**
Once per year.
- \$20** Infant Well Care Visit. Must complete all six visits with assigned Primary Care Provider (PCP). **2,4,6,9,12 and 15 month infant well care visits.**
- \$10** Annual Flu Vaccine. **Ages 18 and up.**
Once per flu season. September-April.
- \$20** In-Home Assessment. Available to eligible members based on outcome recommendations of the Health Risk Assessment or by request.
Once per year.
- \$20** Controlling Blood Pressure. **Ages 18-85.**
Available to eligible members diagnosed with hypertension in their past medical history.
Limited to four rewards per year.

*To be eligible for this reward, you must notify us you are pregnant prior to having your baby by calling us or submitting a completed Notification of Pregnancy (NOP) form.

IT PAYS TO STAY HEALTHY.

You will receive your My Health Pays Visa® Prepaid Card when you earn your first reward from Iowa Total Care. Each time you complete a qualifying healthy activity, we are notified, and your reward dollars will be added to your existing card. It's that simple!

DON'T FORGET TO KEEP YOUR CARD!



Learn more at IowaTotalCare.com or call Toll-Free 1-833-404-1061 (TTY: 711)

This card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

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My Health Pays Rewards Code Set

The following codes must be submitted in order for members to receive their incentives for completing preventive care visits:

Incentive	Codes	Eligible Members
Postpartum Doctor Visit	59430	Female members who had a postpartum visit 4-6 weeks after delivery.
Annual Breast Cancer Screening	77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, G0206	Females age 50-74 years.
Comprehensive Diabetic Care - hgA1c test	83036, 83037, 3044F, 3045F, 3046F	Members 18-75 years of age diagnosed with diabetes in their past medical history.
Comprehensive Diabetic Care - Nephropathy	82042, 82043, 82044, 84156, 3060F, 3061F	
Comprehensive Diabetic Care - Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 6721, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, or S0620, S0621, S0625, S3000, 2022F, 2024F, 2026F, 3072F, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245	
Annual Child Well Care Visit	99385, 99386, 99387, 99395, 99396, 99397, G0344, G0402, Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111, Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289	Members who are 2 to 20 years of age.
Annual Adult Well Care Visit	99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395, G0438, G0439, Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111, Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289	Members who are 21 years or older.
Infant Well Care Visit	99381, 99382, 99391, 99392, 99461, G0438, G0439, Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111, Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289	Members who are 15 months of age.
Annual Flu Vaccine	90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90756, G0008, J3530, J2034, J2035, J2036, J2037, J2038, J2039	Members who are 18 years or older.
Controlling Blood pressure	99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99350, 99381 - 99387, 99391 - 99397, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99201 - 99205, 99211 - 99201 - 99205, 99211 - 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 9350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 93784, 93788, 93790, 99091, 3079F, 3080F, 3078F, 3077F, 9074F, 9075F	Members diagnosed with hypertension in their past medical history.