



Member Rewards Program

The EmblemHealth Member Rewards Program gives members opportunities to be rewarded for taking good care of their health. Members who join the program can earn rewards for getting needed medical care such as selected preventive screenings and more.



Who is eligible for the program?

EmblemHealth Medicare Advantage plan members, including those in a dual-eligible special needs plan (DSNP).

How do members enroll?

Members must register for the program by signing in to the member portal of our website, emblemhealth.com, or by calling the phone number on their member ID card. Registration must be completed by Dec. 31, 2024 and is required in order for members to be eligible for rewards.

How does the program benefit the member?

- Registered members will be issued a reloadable reward card through NationsBenefits upon completion of first activity. Funds are loaded to the card after each qualifying activity has been completed.
- The program helps members with proactive management of their health by encouraging them to get necessary preventive screenings and testing that can help them avoid unnecessary health complications in the future.

Eligible services and activities are:

Initial Medicare Annual Well Visit <i>(new members only)</i>	Mammogram Exam
Initial Health Assessment <i>(new members only)</i>	Member Portal Registration*
Annual Health Assessment ** <i>(existing members only)</i>	Sign-Up for Paperless*
Bone Mineral Density (BMD) Test	Comprehensive Medication Review (CMR)**
Colorectal Cancer Screening	Cholesterol Medication Refill ***
Diabetes A1c Test	Diabetes Medication Refill***
Diabetes Eye Exam	Hypertension Medication Refill***
Diabetes Kidney Health Evaluation	

*One-time only benefit.

**DSNP members only.

†Members would only be eligible to earn after completing a CMR

How can you support members/your patients in the program?

The EmblemHealth Member Rewards Program is designed for simplicity — no provider forms are required — and it's easy for members to collect their rewards. All you need to do is provide care as you always do, including referring your patient for necessary screenings such as mammograms.

This program supports member preventive and routine care compliance, helping providers achieve quality and efficiency goals.

Are there additional considerations?

- Eligible health services must be medically appropriate.
- As always, we encourage our members to speak with you regarding the health services they need.
- If your patients have questions about the program, please advise them to call EmblemHealth at the number on their member ID card.
- Please submit claims to us as soon as possible, but no later than Dec. 31, 2024.

How long is the program?

The program runs for a calendar year. This year's program will end Dec. 31, 2024.

How do I find out more?

Please contact the Provider Engagement Team at: quality_providerengagement@emblemhealth.com.

What can members purchase with their rewards card?

Members can use their card to purchase fresh, healthy foods, health necessities (i.e., toothpaste), transportation, utilities, and more.

This program is bound by Centers for Medicare & Medicaid Services' (CMS') rules for Medicare Advantage program member incentives. Claims for these services must be received by EmblemHealth no later than the last day of the calendar year to be eligible for rewards.

If you have any questions regarding this program, please contact EmblemHealth Provider Services at **866-447-9717**, available 8 a.m. to 6 p.m., Monday through Friday.

