

# Earn a \$30 reward

## Colon cancer screening

### Complete a colon cancer screening and earn a \$30 reward.

Early detection matters. Regular colon cancer screening is the best way to find colon cancer in its early stages. When colon cancer is found and treated early, many individuals go on to live a long and healthy life. Your doctor may recommend a colonoscopy every 10 years. If you have other risk factors, your doctor may recommend a screening sooner.

#### Complete one of the following screenings to earn a reward:

- Colonoscopy (recommended every 10 years)
- Sigmoidoscopy (recommended every five years)

Ask your doctor which screening test is right for you. At-home test kits are not eligible for a reward.

Manage your rewards and find out what other rewards you may be eligible for by signing in or creating an account on [medicare.aspirushealthplan.com/member-login](https://www.medicare.aspirushealthplan.com/member-login). Questions? Call the customer service number on the back of your Aspirus Health Plan member identification (ID) card.

#### Terms and conditions

- Limit one reward per program, per calendar year, for eligible members
- Member must be enrolled in an eligible Aspirus Health Plan Medicare Advantage Plan at the time of the exam, test or screening and at the time of redemption
- Date of service must be completed during the plan year listed on the voucher and submitted within 120 days of the exam, test or screening
- Members must have a provider complete and sign the voucher prior to returning it
- Incomplete or ineligible vouchers will be denied, and you will be notified by mail
- Reward dollars will be loaded on your Healthy Benefits+ Visa® card
- Reward dollars on your Healthy Benefits+ Visa card will expire 365 days from the date of deposit. If your plan is terminated, all funds on your Healthy Benefits+ Visa card will expire.
- Rewards are subject to change. Aspirus Health Plan reserves the right to deny rewards for any reason.

#### Statement of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).



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Voucher must be mailed to Aspirus Health Plan within 120 days of the date of service.

Use black ink. All fields required.

### To be completed by member:

Aspirus Health Plan member ID number \_\_\_\_\_ Member date of birth \_\_\_\_\_

Member name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, state, zip \_\_\_\_\_

### To be completed by doctor/clinic staff:

Screening type:  Colonoscopy  Sigmoidoscopy

Colon cancer screening documented in the patient medical record?  Yes  No

2025 date of colon cancer screening \_\_\_\_\_

Clinic name \_\_\_\_\_

Clinic phone \_\_\_\_\_

Doctor/clinic staff signature \_\_\_\_\_

Allow 4 – 6 weeks for reward delivery.

Mail to:

ATTN Health Promotion  
Aspirus Health Plan  
PO Box 51  
Minneapolis, MN 55440-9972