

Earn a \$30 reward

Diabetes dilated or retinal eye exam

Complete an eye exam and earn a \$30 reward

Diabetes can damage the blood vessels in your eyes, and even lead to vision loss. That's why it's important to maintain safe blood sugar levels and have your eyes checked every year.

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 with diabetes
- 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 mailed back to Aspirus Health Plan within the plan year
- 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 Aspirus Health Plan Healthy Benefits+ Visa® card. If you have not received a card, one will be mailed to you.
- Reward dollars on your Aspirus Health Plan Healthy Benefits+ Visa card will expire upon plan termination
- Rewards are subject to change. Aspirus Health Plan reserves the right to deny rewards for any reason

Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.

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).



\$30 reward

Diabetes dilated or retinal eye exam.

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:

Dilated or retinal eye exam documented in the patient medical record? Yes No

Diabetic condition documented in patient record? Yes No

2024 date of eye exam _____

Clinic name _____

Clinic phone _____

Doctor/clinic staff signature or name _____

Allow 4 – 6 weeks for reward delivery. For eligible visits completed in 2024.

Mail to:

ATTN Health Promotion
Aspirus Health Plan
P.O. Box 51
Minneapolis, MN 55440-9972