



OmniCare Health Plan  
1333 Gratiot Ave., Suite 400  
Detroit, MI 48207

Phone: (866) 316-3784  
Fax: (866) 602-1251  
[www.omnicarehealthplan.com](http://www.omnicarehealthplan.com)

## Dear OmniCare Member,

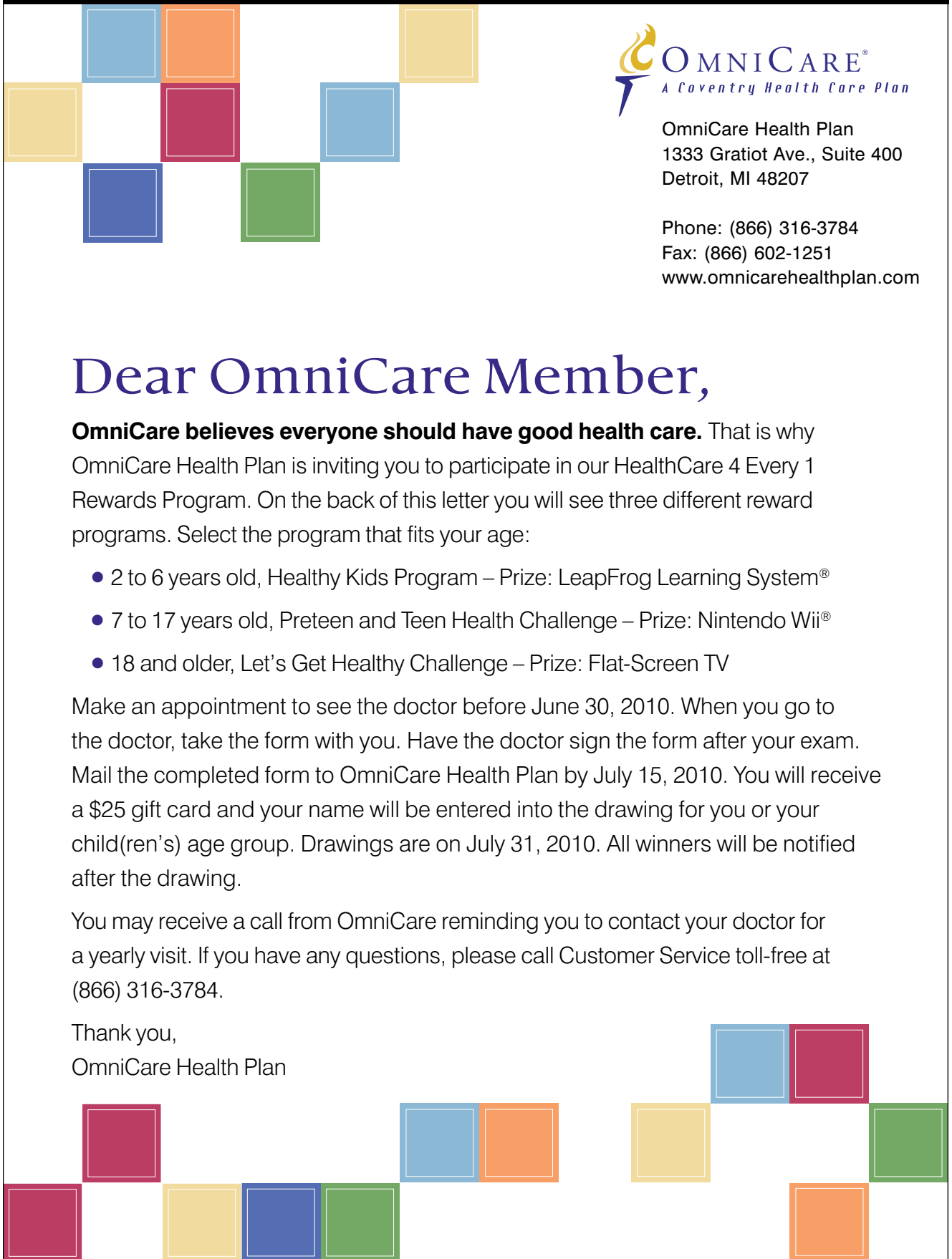
**OmniCare believes everyone should have good health care.** That is why OmniCare Health Plan is inviting you to participate in our HealthCare 4 Every 1 Rewards Program. On the back of this letter you will see three different reward programs. Select the program that fits your age:

- 2 to 6 years old, Healthy Kids Program – Prize: LeapFrog Learning System®
- 7 to 17 years old, Preteen and Teen Health Challenge – Prize: Nintendo Wii®
- 18 and older, Let's Get Healthy Challenge – Prize: Flat-Screen TV

Make an appointment to see the doctor before June 30, 2010. When you go to the doctor, take the form with you. Have the doctor sign the form after your exam. Mail the completed form to OmniCare Health Plan by July 15, 2010. You will receive a \$25 gift card and your name will be entered into the drawing for you or your child(ren's) age group. Drawings are on July 31, 2010. All winners will be notified after the drawing.

You may receive a call from OmniCare reminding you to contact your doctor for a yearly visit. If you have any questions, please call Customer Service toll-free at (866) 316-3784.

Thank you,  
OmniCare Health Plan



# HealthCare 4 Everyone

## THIS IS HOW YOU ENTER 🗑

Check the box next to the reward that fits your age. Go to the doctor and have your exam. Have your doctor sign the form below while you are at the office. Mail the completed form to OmniCare.

### Rewards

- 2 TO 6 YEARS OLD: Doc Bear Healthy Kids Program**  
For 2- to 6-year-olds having their annual exam.  
\$25 gift card and entered in drawing for a LeapFrog Learning System®
- 7 TO 17 YEARS OLD: Preteen and Teen Health Challenge**  
For 7- to 17-year-olds who have their annual exam.  
\$25 gift card and entered in drawing for a Nintendo Wii®
- 18 AND OLDER: Let's Get Healthy Challenge**  
For adults age 18 and older who have an annual exam.  
\$25 gift card and entered in drawing for a Flat Screen TV

To qualify, see your doctor for an exam by June 30, 2010. During your visit, be sure to complete this form (with PCP's signature and Provider ID#). Mail the form to OmniCare.



CUT ACROSS HERE AND RETURN COMPLETED FORM TO OMNICARE

Member Name (Print):

Member #:

Address:

City: State: ZIP Code:

Phone Number:

Appointment Date: PCP Initial:

Member Birth Date:

Primary Care Physician Name (Print):

Address 1:

Address 2:

City: State: ZIP Code:

Phone Number:

PCP Signature and Provider ID#:

Age:



**MAIL FORM TO:** OmniCare, 1333 Gratiot Avenue, Suite 400, Detroit, MI 48207

**NOTE:** One entry per person, per qualifying year. Must receive form by July 15, 2010, to be entered in drawing.