

2023 Rewards Program Instructions

**Three simple activities,
three opportunities to earn rewards!**


**Earn up to
\$300!**

ANNUAL WELLNESS VISIT*

Earn \$175

Meet with your health care provider to create a personal care plan to help you stay healthy.



HEALTH SURVEY

Earn \$75

We'd like to get to know you better. Complete and submit our Health Survey.

MEMBER EXPERIENCE SURVEY

Earn \$50

Take this mid-year survey to share your experience as a member of Lasso Healthcare.

*Annual Wellness Visits are at no cost for Lasso Healthcare members. Please call us if you would like help scheduling your NO COST telehealth Annual Wellness Visit at 1-833-925-2776. Some conditions apply.

We make it simple to earn and redeem your rewards



Fill out the activity form, making sure you complete the form in its entirety.



Mail the completed activity form to be processed to:
**225 W. Washington St.
Suite 450
Chicago, Illinois 60606**



Complete all three activities to earn up to \$300 in rewards! Please keep your reloadable card so that rewards can be loaded for each activity you complete.

Participation Rules

Important participation rules. Read carefully.

1. The activity forms must be completed in the plan year that they were received. (Example, if the rewards kit was received in 2023, the activities in the kit must be completed in 2023.)
2. Rewards will be processed for the activity forms from the prior year's incentive that are postmarked before the end of the plan year and received up to 30 days into the new calendar year.
3. Each Activity Form must be completed in full and in accordance with form instructions.
4. Incomplete or illegible forms may delay processing of a reward. An outreach from us may be required to obtain the information necessary to complete the form for reward processing.
5. **Please note: your rewards card will be sent to the mailing address you have provided to Lasso Healthcare. If you have not provided a mailing address, the card will be sent to the permanent address on file.**

NationsBenefits Partnership

You will have your own portal through NationsBenefits, where you can log in to check account balances and even purchase goods! When you receive your card, you will find information on the card carrier, which will tell you how to access your personal portal and manage your account.

For 2023, we're expanding where you can use your rewards card! Spend your reward dollars where you need it most. Once you receive your rewards card from NationsBenefits, you can use the funds at most locations for:



Utilities



Transportation services



Hearing aids



Pharmacy purchases



Purchases at local retailers such as book, home supply and appliance, wholesale discount, hardware, grocery, pet supply, and family clothing and shoe stores



Restaurants



Other services such as dry cleaners, barbers, and beauty shops

...and more!

For more information on how to use your rewards funds, please visit the member portal:
<https://members.nationsbenefits.com/login>.

Questions? Contact Member Services at 1-833-925-2776 (TTY: 711) 8 a.m.-8 p.m., Monday-Friday

Activity Form: Annual Wellness Visit

Complete all applicable fields of this form. If your visit was in-person, have your doctor complete and sign the bottom portion. Please return the completed form by December 31.

Member First Name: _____ Member Last Name: _____

Member Phone Number: _____ Member ID #: _____

Date of Visit: _____ / _____ / _____
Month Day Year

How was your visit conducted? *(Select one)*

In-person (office) Virtual/Telehealth*

Please supply the date(s) and last recorded result(s) of the following screenings:	
A1C level	Date of most recent screening: _____ <i>Month Day Year</i>
	Result: _____
Blood pressure (okay to self report)	Date of most recent screening: _____ <i>Month Day Year</i>
	Result: _____
Colonoscopy	Date of most recent screening: _____ <i>Month Day Year</i>
	Result: _____
Breast cancer (if applicable)	Date of most recent screening: _____ <i>Month Day Year</i>
	Result: _____

Important information for your healthcare provider:

The purpose of the patient presenting this form to you is to help them follow preventive care guidelines and to qualify them for a member health incentive from Lasso Healthcare. Today's visit should form the foundation of a personal care plan for the patient to follow. If you provided the patient an Annual Wellness Visit or Routine Physical within this calendar year, and in your opinion the visit is still clinically valid, another wellness visit is not required.

Provider Name: _____ Date: _____ / _____ / _____
Month Day Year

Provider Signature: _____ NPI: _____
(Not required for telehealth visits) (MD, DO, NP, PA) (Required for telehealth visits)

Activity Form: Health Survey

Congratulations for taking an active role in your health! Taking the time to complete a health survey is a great way to understand your current health status - **and get rewarded for it!** Please complete all survey sections and submit your survey by December 31.

Lasso Healthcare ID#: _____ DOB: _____ / _____ / _____
Month Day Year

First Name: _____ Last Name: _____

Race: _____ Ethnicity: _____ Gender: Male Female Other

Document language spoken and any communication needs, preferences, or limitations	
Preferred primary language:	English Spanish Other: _____
Communication needs/limitations (check all that apply):	None identified Hearing Language Vision

Medical	
Document any current medical conditions or problems (check all that apply):	Asthma Behavioral health issues Cancer Chronic obstructive pulmonary disease (COPD) Diabetes Heart failure HIV/AIDS Hypertension Kidney disease (including dialysis) Osteoporosis Other: _____
In the past year, how many times have stayed overnight in the hospital?	None 1 2 3 or more Unknown
How often do you need help taking your medications?	Never Rarely Sometimes Always

Medical continued	
Do you take your medications as prescribed?	None 1 2 3 or more Unknown
List all medications including OTC and herbal supplements below. _____ _____	

Functional	
Over the last month, have you been bothered by body pain that makes it difficult to work or complete activities?	Not at all Several days More than half days Nearly every day
On a scale of 1-10 10 being the worst pain imaginable, what would you rate your pain? Write 0 if no pain: _____	
How often do you need help getting around your home? (such as walking, transferring from a chair to a bed)	Never Rarely Sometimes Always
How often do you need help making meals and feeding yourself?	Never Rarely Sometimes Always
How often do you need help caring for yourself, including bathing?	Never Rarely Sometimes Always
How often do you need help with using the toilet?	Never Rarely Sometimes Always
How often do you need help dressing?	Never Rarely Sometimes Always

Social Determinants of Health (SDoH)/Nutrition	
Do you feel that you have nutritious food to eat?	Yes No Prefer not to answer
What is your living situation today?	I have a steady place to live I have a place to live today, but I am worried about losing it in the future I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a bench, in a car, abandoned building, bus or train station, or in a park)
Some people have made the following statements about their food situation. Please answer whether the next two statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.	
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Often true Sometimes true Never true Prefer not to answer
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Often true Sometimes true Never true Prefer not to answer
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	Yes, it has kept me from medical appointments or from getting my medications Yes, it has kept me from non-medical appointments or from getting my medications No Prefer not to answer

Mental Health	
Over the last month how often have you been bothered by the following: feeling down, depressed, or hopeless?	Not at all Several days More than half days Nearly every day
Over the last month, how often have you been bothered by the following: poor appetite, eating too much?	Not at all Several days More than half days Nearly every day

Psychosocial	
Do you feel that the support that you have is adequate in meeting your physical and emotional needs?	Yes No Prefer not to answer
Overall, how willing are you to make changes to improve your health?	Very willing Somewhat willing Not currently



Notice of Non-Discrimination

Discrimination is against the law.

Lasso Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Lasso Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Lasso Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-833-925-2776 (TTY 711).

If you believe that Lasso Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Lasso Healthcare
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Phone: 1-833-925-2776, TTY number 711
Fax: 1-866-946-4458
Email: civilrightscoordinator@myzinghealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Lasso Healthcare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-925-2776 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-925-2776 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-925-2776 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-925-2776 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-925-2776. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-925-2776 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-925-2776 (TTY: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmeterscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-925-2776 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-925-2776 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-925-2776 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم أسئلة تتعلق بالصحة أو جدول الأدوية لدينا، ليس عليك سوى الاتصال بنا على 1-833-925-2776 (TTY: 711) فوراً، سيقوم شخص ما يتحدث العربية. بمساعدتك. هذه خدمة . سيقوم شخص ما يتحدث العربية. (TTY: 711).
مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-925-2776 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-925-2776 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-925-2776 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-925-2776 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、1-833-925-2776 (TTY: 711). にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。