

UPMC *for You*

Affiliate of UPMC Health Plan

U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219
T 412-454-7500
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www.upmchealthplan.com/members/foryou

Dear _____ and _____ :

We are excited to tell you about the **High Value Care for Kids** program that your health care insurer, UPMC *for You*, is offering. UPMC *for You* is working with your child's doctor on a pilot program that gives you a **\$500 WePay Prepaid Mastercard®**. There is no cost to you.

The program wants you to use the Prepaid Mastercard® to buy things that will improve your child's health and well-being. These purchases should be for items or services that are not covered by Medicaid or waiver benefits. You and your child are the "consumer" and can decide how to best use this money.

Since this is a new project, you may have questions. Below are answers to some questions that you might have:

Why have we been selected to participate?

This is a one-time program for children between the ages of 10-19 with special healthcare needs or healthcare related costs. Your child's doctor is one of the doctors participating in the High Value Care for Kids project.

What do I have to do to participate?

1. Meet with your care coordinator, _____, at _____ in person or on the phone about how you want to spend the \$500.
2. Fill out the (green) Participation Form and tell us how you want to spend the \$500. Please answer all the questions.
3. Return the (green) Participation Form in the stamped envelope enclosed with this letter or give the form to your care coordinator, _____, at _____. Please be sure your correct address is on the form. Return the form by <date>.

When will I get the Prepaid MasterCard?

We will mail your card after we get your Participation Form and confirm that you talked to your care coordinator, _____, at _____. You will get the card about two to three weeks later.

We will send your \$500 Prepaid MasterCard to the address you enter on the Participation Form.

When you get the Prepaid MasterCard, you must call _____ at _____ to activate the card before using it.

What can I use the money for?

We want you to use the Prepaid MasterCard to purchase goods or services that you think will help to improve the health and well-being of your child. Your care coordinator, _____, can help you to decide what to buy. You can use the Prepaid MasterCard at any store or merchant that accepts credit or debit cards as payments. You can use this money for medical and non-medical items or services. You have until December 31, 2014, to spend the money.

What happens if _____ loses eligibility for UPMC for You or change health plans?

Participation in the High Value Care for Kids program will end if _____ no longer qualifies for UPMC for You or changes health plans. _____ will not be able to use any remaining money on the Prepaid MasterCard after his or her health plan membership ends.

Do I need to send receipts for my purchases?

Yes, you need to return the (tan) Purchase History Form and receipts or proof of purchase to tell us how you spent the Prepaid MasterCard. We included one (tan) Purchase History Form in this package. We will mail you another Purchase History Form with the Prepaid MasterCard.

What effect will this have on _____'s insurance benefits from UPMC for You?

Taking part in the High Value Care for Kids project will not change your child's benefits.

What if I lose my Prepaid MasterCard?

Call TransCard at 1-877-428-4733 (toll-free) to report your lost or stolen Prepaid MasterCard. Then contact your care coordinator, _____, at _____ to ask for a new card with the remaining balance.

Have questions?

This project is a new way of thinking about your child's needs. We are working with the doctors and care coordinator at your child's doctor office. Your care coordinator can help answer questions and help with ideas for getting the most value from your \$500. Call _____ at _____.

Participation in the High Value Care for Kids program is subject to eligibility requirements. UPMC for You reserves the right to discontinue the program or your participation at any time.

Sincerely,

Deborah R. Moss, MD, MPH
Pediatric Medical Director, UPMC for You
Project Co-Director, High Value Care for Kids
UPMCHighValueCareForKids@UPMC.edu

**THIS NOTICE IS ALSO AVAILABLE IN
LARGE PRINT. CALL 1-800-286-4242.
TOLL-FREE TTY#: 1-800-361-2629**

Important information about health care benefits. Ask someone to read this to you or call UPMC for You at 1-800-286-4242. Toll-free TTY # 1-800-361-2629.

关于医疗保健福利的重要信息。请找人为您阅读此信息或拨打UPMC for You的电话 1-800-286-4242。电传打字机 (TTY) 用户请拨打 1-800-361-2629。

ព័ត៌មានសំខាន់អំពីអត្ថប្រយោជន៍ពីការថែទាំសុខភាព។ សូមស្នើឱ្យនរណាម្នាក់អានឯកសារនេះឱ្យអ្នកស្តាប់ ឬទូរស័ព្ទ មក UPMC for You តាមរយៈលេខ 1-800-286-4242 ។ សំរាប់អ្នកប្រើប្រាស់ ម៉ាស៊ីន TTY សូមទូរស័ព្ទមកកាន់លេខ 1-800-361-2629 ។

Важная информация о пособиях в области здравоохранения. Попросите кого-либо прочесть эту информацию вам или позвоните в организацию UPMC for You по телефону 1-800-286-4242. Пользователи текст-телефонных устройств (TTY), пожалуйста, звоните по телефону 1-800-361-2629.

Información importante sobre los beneficios de atención médica. Pida a alguien que le lea esta información o llame a UPMC for You al 1-800-286-4242. Los usuarios de equipo teleescritor (TTY) pueden llamar al 1-800-361-2629.

Thông tin quan trọng về các phúc lợi chăm sóc sức khỏe. Hãy nhờ một người nào đó đọc thông tin này cho quý vị hoặc gọi UPMC for You ở số 1-800-286-4242. Người sử dụng TTY (điện thoại dành cho người khiếm thính hoặc khiếm ngôn), vui lòng gọi 1-800-361-2629.