Member Rewards Overview

- The member needs to fill out the date of the visit and the name of the location the service was completed
- Electronic or mail for submission
- The following was attached with the letter in either English or Spanish.

Well child visit reward claim form = $25 Walmart gift card

Why it's important – All children age 3 and older should see their primary care provider (PCP) once a year to make sure they are developing and growing properly.

After you complete the well child visit, fill out the information below

Date of visit (must be completed by 12/31/25) / / (mm/dd/yy)

Name of facility, clinic, lab, provider office or other location where service was completed.

Choose the type of gift card you'd like

Walmart: ☐ Physical gift card ☐ Electronic gift card

If choosing a physical gift card, please provide the address where you'd like us to mail it.

Address _____ Apt/Unit _____

City _____ State _____ ZIP _____

If choosing an electronic gift card, please provide an email address for your reward.

How to claim your reward

Online – Complete this form electronically by logging in to **myuhc.com/communityplan/healthwellness** and following the prompts for Member Rewards.

By mail – Use the postage-paid envelope included in this mailing or mail to the address below.

UnitedHealthcare Member Rewards Program
6009 S. Sharon Avenue
Sioux Falls, SD 57108

Important: To earn this reward, the reward claim form must be submitted online or postmarked by Dec. 31, 2025.

United Healthcare Community Plan

Please fold this form and mail back in the provided postage-paid envelope. To qualify for a reward, the envelope must be postmarked by December 31, 2025. We will verify this information with the provider. Do not photo copy. Please allow 6 weeks for processing if you choose a physical gift card. Program is subject to change. Gift cards will be sent to the address provided on the return form. Members are responsible for lost or stolen physical gift cards, or deleted e-gift cards. The reward is based on your eligibility and health status at the time of appointment. The Walmart gift card cannot be used to purchase UnitedHealthcare Community Plan covered goods or services, including prescription drugs. It cannot be redeemed in any way for alcohol, tobacco products, firearms, or ammunition. It cannot be converted into cash. Other restrictions may apply. This card can only be used by members of UnitedHealthcare Community Plan. The offer and use of the gift card is subject to change in accordance with the rules of the UnitedHealthcare Community Plan program. UnitedHealthcare Community Plan is not affiliated with Walmart Stores, Inc., or any of its affiliates. The services, products or activities of UnitedHealthcare Community Plan are neither endorsed nor sponsored by Walmart Stores, Inc., or any of its affiliates. See www.walmart.com/help/article/gift-card-terms-and-conditions/90f9e2172781468989946c1d786bedea3 for complete gift card terms and conditions.

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Diabetes A1C test reward claim form = $25 Walmart gift card

Why it's important – A1C is a blood test that tells you the level of your blood sugar over the past 2-3 months. It's different than testing at home.

After you complete the diabetes A1C test, fill out the information below

Date of visit (must be completed by 12/31/25) ____/ ___ / ____(mm/dd/yy)

Name of facility, clinic, lab, provider office or other location where service was completed.

Choose the type of gift card you'd like

Walmart: ☐ Physical gift card ☐ Electronic gift card

If choosing a physical gift card, please provide the address where you'd like us to mail it.

Address _____ Apt/Unit _____

City _____ State _____ ZIP _____

If choosing an electronic gift card, please provide an email address for your reward.

How to claim your reward

Online – Complete this form electronically by logging in to **myuhc.com/communityplan/healthwellness** and following the prompts for Member Rewards.

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Breast cancer screening reward claim form = $25 Walmart gift card

Why it's important – A mammogram (breast X-ray) can help catch breast cancer early, when treatment is often easier and more effective.

After you complete the breast cancer screening, fill out the information below

Date of visit (must be completed by 12/31/25) ____/ ___ / ____(mm/dd/yy)

Name of facility, clinic, lab, provider office or other location where service was completed.

Choose the type of gift card you'd like

Walmart: ☐ Physical gift card ☐ Electronic gift card

If choosing a physical gift card, please provide the address where you'd like us to mail it.

Address _____ Apt/Unit _____

City _____ State _____ ZIP _____

If choosing an electronic gift card, please provide an email address for your reward.

How to claim your reward

Online – Complete this form electronically by logging in to **myuhc.com/communityplan/healthwellness** and following the prompts for Member Rewards.

By mail – Use the postage-paid envelope included in this mailing or mail to the address below.

UnitedHealthcare Member Rewards Program
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