



## Points Redemption Process

Step 1: Log in to the HealthSCOPE Benefits Member Portal.

The link to the portal can be reached on the [Adventist Risk Management](#) website.

### SERVICE PROVIDERS




#### HEALTHSCOPE: MEMBER SERVICES

HealthScope provides claims processing for all member health services including medical, dental and vision.

Claims Mailing Address:  
P.O. Box 16203  
Lubbock, TX 79490-6203

[Click here for member login.](#)



Healthy People  
Healthy Business  
Healthy Futures

Monday, May 15, 2017  
#HF5WPH

Site Sign In

Username:

Password:

Sign In

[New Member Registration](#)

[Forgot Username or Password?](#)

Attention

If you have 3 unsuccessful login attempts in a row, your account will be disabled.

This site is best viewed with Microsoft Internet Explorer 7.0 and above, Mozilla Firefox 2.0 and above and Google Chrome 1.0 and above.

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Welcome

Welcome to Self Service! We're glad that you've chosen to Get Connected! At HealthSCOPE Benefits we are continuously developing new products to help our employers and members better understand and manage their healthcare coverage. This new portal allows you to access your healthcare coverage information - all in one place, 24 hours a day. Thank you for choosing HealthSCOPE Benefits and enjoy the freedom and convenience of Self Service.

HealthSCOPE Benefits has upgraded our online claims and customer care site to be in line with recent HIPAA compliance mandating that the Spouse and all Adult Dependents of an Insured have their own web account.

Following this upgrade, the Primary Insured will continue to access his or her individual claims history and coverage information and the claims and coverage information for any under age Dependent(s). The Primary Insured will no longer be able to view claims history and coverage information for their Spouse or Adult Dependents. Adult Dependent age is 18 for all states except South Carolina which is 16.


Instructions for the Adult Dependents and Spouse to set up their web account:

- \* Select the New Member Registration link.
- \* Enter the Primary Member's 9 digit ID Number listed on your ID Card.
- \* Enter the Dependent/Spouse First Name, Last Name, Date of Birth and Zip Code.
- \* Then follow the system prompts to set up a web account.

If you have any questions, please contact Customer Care at the number on your ID Card.


## Step 2:

Once logged in, navigate to the **REWARDS GIFT CARD ORDERS** link on the **Resources** menu on the right-hand side of the screen. You will be redirected to a web form where you can complete your order.



Preventive Services are offered at no cost to the member. Stay healthy by participating in the following wellness activities:

- Routine Well Care for Adults
- Routine Well Care for Children
- Flu Shot
- Mammogram
- Colonoscopy




**Note:** Use Resources on the right to view and manage your information. These Resources will open in a secondary tab or window when selected.

National Women's Health Week is an observance led by the U.S. Department of Health and Human Services Office on Women's Health. The goal is to empower women to make their health a priority. The week also serves as a time to encourage women to take steps to improve their health. The 18th annual National Women's Health Week kicks off on Mother's Day, May 14, and is celebrated through May 20, 2017.

- What steps can you, as a woman, take for better health?
- To improve your physical and mental health, you can:
- Visit a doctor or nurse for a well-woman visit (checkup) and preventive screenings.
- Get active.
- Eat healthy.
- Pay attention to mental health, including getting enough sleep and managing stress.
- Avoid unhealthy behaviors, such as smoking, texting while driving, and not wearing a seatbelt or bicycle helmet.

Get the conversation started at your next well-woman visit. A well-woman visit is a yearly preventive checkup with your doctor. It's a time to check in on how you're doing, how you'd like to be doing, and what changes you can make to reach your health goals. In addition to talking with your doctor or nurse about your health, you may also need certain vaccines (shots) and medical tests.

A yearly well-woman visit won't cost you anything extra if you already have health insurance. Most private health plans cover certain preventive care benefits, including a yearly well-woman visit, without charging a copay, coinsurance, or making you meet your deductible. If you don't have insurance, you can still see a doctor or nurse for free or low-cost at a health center near you.



### Resources

Below are helpful resources for you.

- ➔ [Claims and Eligibility](#)
- ➔ [Order ID Card](#)
- ➔ [AETNA](#)
- ➔ [Express Scripts](#)
- ➔ [AHH Maternity](#)
- ➔ [Helpful Health Information](#)
- ➔ [Benefit Summary](#)
- ➔ [Summary Plan Information](#)
- ➔ [Glossary of Medical Terms](#)
- ➔ [EAP \(Employee Assistance Program\)](#)
- ➔ [Healthy for Life Rewards](#)
- ➔ [REWARDS GIFT CARD ORDERS](#)

**Have Questions?**

Step 3: Fill in all the \*Required fields of the Order Form.

If you already know which vendor you would like gift cards for, enter the appropriate dollar amounts in the **Amount \$** field. Ensure that the amounts you are requesting are available from the vendor. For example, if you want a \$50 gift card from Olive Garden but they only offer gift cards in \$25 increments, you would request two \$25 gift cards instead of one \$50 gift card.

If you do not know which vendor you would like gift cards for, you can review the Amazon Gift Card Gallery.

## Adventist Risk Management NAD Rewards Program

### Order Form

NOTE: Only complete the dependent fields if the order is for the dependent's point value otherwise, leave those fields blank.

\*Required

Date of Request\*:

Employee First Name\*:

Employee Last Name\*:

Alt. ID# (AXXXXXX)\*:

Employee Date of Birth (xx/xx/xxxx)\*:

If a dependent, then Dependent First Name:

Dependent Last Name:

Dependent Date of Birth:

Participant's Mailing Address\*:

City\*:

State\*:

Zip\*:

Phone Number:

Alternate Phone Number(s):

Email Address\*:

From which years' points are you requesting gift card?\*   
Note: 2016 points expire 06/30/2017  
2017 points expire 01/31/2018

Please review [www.Amazon.com](http://www.Amazon.com) gift cards to find which are available and what increments they allow. Use one form for each family member.

Requested Order (Gift Card Vendor):

|                      |            |                      |
|----------------------|------------|----------------------|
| <input type="text"/> | Amount \$: | <input type="text"/> |
| <input type="text"/> | Amount \$: | <input type="text"/> |
| <input type="text"/> | Amount \$: | <input type="text"/> |
| <input type="text"/> | Amount \$: | <input type="text"/> |

Will an E-Gift card be acceptable?\*:

SUBMIT