

Managing  
your Diabetes  
has its own  
Rewards.

Plus we'll give  
you a few more.

BROUGHT TO YOU BY YOUR MUNICIPAL EMPLOYER THROUGH THE WEST SUBURBAN HEALTH GROUP.

## WHY PARTICIPATE?

- ✔ Monitoring your diabetes **helps to improve your health.**
- ✔ Managing your diabetes helps you **reduce your risk for heart disease and stroke.**
- ✔ Completing the program steps allows you to **receive diabetes medications and most diabetic supplies for \$0 co-pays (FREE to you).** When you complete the steps below, we will send you a **WSHG Rx Rewards Card** to use at your local, in-network pharmacy or the program specific mail order service, **informedMail™.**

## PROGRAM STEPS

**Step 1: Register on the Good Health Gateway Diabetes Care Rewards Program website at [www.GoodHealthGateway.com](http://www.GoodHealthGateway.com)**

*If you do not have access to a computer or you are not comfortable registering online, call our HelpLine. We will be happy to register you and send you information in the mail.*

**Call us toll-free at (800) 643-8028.**

**Step 2: Complete each important medical examination and lab test listed below to help you manage your diabetes.**

*There is a great chance your doctor is already recommending and having you complete these activities.*

- ✔ Annual foot exam (repeat once a year)
- ✔ Annual eye exam, if recommended by your physician, or physician waiver (repeat once a year)
- ✔ Annual laboratory work-up of your fasting blood lipid levels (repeat once a year)
- ✔ Annual laboratory work-up of your urine/protein levels (repeat once a year)
- ✔ Laboratory work-up of your Hemoglobin A1c levels every 6 months (repeat every 6 months)

**Many people are already meeting the program requirements and will only need to have their doctor complete the form described in Step 3 below. Health activities you have already completed in the past year count towards meeting the program requirements.**

**Step 3: Provide us with documentation from your health care provider(s) to show that you have completed the diabetes exams and lab tests listed above in Step 2.**

*Please print the Provider Confirmation Form from our website, and give it to your health care provider(s) to complete and fax to us at (877) 378-4480. **Note:** You will need to submit a new form EACH time you update an exam or lab test.*

**Available to the following member employers of the West Suburban Health Group:**

Accept Education Collaborative  
Dover Sherborn Regional School District  
South Middlesex Regional Vocational Tech High School (Keefe Tech)  
The Education Collaborative

**Town of:**

- Ashland
- Dedham
- Dover
- Holliston
- Natick
- Needham
- Sherborn
- Shrewsbury
- Walpole
- Wayland
- Wellesley
- Westwood
- Wrentham

**For employees and their covered dependents of the above employers insured through one of the following West Suburban Health Group sponsored health plans:**

**Blue Cross Blue Shield of Massachusetts**

Network Blue HMO, Network Blue Options HMO Rate Saver, Benchmark Plan

**Harvard Pilgrim Health Care**

PPO, HMO, HMO Rate Saver, Choicenet Benchmark Plan

**Tufts Health Plan**

EPO, EPO Rate Saver, Benchmark Plan, POS

**Fallon**

Select Care EPO, Direct Care EPO, Select Care EPO Rate Saver, Direct Care EPO Rate Saver, Select Care Benchmark Plan, Direct Care Benchmark Plan