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## Questions?

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If you have questions about your pregnancy or the MOM Options program, call your Maternity Care Coordinator at 1-844-325-6251, 8 a.m. to 5 p.m., Monday–Friday. TTY callers should dial 711 or 1-800-232-5460.

The Highmark Health Options MOM Options Program does not endorse any particular infant, toddler, or child product or company. The MOM Options Program is not responsible for defects, of any type, with respect to any infant car seat, stroller, or Pack ‘n Play® kit dispensed through the MOM Options Program. The MOM Options Program is not responsible for any accidents or injuries that may occur as a result of the use, whether proper or improper, of the infant car seat, stroller, or Pack ‘n Play® kit.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

Highmark Health Options  
ATTN: MOM Options Program  
800 Delaware Ave., Suite 600  
Wilmington, DE 19801

# Get Rewarded

for doing something  
great for you and  
your baby.



**HIGHMARK**    
HEALTH OPTIONS

**Get rewarded for attending all recommended prenatal care visits.**

**MOM Options helps you and your unborn baby stay healthy during your pregnancy.**

**To qualify for your reward, complete these five activities:**

1. Be eligible for Medical Assistance and have selected Highmark Health Options by your 14<sup>th</sup> week of pregnancy.
2. Go to your first prenatal care visit by your 14<sup>th</sup> week of pregnancy.
3. Go to and take this brochure to every prenatal care visit. Clearly list appointment dates and have your brochure signed and dated at the your provider's office.
4. Stay enrolled in Highmark Health Options throughout your entire pregnancy. This means you are continuously enrolled with Highmark Health Options.
5. Mail the completed brochure back to the MOM Options Program after your 36-week visit.

**Please Note:** You must mail the completed brochure no later than six weeks after your baby is born.

**Please have your provider stamp or sign and date this brochure at each visit.**

Date	Provider Signature

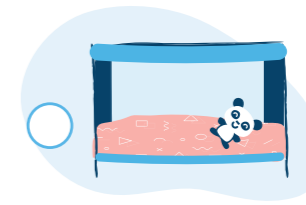
**Choose your reward:**



Infant car seat



Stroller



Pack 'n Play®



Baby Shower in a Box

Member Name \_\_\_\_\_

Member ID Number \_\_\_\_\_

Member Phone Number \_\_\_\_\_

Due Date \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Phone Number \_\_\_\_\_

**Where can we deliver your reward?**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please allow at least three weeks for delivery. We will try to have your reward to you before your baby is born.

Mail the completed brochure to the Highmark Health Options MOM Options Program after your 36-week visit in the enclosed postage-paid envelope. The completed brochure can also be faxed to 1-855-501-3903.