



The 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/toddler 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/toddler car seat, stroller or Pack 'n Play® kit.

For information on how to properly use a car seat, go to the National Health Safety Transportation's website at www.nhtsa.gov or the American Academy of Pediatrics website at www.aap.org.

For information on the GRACO Pack 'n Play® kit, go to the GRACO website at www.gracobaby.com.



Highmark Blue Cross Blue Shield Delaware

Questions?

If you have questions about your pregnancy or the rewards program, please call the MOM Options Program.

1-844-325-6255, option 1
TTY: 711 or 1-800-232-5460

¿Preguntas?

Para más información sobre su embarazo o el programa de la retribución, por favor llame al Opciones de salud – Programa de Opciones MOM.

1-844-325-6255, opción 1
TTY: 711 or 1-800-232-5460

Personas con problemas de audición o sordera

DE CM 12

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

Do something GREAT
 for you and your baby!
GET A REWARD



MOM Options Program

The Health Options MOM Options Program provides education and support to help you have a healthy pregnancy.



Please have your doctor or nurse midwife stamp or sign and date this brochure at each visit.

Please select the reward you would like:

- 
Car seat
(infant/toddler)
- 
Stroller
- 
Pack 'n Play® kit



How can you get a reward?

To qualify for a reward of either an infant/toddler car seat, a baby stroller or a Pack 'n Play® kit, you must do **ALL** of the following **FIVE** things:

1. **Be eligible for Medical Assistance and have selected Health Options** by your 14th week of pregnancy.
2. **Go to your first prenatal care visit** by your 14th 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 doctor's office.
4. **Stay enrolled in Health Options throughout your entire pregnancy.** This means you are continuously enrolled with Health Options throughout your entire pregnancy.
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 you deliver.

Date	Doctor/Nurse Midwife Stamp or Signature

Member Name _____

Member ID Number _____

Member Phone Number _____

Due Date _____

Doctor/Nurse Midwife Name _____

Doctor/Nurse Midwife Phone Number _____

Please list the address where you want the reward to be delivered.

Name _____

Street Address _____

City _____

State _____ Zip Code _____

Phone Number _____

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

Mail the completed brochure to the 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.