

PEHP/Healthy Utah

# Good For You, Good For Your Baby Rebate

Questions about how to  
complete this form?

Call (801) 538-6261  
Toll Free (888) 222-2542  
Mon-Thurs  
(7 a.m. to 6 p.m.)

Return completed form to:

Healthy Utah  
P. O. Box 142107  
Salt Lake City, UT 84114-2107

Or Fax form to:  
(801) 323-1577

## To earn the Good For You, Good For Your Baby Rebate:

1.  If you are pregnant, you are still encouraged to participate in the First Steps rebate by obtaining your biometrics and completing an on-line Health Assessment.
2.  If you do not qualify for the Good for You rebate, you are eligible to participate in the Good for You, Good for Your Baby rebate for pregnant women.
3.  During your pregnancy, you will not be eligible to participate in any of the other Health Improvement rebates, except the Tobacco Cessation Program.
4.  To qualify for the Good for You, Good for Your Baby rebate, you must also participate in the PEHP sponsored **WEE CARE Program**. To enroll, call **WEE CARE** at **(801) 538-9943** or visit **[www.health.utah.gov/rhp/weecare](http://www.health.utah.gov/rhp/weecare)**
5.  Following the birth of your baby, download the Good for You, Good for Your Baby rebate form from the Healthy Utah website, **[www.health Utah.org](http://www.health Utah.org)**. After filling in the Participant Information, take the form to your Obstetrics provider to obtain his/her signature.
6.  Submit the following paperwork to Healthy Utah up to 12 weeks post partum (after the birth of your baby). Rebates received after 12 weeks cannot be accepted.
  - A completed **rebate form**, and
  - a **copy of the WEE CARE welcome letter**
7.  Please allow up to 3-4 weeks to process your rebate.

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## Participant Information

NAME (Please Print)	BIRTH DATE	CHILD BIRTH DATE	PEHP ID NO.	TODAY'S DATE
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### **Obstetrics Provider:**

Please complete and sign this form for our PEHP member by twelve weeks post-partum. Completing the Good For You, Good for Your Baby entitles the member to a **\$50** incentive to reward them for participating in good prenatal care.

### Began Prenatal Care in the:

- First Trimester
- Second Trimester
- Third Trimester

## Obstetrics Provider Information

OBSTETRICS PROVIDER'S NAME (Please Print)	OBSTETRICS PROVIDER'S SIGNATURE	DATE
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OFFICE USE  
ONLY!

PARTICIPATION IN WEE CARE PROGRAM VERIFIED  
 YES  NO