



Prenatal Care Incentive Options for Pregnant Members

and active Blue Cross and Blue Shield of Texas (BCBSTX) STAR Kids, STAR and CHIP members

Congratulations on your pregnancy!

We encourage you to see your doctor and begin prenatal visits as soon as you think you are pregnant.

You can get a free infant car seat or a pack-and-play playard by completing a timely prenatal visit and registering for our Special Beginnings® program. The prenatal visit must occur in the first trimester or within 42 days of joining our plan.

Please fill out the form below. The infant car seat or pack-and-play playard will be sent to the address you give on this form. Members fill out the member's information below; doctors fill out the prenatal visit section. Fax the completed form to Member Outreach at **1-512-349-4867**. If you have questions call Member Outreach at **1-877-375-9097** (TTY: **711**).



Member's Information

| |
|---------------------------------------------------------------------------------------------------------------|
| Name: |
| Mailing Address: |
| Phone: |
| Member's Date of Birth: |
| Member's ID: |
| Estimated Date of Delivery: |
| Name of Doctor: |
| Doctor's Phone: |
| Check your choice: <input type="checkbox"/> Infant Car Seat <input type="checkbox"/> Pack-and-Play Playard |

Prenatal Visit

| |
|--------------------|
| Date of Visit: |
| Gestational Age: |
| Doctor's Signature |

Prescription Request for Car Seat or Pack-and-Play Playard — Only One Per Newborn.

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: |
| Check the number of car seats or pack-and-play playards required <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Doctor's Signature |

BCBSTX OFFICE USE ONLY

| |
|-------------------------------------------------------------------------------------|
| Special Beginnings Program <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------|

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call BCBSTX Customer Service on the back of your Member ID card.

Blue Cross and Blue Shield of Texas complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965**, Fax: **1-855-661-6960**, **Civilrightscordinator@hcsc.net**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-710-6984 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

اب دشاب یم مهارف امش یارب ناگیار تروص هب ینابز تلایهست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت 1-855-710-6984 (TTY: 711) دیریگب سامت.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY: 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸມມືມີ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-710-6984 (TTY: 711).