

Strive+ Activity Coupon

Fill out this coupon and send it to us by January 15, 2025.

We'll mail your Walmart Select Grocery® gift card(s) to the address below within 4-6 weeks after your request is received. Please print your information.

Name: _____

Address: _____

City, State, ZIP Code: _____

Date of birth: _____

Check the box and enter a completion date next to each activity you completed between January 1, 2024 and December 31, 2024:

Annual Wellness Visit

___/___/24



Diabetic Retinal Eye Exam

___/___/24



Breast Cancer Screening

___/___/24



Flu Shot

___/___/24



Colorectal Cancer Screening

___/___/24



Physical Activity

___/___/24



If you need a doctor, visit bcbsks.com/medicare and click on "Find a Provider" or call Customer Service at **800-222-7645 (TTY 711)** from 8 a.m. to 8 p.m. Central Time. Call seven days a week from Oct. 1 to Mar. 31 or Monday through Friday from Apr. 1 to Sept. 30.

One gift card per member per activity. The maximum reward amount redeemed for 2024 completed activities is capped at \$150 per member.

Mail the form to:

Blue Cross and Blue Shield of Kansas, 1133 SW Topeka Blvd, cc: 681, Topeka, KS 66629

If you have questions about Strive+, please call WebMD Customer Service at **888-383-8754 (TTY 711)** from 8:30 a.m. to 8 p.m. Eastern Time, Monday through Friday.

Visit us at bcbsks.com/medicare



1133 SW Topeka Blvd, Topeka, KS 66629

An independent licensee of the Blue Cross Blue Shield Association.

