



You can help your teen stay healthy

by making sure they get the vaccines (shots) they need. You can also earn up to \$50 in gift cards when your teen gets these important shots.

What shots should my teen be getting?

- **Tdap** (Tetanus, Diphtheria, and Pertussis) – Given at age 11 or 12
- **Meningococcal** – Given at age 11 or 12
- **HPV** (Human Papillomavirus) – First dose is given at age 9. Second dose is given 6 to 12 months after the first dose.



Recommended vaccination list

Talk to your doctor to see what shots your teen needs. You can also visit the Center for Disease Control (CDC) website. Go to [CDC.gov/vaccines/schedules/index.html](https://www.cdc.gov/vaccines/schedules/index.html) Then, select “Child and Adolescent Schedule.”



Do you need help choosing a PCP?

Your pediatrician can help you. You can also call Aetna Better Health of Virginia Member Services. You can ask for a list of PCPs in your area.



Member Services

1-800-279-1878 (TTY: 711)

Please note: there may be an annual limit on your total incentive amount that you could receive per calendar year. Services must be completed by December 31 of this year.

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You Call the Shots

Earn up to \$50 for keeping your teen healthy.

[AetnaBetterHealth.com/Virginia](https://www.AetnaBetterHealth.com/Virginia)



Aetna Better Health® of Virginia

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Here's how to earn

Ask your teen's doctor what shots they are due for at their next doctor's visit. After your teen gets their shots, ask their doctor to fill out the form.

Email the completed form to
QualityManagementPrograms@Aetna.com.
Or, fax it to **844-203-0020**. Also, you can download the form online using the Member Web Portal. Just go to **AetnaBetterHealth.com/Virginia/member-portal.html**

Earn up to \$50 when your teen gets these shots:

- \$10 Tdap
- \$10 Meningococcal
- \$10 HPV (first dose)
- \$10 HPV (second dose)

For completing all four shots, you become eligible for an extra \$10.

All vaccines must be completed before your child's 13th birthday to qualify for a gift card. To get your teen the shots they need, call your child's primary care provider (PCP) or pediatrician.

Form

Member's name (print): _____

Member ID: _____

Member's date of birth: _____

Address: _____

City: _____

State: _____ **ZIP:** _____

Phone number: _____

Doctor's name (print): _____

Provider ID (for provider use only): _____

Office Address: _____

City: _____

State: _____ **ZIP:** _____

Office phone number: _____

Doctor's signature: _____

Date of visit: _____

Check all shots patient received.	
<input type="checkbox"/> Tdap	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> HPV (first dose)	<input type="checkbox"/> HPV (second dose)
<input type="checkbox"/> Check if member has completed all four	