Aetna Better Health® of Kansas
After School Engagement Program

As of January 1, 2019, Aetna became a managed care organization serving KanCare members.

Aetna Better Health of Kansas is excited to serve KanCare members! One of the value added benefits we promised to provide to our members is an After School Engagement Program. Aetna Better Health of Kansas will provide members 5 to 18 years of age up to $35 per year to join the YMCA, 4-H, Boys and Girls Club, Boy Scouts or Girl Scouts.

We would like to work with your organization to provide this benefit to our members. In order to make this benefit happen, we are asking your organization to follow this process:

- Aetna Better Health of Kansas members will contact our Member Services Department to request an After School Engagement Program form.
  - The member will bring the form to your location and request the benefit. The form will include the Aetna Better Health of Kansas and KanCare logos.
- To approve the member’s request to join the After School Engagement Program, the form will need to be completed with the following information and returned
  - The child’s name, address and contact information.
  - The parent or guardian’s name, contact information.
  - The form must be signed by the parent or guardian.
  - Confirmation that the child is a member of Aetna Better Health of Kansas. (The form has a place where you can indicate that the member has shown you their Aetna Better Health of Kansas member ID card)
- Collect the form from the member and make a copy for your records.
- On a monthly basis, send Aetna Better Health of Kansas copies of all of the forms collected. Once receiving, ABHK will issue a check in the amount equal
Aetna Better Health® of Kansas

Boy Scouts Enrollment Form

Club Name: 

_____ New Club Membership  _____ Club Membership Renewal

Document presented to verify member eligibility*

_____ Member ID Card  _____ Other

*Review only. Do not retain copies.

Child(ren)'s Name(s)  Member KanCare ID#

_________________________  __________________________
_________________________  __________________________
_________________________  __________________________
_________________________  __________________________

Parent/Guardian Name:  

Contact Information (phone or email):  

Parent/Guardian Signature:  Date:  

Member Address:  

City:  State:  ZIP:  

Complete this form and take it to the nearest Boy Scouts organization.

Visit www.hoac-bsa.org to find a location near you.