

Aetna Better Health® of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210



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.

