



2022 INCENTIVE

Earn \$30 per month off your 2023 benefit contribution! Get 2X the incentive if a covered spouse/domestic partner also participates.

NEW!

WIN A \$50 GIFT CARD!

Complete your State-sponsored health screening by August 31, 2022 to automatically be entered to win a \$50 gift card!



Health screenings completed after August 31, 2022 are not eligible for this drawing.

ACTIVITIES CHECKLIST

HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment following the instructions at healthcenter.mt.gov or call (855) 200-6822.

NICOTINE FREE

Self-report if you are nicotine free or have completed an eligible alternative at myactivehealth.com/som. If you use nicotine and need an alternative to complete this portion of the incentive, you must self-report that you have completed one of two alternatives:

- A nicotine cessation program; or
- A nicotine education session with your primary care provider.

ELIGIBLE PROVIDER VISIT

Self-report if you have completed an eligible visit with a provider at myactivehealth.com/som by October 31, 2022.



DON'T WAIT - DO IT NOW!

Please complete your health screening earlier in the year to make sure it shows up during Open Enrollment. Self-report any activity you've completed any time!



SELF-REPORT OR CHECK YOUR INCENTIVE STATUS TODAY!

myactivehealth.com/som

1. Log in, then click "Rewards." Your State-sponsored health screening is automatically uploaded into the site. It will take a month to appear after you've completed your screening.
2. Click "Nicotine Free" to self-report your Nicotine Free status or alternative. Make sure to click "Save."
3. Click "Provider Visit" to self-report completion of your Eligible Provider Visit. Make sure to click "Save."
4. Call (855) 206-1302 for help with the MyActiveHealth site.
5. Enjoy \$30 off your contributions every month in 2023!



HEALTH CARE &
BENEFITS DIVISION

(800) 287-8266
TTY (406) 444-1421
benefits.mt.gov
benefitsquestions@mt.gov

To earn the Live Life Well Incentive you must complete a State-sponsored health screening, self-report that you are Nicotine Free (or have completed an alternative), and self-report you have had an eligible Provider Visit between November 1, 2021 and October 31, 2022. An eligible Provider Visit and Nicotine Free status must be self-reported at www.myactivehealth.com/som as part of earning the Live Life Well Incentive.

WHY AN INCENTIVE?

The Live Life Well Incentive encourages State Plan members to take an active interest in maintaining and improving their health. In the long term, active engagement in health and wellness results in a better quality of life for our plan members, better ability for us all to serve the State of Montana, and saves everyone money by reducing the amount of emergency/catastrophic care claims. For example, it is much less expensive for a Plan Member to manage high blood pressure with health coaching and/or an inexpensive prescription than to end up in the cardiac ICU after an unexpected heart attack.

WHAT IS AN ELIGIBLE PROVIDER VISIT?

- **An Eligible Provider Visit is an annual physical examination appointment with a medical provider. This is not an acute or urgent care visit (i.e. cold, flu, or injury), it is an annual checkup.** Any kind of medical provider is acceptable, from a nurse practitioner to a specialist, depending on who is most appropriate for your health needs. Choose a medical provider (such as a Montana Health Center provider) that best fits your needs.
 - This visit will include a complete physical examination based on your age, gender, and other factors.
 - This visit should include a discussion of your health screening results. Please bring them along so your provider can review the results with you during the appointment.
 - During the visit, your provider may renew your prescription for medication you take every day.
 - During the visit, be prepared to talk with your provider about any health concern or needs you have. Your provider can refer you for behavioral health, counseling, physical therapy, specialists, and more.
 - Keep in mind that your regular benefits apply to this visit and any additional services beyond the provider's time may incur extra expense. Remember, if you are in a Montana Health Center area, all services provided at the health center are at no additional charge!

GET YOUR HEALTH SCREENING RESULTS

- Online results are available 2-3 days after your screening date at www.mypremisehealth.com.
- If you wish to receive a paper copy of your results, you may "opt-in" to the Paper and Online option by calling the Montana Health Center at (855) 200-6822.
- If you need assistance accessing your results, contact the Montana Health Center at (855) 200-6822.

The State Plan offers the incentive program to all plan members and their enrolled spouse/domestic partner. If you think you may be unable to meet a standard of the incentive program, you may qualify for an alternative program or different means to earn the incentive. You must contact the Health Care & Benefits Division (HCBD) as soon as possible at (800) 287-8266, TTY (406) 444-1421, or email benefitsquestions@mt.gov. We will work with you (and if you wish, your doctor) to design a program with the same incentive that is right for you.

We will maintain the privacy of your personally identifiable health information. Medical information that personally identifies you and that is provided through the incentive program will not be used to make decisions regarding your employment. Your health information shall only be disclosed to carry out specific activities related to the incentive program (such as responding to your request for a reasonable accommodation). You will not be asked or required to waive the confidentiality of your health information to participate or to receive an incentive. Anyone who receives your information for purposes of providing you services through the incentive program will abide by the same confidentiality requirements.

We securely maintain all electronically stored medical information we obtain through the incentive program, and will take appropriate precautions to avoid a data breach. If a data breach does occur involving information you provided to us for the incentive program, we will notify you immediately.

A copy of the Plan's privacy notice is available on the HCBD website or by going to <http://benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf>.

State of Montana Non-Discrimination Notice - The State of Montana Benefit Plan complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. 45 C.F.R. § 92.8(b)(1) and (d)(1)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).