

New Legislator Live Life Well Incentive Program

For New Legislators and Their Covered Spouse/Domestic Partners

This program only applies to new Legislators and their covered spouse/domestic partner between November 14 and December 31, 2018 who intend to enroll on the State of Montana Benefit Plan (State Plan) effective January 2, 2019.

Earn up to \$30/month off your State Plan contribution for 2019 and 2020. Earn up to \$60/month off your State Plan contribution if your covered spouse/domestic partner also completes the program.

To earn the Live Life Well Incentive you must complete all 5 steps.

- 1. Create a CareHere account** – Return the enclosed “New Legislator Flu Shot and State-Sponsored Health Screening Pre-Registration Form” to a CareHere representative at the House lobby on November 14. The CareHere representative will create a CareHere account and schedule a Health Screening and/or flu shot appointment for you and/or your covered spouse/domestic partner.
- 2. Complete a State-sponsored Health Screening** – Complete a State-sponsored Health Screening with CareHere between November 14 and December 31, 2018. *If you complete a State-sponsored health screening after January 1, 2019, it will not apply to an incentive for 2019.*
- 3. Report your Nicotine Free status** – Self-report that you are nicotine free or have completed an eligible alternative using the Live Life Well Incentive Program New Legislator Form.
- 4. Report your Next Step Activity** – Self-report that you have or are completing an eligible Next Step Activity by December 31, 2018 using the Live Life Well Incentive Program New Legislator Form.
- 5. Complete the New Legislator Incentive Form** – Complete and return the enclosed “Live Life Well Incentive Program New Legislator Form” to HCBD, Attn: New Legislator Incentive Form, Fax (406) 444-0080, benefitsquestions@mt.gov, 100 N. Park Ave. Suite 320, PO Box 200130, Helena, MT 59620-0130. *If steps 1-5 are completed by December 31, 2018, you will earn an incentive for 2019 and 2020.*

See additional details on the next page.



- **State-sponsored Health Screening Appointments** – If you are a new legislator and new to the State Plan, you will not be able to call CareHere for an appointment unless you made an account at the House lobby (see #1 on the front of this handout) because you will not be an active State Plan member until after January 2, 2019.
 - Fill out the New Legislator Flu Shot and State-sponsored Health Screening Pre-Registration Form.
 - Meet with CareHere staff on November 14 to make your appointment.
 - CareHere staff will work with you to schedule your screening at a Montana Health Center location (Helena, Missoula, Anaconda, Billings, or Butte).

- **Nicotine Free** – You must self-report that you are nicotine free or have completed an eligible nicotine free alternative using the Live Life Well Incentive Program New Legislator Form. If you or your covered spouse/domestic partner use nicotine, there are two alternative activities that may be completed to qualify for the Nicotine Free part of the Incentive. Visit <http://benefits.mt.gov/nicotinefree> for details.

- **Next Step Activities** – You must self-report that you have completed an eligible next step activity using the Live Life Well Incentive Program New Legislator Form. Start any of the programs outlined at <http://benefits.mt.gov/nextstep>. Programs vary in length. You do not need to complete the program by December 31, 2018. You only need to begin it with the intention to complete it before October 31, 2019.

- **Next Year’s Incentive Program** – If you complete all 5 steps between November 14 and December 31, 2018 you will earn the Live Life Well Incentive for 2019 and 2020. If you complete incentive activities between January 2, 2019 and October 31, 2019 you will earn an incentive for 2020 only. More information can be found at www.benefits.mt.gov/incentive.

- **Health Center Services** – Your pre-registration with CareHere only qualifies you to use Montana Health Centers for your State-sponsored health screening and flu shot. When you on enroll in the State Plan, your coverage will take effect January 2, 2019, at which time you will have full access to the Montana Health Centers in Helena, Butte, Anaconda, Billings, and Missoula.

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>.



New Legislator Flu Shot and State-sponsored Health Screening Pre-Registration Form

If this is your first legislative session (your first term), your State of Montana Benefit Plan (State Plan) coverage will begin January 2, 2019. If you would like to complete a State-sponsored health screening or flu shot before your State Plan benefits take effect, complete this form and return it to a CareHere representative in the House Lobby on November 14th between 11am – 3pm.

Legislator Information

Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

Zip Code: _____

Telephone: (____) _____ - _____

I would like a (choose one or both): State-sponsored Health Screening Flu Shot

Spouse/Domestic Partner Information

Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

Zip Code: _____

Telephone: (____) _____ - _____

I would like a (choose one or both): State-sponsored Health Screening Flu Shot

There is an on-site flu shot clinic at the Capitol Building in the Senate Cloak Room on November 15 from 7am-12pm. APPOINTMENTS ARE REQUIRED. Health screenings and flu shots will be available WITH AN APPOINTMENT at the Montana Health Centers in Helena, Butte, Billings, Missoula or Anaconda. See attached Flu Shots and State-sponsored Health Screenings for New Legislators flyer.

This is confidential information, which is necessary for setting up a CareHere account, will only be used by staff authorized to handle confidential health information.

Live Life Well Incentive Program
New Legislator Form

Please complete this form in its entirety. One form per member.

Only available to new legislators who will join the State of Montana Benefit Plan (State Plan) on January 2, 2019 and who have completed all necessary actions by December 31, 2018.

Consult www.benefits.mt.gov/incentive for full Live Life Well Incentive Program details.

1. Policy Holder Information

Policy Holder Name: _____

Date of Birth: _____

_____/_____/_____
M M D D Y E A R

2. Information of Member Requesting Incentive

Member Name: _____

Mailing Address: _____, City _____,
State _____, Zip Code _____

Phone Number: (_____) _____

E-mail Address: _____

3. State-sponsored Health Screening

Date of State-sponsored Health Screening _____/_____/_____
M M D D Y E A R

4. Nicotine Free

I AM nicotine free.

OR

I am NOT nicotine free but HAVE started a nicotine cessation program between November 1, 2018 and December 31, 2018.

OR

I am NOT nicotine free but HAVE completed a nicotine counseling session with my medical provider between November 1, 2018 and December 31, 2018.

5. Next Step Activity

At least one eligible activity must have been started or completed by December 31, 2018.

- HCBD Recorded Eating Well Webinars
- HCBD Healthy For Life Online Self-Study Program
- MTm Asthma Control Program
- CareHere Blood Pressure Management Program
- DPHHS Walk With Ease Program
- DPHHS Diabetes/Heart Disease Prevention Program
- Nicotine Cessation Program
- Allegiance Maternity Management Program
- Weight Watchers
- At least two provider visits or health coaching sessions.

SIGNATURE REQUIRED ON BACK!

Live Life Well Incentive Program
New Legislator Form

6. Requesting Member, please sign and date:

I certify by signing this form all information is true and correct. By reporting data for this health action, you are certifying the accuracy of the information provided and agreeing to audits and the responsibility to retain proof.

Signature: _____ Date: _____



Return by December 31, 2018 to
Health Care & Benefits Division: Fax: (406) 444-0080;
Email: benefitsquestions@mt.gov
Mail: PO Box 200130, Helena, MT 59620-0130
Telephone: (800) 287-8266, TTY Hearing Impaired: (406) 444-1421



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For HCBD use only: Member Empl ID: _____ Date Received: _____ HCBD signature: _____