

New Legislator Live Life Well Incentive Program

Applies to New Legislators and Their Enrolled Spouse/Domestic Partner

Program Eligibility

- ✓ Open to new Legislators and their covered spouse/domestic partner who will be enrolling in State of Montana employee benefits (medical, pharmacy, dental, vision) once sworn into office.
- ✓ Must enroll on the State of Montana Benefit Plan (State Plan) effective January 6, 2025.
- ✓ All activities must be completed and submitted by December 31, 2024.

New Legislator Live Life Well Incentive

Earn \$30 per month off your State Plan contribution for 2025. Earn an additional \$30 per month off your State Plan contribution if your covered spouse/domestic partner also completes the program.

To earn the 2025 New Legislator Live Life Well Incentive:

1. **Contact Health Care & Benefits Division (HCBD)**– Call (800) 274-8266 or email benefitsquestions@mt.gov to begin the New Legislator Live Life Well Incentive process. HCBD will give you more information and connect you with Premise Health to schedule a State-sponsored Health Screening.
2. **Complete a State-sponsored Health Screening** – Complete a State-sponsored Health Screening with Premise Health by December 31, 2024.
3. **Self-report Nicotine Free Status** – Self-report that you and/or your covered spouse/domestic partner are nicotine free or have completed an eligible alternative by December 31, 2024, using the New Legislator Live Life Well Incentive Program Form.
4. **Self-report Completion of an Eligible Provider Visit** – Self-report that you and/or your covered spouse/domestic partner have completed an Eligible Provider Visit by December 31, 2024, using the New Legislator Live Life Well Incentive Program Form.
5. **Complete the New Legislator Live Life Well Incentive Program Form** – Complete and return the enclosed New Legislator Live Life Well Incentive Program Form to HCBD using the contact information on the form. If a spouse or domestic partner who will be covered on the State Plan would also like to earn the Incentive, they must complete and return their own form.

Steps 1-5 must be completed by December 31, 2024, to earn an incentive for 2025.

Additional Details

- **State-sponsored Health Screening Appointments** – If you are a new Legislator, and new to the State Plan, you will not be able to call Premise Health for an appointment unless you have first contacted HCBD (see #1 above) because you will not be an active State Plan member until January 6, 2025.
 - Please call (800) 274-8266 or email benefitsquestions@mt.gov to begin the New Legislator Live Life Well Incentive process. HCBD will provide the information you need to earn the New Legislator Live Life Well Incentive.



- HCBD will connect you with a Premise Health representative who will create a My Premise Health account and schedule a State-sponsored Health Screening appointment for you and/or your covered spouse/domestic partner.
- You may also get a flu and/or COVID vaccine at the same time as your State-sponsored Health Screening.
- Your State-sponsored Health Screening will take place at a Montana Health Center location (Anaconda, Billings, Butte, Helena, or Missoula).

Nicotine Free Status – You must self-report that you and/or your covered spouse/domestic partner are nicotine free, or if you are not nicotine free that you have completed an eligible nicotine free alternative, using the New Legislator Live Life Well Incentive Program Form. If you and/or your covered spouse/domestic partner use nicotine, there are two eligible alternative activities that may be completed to still qualify for the Nicotine Free step of the Incentive. Visit benefits.mt.gov/nicotinefree for details.

- **Eligible Provider Visit** – You must self-report that you and/or your covered spouse/domestic partner have completed an Eligible Provider Visit using the New Legislator Live Life Well Incentive Program Form. You can self-report any Eligible Provider Visit you completed between November 1, 2023 and December 31, 2024. Please note that this is not the same as a State-sponsored Health Screening.
 - Visit benefits.mt.gov/Live-Life-Well/Incentive/Eligible-Provider-Visit for a complete description of what qualifies as an Eligible Provider Visit. *Since you are not yet on the State Plan, you may not use the Montana Health Centers for your Eligible Provider Visit. Once you are on the plan, you may use the full array of Health Center services including provider visits. See “Note,” below.*

NOTE: Montana Health Center Services – Your 2024 registration with Premise Health only qualifies you and your spouse/domestic partner to use a Montana Health Center for a State-sponsored Health Screening and a flu and/or COVID vaccine. When you enroll in the State Plan, your coverage will take effect January 6, 2025, at which time you will have full access to the Montana Health Centers and their services including provider visits. Montana Health Centers have physical locations in Helena, Butte, Anaconda, Billings, and Missoula and 24/7 telehealth, virtual (video), and in-person options for appointments, depending on your needs.

2026 Incentive Program

- If you complete all five steps (see first page) by December 31, 2024, you will earn the Live Life Well Incentive for 2025.
- To earn an incentive for **2026**, between January 1, 2025, and October 31, 2025, you must repeat the 3 Live Life Well Incentive Activities.
 - ✓ Complete a State-sponsored Health Screening
 - ✓ Self-report online that you are Nicotine Free
 - ✓ Self-report online that you have completed an eligible Provider Visit
- More information about online reporting and the Live Life Well Incentive can be found at benefits.mt.gov/incentive.

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 https://benefits.mt.gov/_docs/Resources/Notice-of-Privacy-Practices-10.2024.pdf

New Legislator Live Life Well Incentive Program
Nicotine Free and Eligible Provider Visit Self-Report Form
 Refer to the flyer or visit benefits.mt.gov/leg-incentive for program details.

| 1. Policy Holder Information | |
|-------------------------------------|--|
| Policy Holder Name: _____ | Last 4 digits of Social Security: X X X – X X – _____ |

| 2. Member Declaring Nicotine Free Status and Eligible Provider Visit | |
|---|--|
| Member Name: _____ Date of Birth: ____/____/____ | |
| Mailing Address: _____ City: _____, State _____ Zip Code _____ | |
| Phone Number: (____) _____ | |
| Email Address: _____ | |

| 3. Self-declaration of Nicotine Free Status |
|--|
| <p>CHOOSE ONE*</p> <p><input type="checkbox"/> I am nicotine free. I have never used nicotine or have quit using nicotine.</p> <p><input type="checkbox"/> I am NOT nicotine free but HAVE completed a nicotine cessation program or a nicotine counseling session with my medical provider between November 1, 2023, and December 31, 2024.</p> <p><i>*If you cannot check one of the boxes above you cannot earn the New Legislator Live Life Well Incentive.</i></p> |

| 4. Self-declaration of Eligible Provider Visit |
|---|
| <p>I have completed an Eligible Provider Visit with my medical provider between November 1, 2023, and December 31, 2024:</p> <p>Date of Provider Visit ____/____/____</p> <p>Provider Name: _____</p> |

| 5. Requesting Member, please sign and date: |
|--|
| <p>I certify by signing this form all information is true and correct. I understand my request will be denied if I have not also completed a State-sponsored health screening <u>or</u> requested and been granted an exception for the State-sponsored health screening by December 31, 2024.</p> <p>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.</p> <p>Signature: _____ Date: _____</p> |



Due No Later Than December 31, 2024
 Health Care & Benefits Division: Fax: (406) 444-0080;
 Email: benefitsquestions@mt.gov OR
 Mail: P.O. Box 200130, Helena, MT 59620-0130
 Telephone: (800) 287-8266, TTY Hearing Impaired: (406) 444-1421

For HCBD use only: Full SS#: _____ Date Received: _____ Approved or Denied (circle one)
 HCBD signature: _____ Second HCBD signature: _____

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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 https://benefits.mt.gov/_docs/Resources/Notice-of-Privacy-Practices-10.2024.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 1-866-270-3877 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

Language Assistance – General Taglines

State of Montana is required by federal law to provide the following information.

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-270-3877 (TTY : 711)。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-270-3877 (رقم هاتف الصم والبكم: 117).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).