



FEHB Healthy Living Wellness Incentive Program

Sometimes we all need a little motivation to be healthy. That's why we want to reward you for taking steps toward better health. When you complete one or more of the qualified wellness activities below, we'll reward you with up to \$250 per qualified enrollee OR \$500 per household. This reward will go directly into your Health Savings Account (HSA), Health Reimbursement Account (HRA) or Health Incentive Account (HIA) to use toward qualified medical expenses.

To be eligible for this program, you must meet the following conditions:

- > Enroll on a SelectHealth FEHB plan option
- > Be at least 18 years of age or older

QUALIFYING WELLNESS ACTIVITIES

Now get ready to be rewarded! If you're eligible, all you need to do is complete one or more of the activities below to start earning.

Completion of a Health Check assessment - \$50

Visit selecthealth.org/fehb and log into your SelectHealth account. From the Dashboard, go to My Tasks and choose Health Assessment to access the Virgin Pulse® Health Check assessment.

Completion of annual biometric screening - \$50

Biometric screenings are a quick and convenient way to capture important health information. You can get this screening during a visit with your Primary Care Provider (PCP) when you go in for an annual check-up (zero cost for preventive exams). Or you may be able to receive these measures at some community events:

- > Body Mass Index (BMI)
- > Blood pressure
- > Total cholesterol, HDL, LDL, and triglycerides

Or pick from the following: \$50

- > Gym membership
 - Provide proof of current gym or fitness club membership
- > Enrollment in a weight loss program such as The Weigh to Health®, Weight Watchers®, Jenny Craig, or programs administered by an in-network hospital or clinic.
 - You may choose any class or program offered or endorsed by SelectHealth or Intermountain Healthcare®. Other formal weight loss programs or health education classes may be considered a qualifying wellness activity if approved by SelectHealth. Alternative or holistic education services are not considered qualifying wellness activities.
 - Provide proof of participation
- > Participation in a tobacco cessation program
 - Enrollment in a tobacco cessation program such as Quit for Life®. This program allows participants to progress at their own pace from home. For more information, call **866-784-8454**.
 - Provide proof of participation
- > Enrollment in an Intermountain education course (obesity, diabetes, asthma, nutritional counseling)
- > Mammogram, cervical cancer screening, colonoscopy
- > Enroll and complete SelectHealth Healthy Beginnings® program
- > Other healthy lifestyle choices

HOW DO I GET MY REWARD?

All qualified wellness activities must be self-reported by December 5. There are several ways you can document your completed wellness activities:

> **Member Account**

Visit selecthealth.org/fehb and log into your member account. From the Dashboard, go to My Tasks to find your wellness progress tracking and rewards information.

> **Email**

Fill out the FEHB Healthy Living Reward form below and email it to SHFEHBEnrollmentFAX@imail.org.

> **Mail**

Fill out the FEHB Healthy Living Reward form* below and return it to the following address:

SelectHealth Enrollment
P.O. Box 30192
Salt Lake City, UT 84130-0192
Fax: 801-442-0319

**Mailed submissions must be postmarked to SelectHealth by December 5 of the incentive year. Allow six to eight weeks to receive your FEHB Healthy Living Reward.*

FEHB HEALTHY LIVING REWARD FORM

Enroll in an FEHB plan option to participate in the FEHB Healthy Living Wellness Incentive program to improve your health and earn a reward. Log in to your SelectHealth Account at selecthealth.org. Receive up to a combined total of either **\$250/individual or \$500/family** for completing qualified wellness activities.

Policyholder's Name _____ Date of Birth _____

Subscriber ID _____

Participant's Name _____ Date of Birth _____

Address _____

Phone Number _____ Email Address _____

Submissions must be postmarked to SelectHealth by December 5 of the reward year.

QUALIFYING WELLNESS ACTIVITIES (check completed programs)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Biometric Screening | <input type="checkbox"/> Gym Membership | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Tobacco Cessation | <input type="checkbox"/> Education Course | <input type="checkbox"/> SelectHealth Healthy Beginnings |
| <input type="checkbox"/> Colonoscopy, Mammogram, Cervical Cancer Screening | <input type="checkbox"/> Other Healthy Lifestyle Choice | |

Date Completed _____

**Please include proof of participation in the same calendar year you are seeking reward.*

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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

SelectHealth: **844-345-3342**

