

Value Based Benefits Program Detail Setup Form for Groups 100+

Group Name: _____

 Reward Frequency: Issued After Each HIP Completed

Group Number: _____

 Issued After All HIPs Completed

Please indicate the set-up preferences for each Health Incentive Program (HIP). If multiple reward options are available for each HIP, please note the different rewards under separate Class and Plan ID's

Value Based Health Incentive Programs

	Program Set (HIP)	Start/Completion Dates	Program Activities	Reward Options		
<input type="checkbox"/>	Condition Management	Start Date: _____ Completion Date: _____	Enroll in one of the following condition management programs: <ul style="list-style-type: none"> Asthma Coronary Artery Disease Diabetes Heart Failure Congestive Heart Failure 	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)
<input type="checkbox"/>	Diabetes Care <i>*Current benefit design modifications may be required.</i>	Start Date: _____ Completion Date: _____	Have the following diabetic medical services: <ul style="list-style-type: none"> Foot Exam A1c Test Retinal Eye Exam Microalbumin Urine Test Lipid Panel Retinal Eye Exam (performed by a physician) 	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)
<input type="checkbox"/>	Know Your Numbers	Start Date: _____ Completion Date: _____	Get a biometric screening that includes the following tests: <ul style="list-style-type: none"> Fasting Blood Glucose Lipid Panel Body Mass Index Blood Pressure 	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution (Reward amounts in \$5 increments)

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Group Number: _____

<input type="checkbox"/>	Online Health Coaching	Start Date: _____ Completion Date: _____	Complete the 30 day assessment in one of the following programs: <ul style="list-style-type: none"> • A Better You (Weight Mgmt) • Better Days Ahead (Depression) • Better Living with Pain (Pain Mgmt) • Breathe Better (Smoking) • Eat Better (Nutrition) • Relax Better (Stress) • Sleep Better (Insomnia) • Live Better (Chronic Condition Mgmt) • Better Back Care (Back Pain) • Better Diabetes Care (Diabetes Mgmt) • Better Portion Control (Binge Eating) • Better Fitness (Physical Activity) • Better Numbers (Cholesterol) • Better Control (Blood Pressure) 	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>
<input type="checkbox"/>	Personal Profile	Start Date: _____ Completion Date: _____	<ul style="list-style-type: none"> • Complete and submit the Personal Profile online health questionnaire 	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>
<input type="checkbox"/>	Physician of Choice	Start Date: _____ Completion Date: _____	<ul style="list-style-type: none"> • Elect a PCP through mycapbluecross.com (non-managed care products) • Elect a PCP at the time of enrollment (managed care products) 	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>	<u>Class and Plan ID</u> _____ <input type="checkbox"/> HRA Contribution \$ _____ <input type="checkbox"/> HSA Contribution \$ _____ <input type="checkbox"/> Employee Premium Contribution <i>(Reward amounts in \$5 increments)</i>