

Health by Choice IncentivesSM
Offered by Priority Health
Frequently Asked Questions

What is *Health by Choice IncentivesSM*?

Health by Choice IncentivesSM is a health plan combined with a wellness program. It encourages you to make healthier lifestyle choices in exchange for the better of two benefit levels.

How can *Health by Choice IncentivesSM* save me money?

You have access to two benefit levels; Choice and Standard. You and your spouse can choose to receive the standard benefits or choose to maintain or achieve a healthy lifestyle which will qualify you for enhanced benefits. You save money through a lower deductible and co-payments when you receive health plan services.

What are the steps to qualify for Choice benefits?

1. Partner with your primary care physician to complete a Qualification Form and return to Priority Health
2. If you do not meet the qualifications of (1) not using tobacco of any kind (2) have a blood pressure reading under 140/90 and (3) your body mass index is under 30, you must agree to complete a fasting cholesterol test (requires lab testing), complete a fasting blood sugar test (requires lab testing) and follow your healthcare provider's treatment plan
3. Complete the on-line health risk assessment

How soon must the above steps be completed to qualify me for Choice benefits?

The on-line health risk assessment and completed Qualification form are due to Priority Health by April 1, 2009.

What if I do not complete the health risk assessment and submit the completed Qualification form?

When you are initially enrolled you and your spouse will be placed in the Choice plan. If the requirements are not met for the Choice plan, you and your spouse will be placed in the Standard plan.

Are there any extensions to the 90 day time period to complete the health risk assessment and Qualification form?

No. All Priority Health primary care physicians understand that they must accommodate members requiring primary care physician validation in the first 90 calendar day of the program. In addition, they agree to schedule follow-up appointments (follow-up timeframe to be determined by the primary care physician) for patients identified with one of the conditions being monitored by the program.

Can my Primary Care Physician use existing health data?

If your doctor has already evaluated your health indicators within six months of your effective date of coverage (1/1/09), you can ask that the information be submitted to Priority Health so you don't have to make an office visit. If you need to complete lab work to meet the alternatives (cholesterol and blood sugar levels), your doctor can submit test results from up to six months prior to your effective date of coverage.

Can I use results from a worksite biometric screening to meet the health indicator criteria on the Qualification form?

No. The health indicators must be measured and reported by your doctor and submitted on the Qualification form.

Am I automatically enrolled in the Choice plan if I complete the health risk assessment and my physician completes the Qualification form?

You, your spouse and dependents are initially enrolled under the Choice plan for the first 90 days. The completed Qualification form and health risk assessment will determine which plan you will be in the remainder of the plan year.

In order to remain in the Choice plan on an ongoing basis, both you and your spouse (if covered) must meet the Choice level requirements in the first 90 days. If qualified, all covered members will remain in Choice benefit level through end of the plan year (12/31/09) and the first 90 days of the next plan year (1/1/2010). If either you or your spouse do not meet the Choice level qualifications, all covered members will be moved to the Standard plan. During the first 90 days of the next plan year, you will have the opportunity to re-qualify for the Choice benefit level.

Are all of my dependents required to complete the health risk assessment and Qualification form?

Just you and your spouse are required to complete these requirements. Your dependents will be covered under the plan you and your spouse qualify for.

What information will I need in order to complete the on-line health risk appraisal?

In order to get the best possible results from filling out the questionnaire, it is a good idea you have the following information available:

- Blood pressure
- Cholesterol levels (total and HDL)
- The approximate date of your last checkup
- The date of your most recent vaccinations such as flu and tetanus
- The date of your most recent screenings for various cancers and other conditions

This information is not required but will provide for more accurate results and more focused recommendations.

You may also want to think about your lifestyle such as how often do you:

- Drink alcohol
- Smoke cigarettes, cigars or a pipe
- Exercise or perform physical tasks like yard work or washing the car by hand
- Eat fruits and vegetables
- Drive faster than the speed limit
- Feel tense or depressed
- Get a full night's sleep
- Make plans to improve your health

What if I complete my health risk appraisal and Qualification Form and my spouse does not?

Everyone on the contract will be moved to the Standard benefits after the initial 90 days of coverage. The subscriber and their covered spouse will both need to qualify in order for everyone on the contract to receive Choice benefits.

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If my spouse or I do not meet the current targets required for the Choice plan, will we be placed in the Standard plan until we reach these targets?

In order to qualify for the Choice plan, your healthcare provider must certify that you don't use tobacco of any kind, your blood pressure is under 140/90 and your body mass index (BMI) is under 30. If you don't meet all three of these health indicator criteria, you must agree to complete a fasting cholesterol test, a fasting blood sugar test and follow your healthcare provider's treatment plan.

If you do not meet these requirements, you will be moved to the Standard plan. You will have the opportunity to re-qualify for the Choice plan during the first 90 days of the next plan year.

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Will my spouse and I be required to go through this process again at renewal?

Yes, the health risk assessment and Qualification form will be required to be completed every year at renewal

If we are currently in the Standard plan, will we be moved to the Choice plan at renewal if we both meet the Choice plan requirements?

You will remain in the Standard plan for the first 90 days of the new plan year. Once your forms have been reviewed and it has been determined that you now qualify for the Choice plan, you will be moved.

How will I know which plan I am enrolled in after the 90-day qualification period?

You will be able to follow the progress of the program requirements through Priority Health's Member Center at www.priorityhealth.com. You will also receive written confirmation from Priority Health.