



April 20, 2021

## New Live Life Well Incentive Requirement

You must complete an Eligible Provider Visit as one of your three required Live Life Well Incentive Activities between November 1, 2020 and October 31, 2021 to earn a Live Life Well Incentive in 2022.

The Live Life Well Incentive is worth \$30 per month off your State Plan contributions in 2022!



Schedule your Eligible Provider Visit now! Your visit **must be completed** and self-reported by the deadline and your provider may be booked out several months.

To self-report if you have completed an Eligible Provider Visit, log in to [www.myactivehealth.com/som](http://www.myactivehealth.com/som).

### To earn your Live Life Well Incentive:

1. Complete a State-sponsored Health Screening.
2. *Self-report* if you are Nicotine Free or have completed an eligible alternative.
3. *Self-report* you have completed an Eligible Provider Visit.

Click [HERE](#) to learn more about the Eligible Provider Visit Activity.

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Call (855) 206-1302 if you need help with your MyActiveHealth account.

State of Montana Health Care & Benefits Division

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

PO Box 200130, 100 N. Park Avenue, Suite 320, Helena, MT 59620-0130

“Like” us on Facebook! <https://www.facebook.com/livelifewellMT/?ref=hl>

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 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).

*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 (HCB) as soon as possible at (800) 287-8266, TTY (406) 444-1421, or email [benefitsquestions@mt.gov](mailto: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 HCB) website or by going to <https://benefits.mt.gov/docs/Documents/hipaa-notice.pdf>.*