



October 25, 2024



## One Week Left to Earn \$30 Per Month in 2025!

If you want to earn the Live Life Well Incentive for 2025, the clock is ticking. **Don't wait!** If you have completed your Live Life Well Incentive Activities, log in and [self-report on Sonic Boom now](#).

Visit [benefits.mt.gov/incentive](https://benefits.mt.gov/incentive) for instructions on how to check and/or self-report your Incentive Activities.

You can check the status of your Incentive on [Sonic Boom Wellness](#).

---

### Live Life Well Incentive and Open Enrollment

- If you completed any one of the three Incentive Activities in October, there was not enough time for your Incentive to be loaded into the Open Enrollment system. *Open Enrollment is now - November 9, 2024.*
- As long as you complete and self-report all three Incentive Activities by October 31, 2024, your credit will show on your 2025 Open Enrollment Benefit Summary, available in December.

---

### Notes for Procrastinators

### State-sponsored Health Screenings (Health Screenings)

- [Health Screenings](#) are automatically uploaded into Sonic Boom Wellness within a week of completion.
  - **If you have not already scheduled or completed your Health Screening, there may not be an appointment available at this late date.**
  - If you complete your health screening in the last week of the Incentive year, it may not show in Sonic Boom until after the deadline and it will definitely not show in the Open Enrollment system during Open Enrollment. As long as you complete your Health Screening and other required Incentive Activities by October 31, 2024, you will be given credit for your Incentive on your 2025 Open Enrollment Benefit Summary (available in December).

### Nicotine Free

- If you haven't already, you must self-report you are Nicotine Free; **or** if you are not Nicotine Free, that you have completed an [Eligible Alternative](#).
  - This is **not** the same as self-reporting to avoid the [Tobacco Surcharge](#) during Open Enrollment. They are two separate activities.
  - Self-report on [Sonic Boom Wellness](#).

### Eligible Provider Visit

- If you haven't already, you must complete **and** self-report your [Eligible Provider Visit](#) by October 31, 2024 to earn an Incentive for 2025.
- If you have not already scheduled or completed your Eligible Provider Visit, there may not be an appointment available at this late date.
- **Provider visits completed November 1, 2024 or after are only eligible to help you earn a Live Life Well Incentive for 2026.**
- Self-report on [Sonic Boom Wellness](#).

---

### The Live Life Well Incentive

The Live Life Well Incentive earns you and/or a covered spouse or domestic partner \$30 per month towards your State Plan benefit contributions in 2025.

## To Earn a Live Life Well Incentive

**You and/or your covered spouse/domestic partner must complete all three LLW Incentive Activities no later than October 31, 2024.**

1. Complete a State-Sponsored Health Screening
2. Self-report you are Nicotine Free or complete and self-report an Eligible Nicotine Free Alternative
3. Self-report completion of an Eligible Provider Visit

[You can find all the details about the Live Life Well Incentive here!](#)

---



**Sonic Boom  
Wellness™**

[Click here to self-report or check your Incentive status on Sonic Boom!](#)

### **Need help with the Sonic Boom site?**

Telephone: (877) 766-4208

E-mail: [info@sbwell.com](mailto:info@sbwell.com)

*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](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 HCBP website or by going to [benefits.mt.gov/\\_docs/Documents/hipaa-notice.pdf](https://benefits.mt.gov/_docs/Documents/hipaa-notice.pdf).*

## **LIVE LIFE WELL WELLNESS PROGRAM**

HEALTH CARE & BENEFITS DIVISION

(406) 444-7462 | TTY (406) 444-1421 | Toll Free (800) 287-8266

100 N. Park Ave. Suite 320 | PO Box 200130 | Helena, MT 59620-0130 | [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)



**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).