



August 8, 2024



## Don't Miss Out on \$30 Per Month! Self-Report Your Live Life Well Incentive Activities Now

**Don't wait!** Complete your Live Life Well Incentive Activities, log in and self-report now.

**Not sure how to self-report your Live Life Well Incentive Activities?**

**Not sure if you've already completed your self-reporting?**

**See the link in "Resources, below for instructions on how to check and/or self-report your Incentive Activities.**

- Health screenings are automatically uploaded into Sonic Boom Wellness within a week of completion.
- Once your health screening is showing and you have completed your Nicotine-Free and Eligible Provider Visit self-reporting on Sonic Boom, you will earn the Live Life Well Incentive for 2025.
- If you want your Live Life Well Incentive to appear during Open Enrollment, you must complete all three Live Life Well Incentive Activities and the appropriate self-reporting no later than September 1, 2024.



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

Telephone: (877) 766-4208

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

The link to visit the Sonic Boom site is in the "Resources" section, below.

# The Live Life Well Incentive

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

## To Earn a Live Life Well Incentive

**You and/or your covered spouse or domestic partner must complete all three Live Life Well 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

---

## Resources

### Ready to self-report on Sonic Boom?

[Click Here to Self-report Now \[links-2.govdelivery.com\]](#)

### Need more information about the Incentive or instructions for self-reporting?

[Click Here to Learn More About the Incentive \[links-2.govdelivery.com\]](#)

*There is a temporary issue with how website links are displayed. We apologize for any inconvenience and hope to have it resolved soon.*

*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 HCBd website or by going to [benefits.mt.gov/docs/Documents/hipaa-notice.pdf](https://benefits.mt.gov/docs/Documents/hipaa-notice.pdf) [[links-2.govdelivery.com](https://links-2.govdelivery.com)].*

## STATE OF MONTANA 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).

This service is provided to you at no charge by [State of Montana Health Care & Benefits Division \[links-2.govdelivery.com\]](https://links-2.govdelivery.com).