

Frequently Asked Questions for Members



Q: What is HealthPlus HealthySolutions?

A: The HealthPlus HealthySolutions product rewards members for pursuing healthy behaviors. Members who maintain certain healthy behaviors and agree to follow their primary care provider's (PCP) treatment plan related to these healthy behaviors qualify for the Preferred benefit level and pay lower out-of-pocket costs.

Q: What are the differences between the Preferred and Base benefit level?

A: The Preferred benefit level offers lower copayments and deductibles than the Base benefit level (see the Summary of Benefits for each benefit level).

Q: How do I receive the Preferred benefit level?

A: HealthySolutions now requires **three steps** in order to receive the Preferred benefit level for the entire benefit year. The first two steps are described below.

If you are an existing HealthySolutions member, you will begin the benefit year in your current benefit level. In the first three calendar months of coverage through HealthPlus HealthySolutions, you (and your covered spouse) must again complete a two-step process in order to qualify for the Preferred benefit level.

- 1) Visit your primary medical provider (provider), have your provider complete the HealthPlus HealthySolutions treatment plan form, return the form to HealthPlus and commit to a healthy lifestyle
- 2) Complete the HealthQuest Profile (health risk appraisal)

If you are new to HealthPlus HealthySolutions, you will receive the Preferred benefit level for the first three calendar months of coverage. To maintain the Preferred benefit level throughout the remainder of the contract year, you (and your covered spouse) must complete a two-step process within the first three calendar months of coverage.

- 1) Visit your primary medical provider (provider), have your provider complete the HealthPlus HealthySolutions treatment plan form, return the form to HealthPlus and commit to a healthy lifestyle
- 2) Complete the HealthQuest Profile (health risk appraisal)

Q: What is the third step?

A: If you or your covered spouse requires a treatment plan for any of the three health indicators listed on the treatment plan form, then you will be required to complete a follow up visit to track progress on your treatment plan with your provider.

Q: If I commit to a treatment plan with my primary medical provider (provider) how will you know that I am following the plan?

A: You will be required to meet with your provider a second time during either the 7th or 8th calendar month of your benefit year in order to monitor your progress on your treatment plan. You must have a follow up treatment form (which we will send to you) completed and submitted to HealthPlus by the end of the 8th calendar month.

Q: Why is my covered spouse required to participate?

A: Studies have shown that couples working together are more likely to achieve their healthy lifestyle goals.

Q: What healthy lifestyle commitments do I need to make to be eligible for the Preferred benefit level?

A: You (and your covered spouse) must:

SELECTION A		SELECTION B
Not smoke	OR	Commit to a smoking cessation plan prescribed by your provider
AND		
Have a healthy weight (a BMI at or below 30, unless pregnant)	OR	Commit to a weight reduction treatment plan prescribed by your provider
AND		
Have blood pressure below 140/90 (or below 130/80 if diabetic)	OR	Commit to a blood pressure treatment plan prescribed by your provider

Q: What if I don't meet with my provider a second time?

A: If you don't meet with your provider for a follow up visit or your provider determines that you are *not* following the treatment plan, you will be moved to the Base benefit plan on the first day of the 9th calendar month.

Q: What is Body Mass Index (BMI)?

A: Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

BMI	Weight Status
Below 18.5	Underweight
18.5-24.9	Normal
25.0-29.9	Overweight
30 and above	Obese

Q: Why are smoking, BMI and blood pressure chosen as the primary health measures?

A: These health measures are strongly linked to chronic illnesses (such as heart disease, diabetes and cancer) that account for a large proportion of health care costs, yet can be controlled through personal lifestyle changes such as a healthy diet and regular physical activity.

Q: How often can I move between Preferred and Base benefits?

A: You can be moved between Preferred and Base after the first three calendar months of your benefit year. If you are in the Preferred benefit plan and have a treatment plan for any of the health indicators you must complete the follow up step or you could be moved to the Base benefit plan on the first day of the 9th calendar month. You will have the opportunity to re-qualify in the following year.

Q: What happens if I add my spouse to my HealthPlus HealthySolutions plan mid-year?

A: New covered spouses are assigned to your benefit level when added to the contract, but will be asked to qualify (as described above) at the next renewal date.

Q: What happens when I add a dependent to my HealthPlus HealthySolutions plan mid-year?

A: The dependent is added at your benefit level.

Q: What happens if I elect to participate in COBRA?

A: If a member and/or covered spouse elect to participate in COBRA, they must complete all forms and requirements of the HealthPlus HealthySolutions plan. If the member and/or covered spouse have fulfilled the requirements prior to going on COBRA, they will remain at the benefit level that they qualified for originally. At the beginning of the next contract year, they must complete all forms and requirements within the three calendar months time period again.

Q: What if my covered spouse does not want to work on improving his/her health behaviors?

A: Both adults on a contract must qualify for Preferred benefits. If both adults qualify, everyone on the contract, including dependent children, receives Preferred benefits.

- Q: If either my covered spouse or I smoke, are overweight or have high blood pressure, will we be placed automatically in the Base benefit level?**
- A: No. If you and your covered spouse commit to and continue to follow the treatment plan prescribed by your provider, you can qualify for the Preferred benefit level. However, you must complete the follow up step which requires you to meet with your provider in either the 7th or 8th month of your benefit plan year to verify that you are working on your treatment plan.
- Q: If only one person on the contract, employee or spouse, has a treatment plan do both people have to complete the follow up step?**
- A: Only the person who has a treatment plan for one of the health indicators must complete the follow up step. If they don't complete the follow up step in either the 7th or 8th month of the benefit year, everyone on the plan will be moved to the Base benefit level on the first day of the 9th calendar month.
- Q: What if I make progress on my treatment plan but my covered spouse doesn't?**
- A: If you and your covered spouse both have a treatment plan you must both complete the follow up visit with your provider to verify that you are working your treatment plan. If either you or your covered spouse refuse to complete the follow up visit or are not following your treatment plan, both of you will be moved to the Base benefit level on the first day of the 9th calendar month of the benefit year.
- Q: How will my provider know if I have followed my treatment plan?**
- A: Prior to your follow up visit with your provider you will receive a copy of your treatment plan form. Your provider will review your original visit with you and then certify in the follow up section of the form that you are following your treatment plan for each specified health indicator.
- Q: If I don't have to follow a treatment plan what do I have to do to complete three steps?**
- A: If you don't have a treatment plan for any of the health indicators, tobacco use, body mass index or blood pressure you will *not be required to do a follow-up provider visit* for step three. You will be given one credit on the wellness site for the follow-up visit. Please continue living a healthy lifestyle.
- Q: How do I complete the HealthQuest Profile?**
- A: The HealthQuest Profile (health risk appraisal) is available on the HealthPlus website at www.healthplus.org. You and your covered spouse must create a user name and password to enter the secure portion of the HealthPlus website. If you do not have access to the Internet and would like a paper copy of the HealthQuest Profile, call 1-800-332-9161.
- Q: How soon can I complete the HealthQuest Profile?**
- A: You may complete your HealthQuest Profile starting with your effective date of coverage for HealthPlus HealthySolutions. You may complete your profile once a year.
- Q: Do I need a complete physical exam to qualify for the Preferred benefit level?**
- A: No. Your provider can complete the treatment plan form without conducting a full physical exam, although your provider may choose to do one if you are due for a physical. The HealthPlus treatment plan form focuses on three primary health measures: tobacco use, BMI, and blood pressure. These measures can be assessed easily during a brief office visit.
- Q: What happens if I can't get an appointment with my provider within three calendar months?**
- A: This should not be a problem, since the form can be completed during a brief visit. Call your provider as soon as possible to schedule an appointment. Do not wait until your second or third month of enrollment to schedule your appointment. If you call early, your provider is likely to have an available appointment for you. If you have a problem scheduling an appointment, call HealthPlus Customer Service at 1-800-332-9161. There will be no extension of the three calendar months period if you (or covered spouse) fail to complete the HealthQuest Profile or have the treatment plan form completed within three calendar months.
- Q: Do I pay an office visit copayment for the visit with my provider to complete the treatment plan form?**
- A: ***There is no member copay for the completion of the treatment plan form.*** It is likely when completing your treatment form, your provider may perform other services such as refilling a prescription or a physical for which there is a copay.

Q: What if I see my provider before I have started HealthySolutions?

A: If you have your treatment plan form filled out prior to the effective date of your HealthySolutions coverage you will be responsible for any copays that apply under your current plan including the completion of the form.

Q: What happens after my provider fills out the treatment plan form?

A: Your provider will submit the completed form to HealthPlus. It will take up to 10 business days to process the form. You will be able to view confirmation that HealthPlus received the form by logging in to www.healthplus.org, going to *Your Wellness Program* and selecting *Track Wellness Credits*. You receive one wellness credit for the treatment plan form.

Q: What happens after my provider fills out the treatment plan form on my follow-up visit?

A: As for the original visit, your provider will submit the completed form to HealthPlus. It will take up to 10 business days to process the form. You will be able to view confirmation that HealthPlus received the form by logging in to www.healthplus.org, going to *Your Wellness Program* and selecting *Track Wellness Credits*. You receive one wellness credit for completing the follow-up visit.

Q: What if I can't go online to check and see if my treatment plan form has been received or a message doesn't show up?

A: You can call HealthPlus Customer Service at 1-800-332-9161 to verify that your treatment plan form has been received.

Q: What programs are available through HealthPlus to help me achieve my health behavior goals?

A: HealthPlus offers many resources and services free-of-charge to assist members in achieving their goals. Visit the HealthPlus Web site at www.healthplus.org, to learn more about tobacco cessation, weight management, physical activity and disease management programs. Or call HealthPlus at 1-800-345-9956, extension 1943.

Q: If there is a deductible on both the Preferred and Base benefit levels do my deductible credits carry over from one level to the other?

A: Yes, they will carry over between plans.