

Capital Health Plan Small Group Healthy Lifestyle Rebate Enrollment

This form must be received by Capital Health Plan no later than May 31, 2007.

1. Group # _____
2. Group Name _____
3. Address _____
- _____ Telephone _____

4. Benefit Administrator _____
5. Renewal/Anniversary Date _____
6. Number of employees actively working and enrolled in Capital Health Plan _____

7. Please indicate in each category below the number of employees for whom you will be requesting a rebate:
(See page 2 of this form for detailed descriptions of programs labeled A through D below.)

_____ A. Smoking Cessation
(document one year of nonsmoking using employee verification form)

_____ B. Weight Reduction

_____ C. Combination Smoking Cessation and Weight Reduction

_____ D. Nonsmoking and healthy weight maintenance

The sum of A through D must be greater than 50% of the total number of CHP covered employees affirmed in item 6 above.

8. Current Status: (Only include CHP covered employees who are actively working and participating in the Small Group Healthy Lifestyle Rebate Program)

_____ Smokers _____ Nonsmokers

_____ Healthy BMI _____ Overweight or Obese (See BMI Table)

Employer must maintain a signed *Employee Verification of Health Status* for each participating employee. Employee verification for weight reduction or healthy weight maintenance must include a signature from a health care professional or employee of a licensed health club or weight management program. Employee verification must be kept on file by the employer for a minimum of 18 months for purposes of audit.

By signing below, I am applying to participate in the Capital Health Plan Small Group Healthy Lifestyle Rebate Program on behalf of my group, and I agree to the following Rebate Program Rules:

- Group must complete this *Healthy Lifestyle Rebate Enrollment* form by May 31, 2007. **Requests received after May 31, 2007, will not be considered.**
- Group must maintain active group enrollment from January 1, 2007, to December 31, 2007.
- The employer may receive the rebate as follows:
 1. **Smoking Cessation:** \$50 rebate for each participating CHP covered employee who stops smoking in the program calendar year.
 2. **Reduction in Weight:** \$50 rebate for each participating CHP covered employee who demonstrates a BMI reduction of 15% if he/she is in the obese category (see the enclosed BMI Table), **OR,** \$50 rebate for each participating CHP covered employee who demonstrates a BMI reduction of 10% if he/she is in the overweight category.
 3. **Combination:** \$100 rebate for each participating CHP covered employee who accomplishes both 1 and 2 above.
 4. **Healthy Lifestyle Maintenance:** \$25 for each participating CHP covered employee who has remained a nonsmoker for the entire program year **and** has maintained a healthy weight (based on enclosed BMI Table) both at the beginning and at the end of the calendar year.
- The employer must maintain on file for each employee an *Employee Verification of Health Status*, to include beginning and ending height and weight and the signature of a health care professional or employee of a licensed health club or weight management program.
- This is a voluntary program, and the participation or outcome does not impact the group's health care coverage in anyway.
- Maintain a copy of this document for reference when completing the *Rebate Request*.
- See the enclosed Body Mass Index (BMI) Table for healthy weight ranges.

Signature of Group Administrator: _____

Title: _____

Date: _____

The completed form should be sent to:
Capital Health Plan
Healthy Lifestyle Rebate Program
Attention: Compliance Officer
Post Office Box 15349
Tallahassee, Florida 32317-5349

If you have any questions about the Small Group Healthy Lifestyle Rebate Program, please call 850/523-7333 (Monday through Friday, 8 am to 5 pm).