



2018 Healthy Initiatives Incentive Program Frequently Asked Questions

What is the IEBP Healthy Initiatives Incentive Program?

This program provides a \$150 incentive to IEBP covered individuals age 18 or over who complete a Health Assessment questionnaire and certain age and gender based screenings* within the same calendar year. Preventive screenings will be covered at 100% if an In Network provider is used. If an In Network provider is used, there is no cost to you!

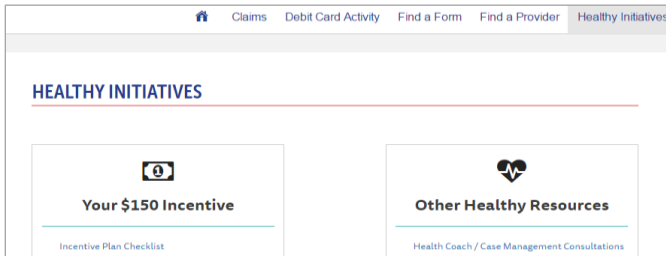
*Screenings must be billed as "preventive."

Who qualifies for the \$150 incentive?

Individuals with IEBP medical coverage age 18 or older who complete certain Community Based Biometric Screenings plus the Health Assessment questionnaire within the same calendar year will receive a \$150 incentive check from IEBP. Your covered spouse or dependents also qualify as long as they are at least 18 years old, and are covered on your IEBP medical plan.

Where can I find the list of Community Based Biometric Screenings?

They are shown in the chart below. You can also login to **myHealth Portal** at www.iebp.org. Next go to **HEALTHY INITIATIVES** on the top menu and click on **Incentive Plan Checklist**. Or call Customer Care at 1-800-282-5385.



Do I need to complete ALL of the Community Based Biometric Screenings?

Everyone needs to complete the Health Assessment to qualify. The screenings are age and gender specific, so you only need to complete those items that apply to your age and gender. Please refer to the chart below.

What is the Health Assessment & where can I find it?

The Health Assessment is an online questionnaire. To access the Health Assessment, first login at www.iebp.org, then go to **HEALTHY INITIATIVES** on the top menu and click on **MY HEALTH TRACKER AND HEALTH ASSESSMENT**. Your completed Health Assessment is automatically sent to IEBP when you complete it online - you do not need to send it in. You may only submit one Health Assessment per calendar year, so be sure you wait to get your screening results from your provider first.

Do I need to send my screening information to IEBP?

You must enter your screening information on your Health Assessment after you receive your screening results from your provider in order to qualify for the \$150 incentive.

How can I check to see if I have completed all of the program requirements?

To check on the status of your program requirements, login to www.iebp.org, go to **HEALTHY INITIATIVES** on the top menu and click on **Incentive Plan Checklist**. You may also call Customer Care at 1-800-282-5385. They will be more than happy to assist you.

I have completed all of the items on my Personal Health Record. What do I do now?

Once you complete your Health Assessment and all of the applicable claims have been received from your provider(s) and processed by IEBP, a check will be mailed directly to you. Checks are mailed once a week.

Please note that it is up to your provider(s) as to when they submit claims to IEBP.

Do I have to participate in the Healthy Initiatives Incentive program?

You do not have to participate. However, you will not receive the \$150 incentive unless you complete the program requirements.

| Annual Preventive Screenings | Female 18 - 20 | Female 21 -35 | Female 36 - 39 | Female 40 - 49 | Female 50 | Female 51 - 73 | Female 74+ | Male 18 - 39 | Male 40 - 50 | Male 51 - 70 | Male 71+ |
|---|-------------------|------------------|-------------------|-------------------|--------------|-------------------|---------------|-----------------|-----------------|-----------------|-------------|
| Health Assessment Questionnaire | X | X | X | X | X | X | X | X | X | X | X |
| Preventive Office Visit CPT 99385-99397 | X | X | X | X | X | X | X | X | X | X | X |
| Lipid Panel CPT 80061 | X | X | X | X | X | X | X | X | X | X | X |
| Comprehensive Metabolic Blood Panel CPT 80053 | X | X | X | X | X | X | X | X | X | X | X |
| TSH CPT 84443 | | | X | X | X | X | X | | | | |
| PSA CPT 84152-84154 | | | | | | | | | | X | |
| Fecal Occult (including colonoscopy and sigmoidoscopy as a qualifier) CPT 82270 | | | | X | X | X | X | | X | X | X |
| Mammogram (*one per calendar year for females ages 40-49; **one every two calendar years for females ages 50-73) CPT 77061-77067 | | | | X* | X** | X** | | | | | |
| PAP (every three calendar years for females ages 21-50) CPT 88141; 88155, 88142-88154; 88164-88167, 88174-88175 | | X | X | X | X | | | | | | |

IEBP covered individuals age 18 and over completing the above items in the 2018 calendar year will receive \$150.