

Keep FitSM

An individual health plan from Blue Cross Blue Shield of Michigan.

| Keep Fit wellness incentives | |
|------------------------------|--|
| Diminishing deductible | Available at the contract level — subscriber and spouse must both meet the health criteria; adult children dependents 18+ are not required to meet the health criteria. |
| | If criteria are met, contract will earn diminishing deductible: Contract deductible decreases \$250 to \$4,000 per year, depending on the deductible level. Remains constant at year 3 and beyond. |
| Fitness reward | Subscriber receives a \$50 gift card in CY2 and a \$100 gift card in CY3+ that may be used on fitness-related purchases. |

| Requirements | Health measure | Required standard criteria |
|--|---------------------------------------|------------------------------------|
| Category 1 Must meet both standards | Body mass index | Less than 30 |
| | Tobacco use | May be verified with nicotine test |
| Category 2 Must meet <u>two of three</u> standards | Cholesterol (low-density lipoprotein) | 160 or less |
| | Blood pressure | 140/90 or less |
| | Blood sugar | 70-130 normal fasting blood sugar |
| NOTE: A normal A1C does not meet the blood sugar requirement. | | |

- Applicant enrolls during CY1.
- No later than Oct. 31, CY1, member and spouse complete an online health risk appraisal.
- Member and spouse visit physician for a preventive health maintenance exam and take copies of the qualification form for physician to complete and fax* to BCBSM, no later than Oct. 31, CY1.
- If member meets all requirements the deductible will decrease as of Jan. 1, CY2.
- Must meet criteria each year to earn wellness incentives the following year.

| Fitness reward | | |
|--|------|-------|
| (same for all deductibles, per contract) | | |
| CY1 | CY2 | CY3+ |
| \$0 | \$50 | \$100 |
| "CY" = calendar year | | |

| Diminishing deductible | | |
|--|--|---|
| Applies to inpatient in-network deductible | | |
| CY1 standard deductible (single/family) | CY2 diminishing deductible (single/family) | CY3+ diminishing deductible (single/family) |
| \$1,500/\$3,000 | \$1,250/\$2,500 | \$1,000/\$2,000 |
| \$2,500/\$5,000 | \$2,000/\$4,000 | \$1,500/\$3,000 |
| \$5,000/\$10,000 | \$4,000/\$8,000 | \$3,000/\$6,000 |
| \$7,500/\$15,000 | \$6,000/\$12,000 | \$4,500/\$9,000 |
| \$10,000/\$20,000 | \$8,000/\$16,000 | \$6,000/\$12,000 |



Fax completed qualification forms to 1-866-392-6496

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MyBlueSM
My Life. My Health Plan

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