

In this agreement, “I” and “my” means both of the following:

- 1. A PEBB-eligible employee enrolled in a PEBB health plan**
- 2. A spouse or domestic partner of a PEBB-eligible employee when the spouse or domestic partner is covered by an employee enrolled in a PEBB health plan**

It is the employee’s responsibility to inform a covered spouse or domestic partner of all elements of this agreement and its application to the spouse or domestic partner.

1. I agree that I will complete the health assessment in my current (2015) health plan Sep. 1-Oct. 31, 2015, and I will enroll in the 2016 HEM program by Oct. 31, 2015, the end of Open Enrollment for the 2016 Plan Year.
2. I understand that:
 - a. By enrolling for HEM and completing the health assessment by the close of Open Enrollment, I will receive a taxable health incentive in monthly pay beginning January 2016 (\$17.50 employee; \$35 employee and spouse or domestic partner). Does not apply to individuals who are not active state agency employees.
 - b. If I do not complete the health assessment and enroll in HEM by the end of Open Enrollment, Oct. 31, 2015, I will not receive the health incentive, and my 2016 medical coverage will include a \$100 added deductible per covered individual (to a family maximum of three individuals).
3. I will complete two health actions of my choice by the time I enroll in a health plan during Open Enrollment for the 2017 Plan Year. **Examples of health actions include but are not limited to the following:**
 - a. If my weight is a risk to my health, one action may be Weight Watchers[®], nutritional counseling by a registered dietician, a program of physical activity, or an action plan developed with my provider.
 - b. If I use tobacco, one health action may be a tobacco cessation program – such as Quit for Life[®] or another therapy recommended by my provider.
 - c. **One action may be** a physical activity challenge or monitoring program such as they fitness facility membership cost subsidy, the online program available through Kaiser, a pedometer step program, “Walk with Ease” from the Arthritis Foundation, at-work walking programs, or an exercise program developed with my provider.
 - d. **One action may be** a recommended cancer screening such as mammogram, Pap test or colonoscopy, or a recommended immunization, physical exam or dental exam as indicated for my age and gender.
 - e. **One action may be** a community-based health improvement program such as the National Diabetes Prevention Program or Better Choices, Better Health or a similar program sponsored by the American Heart Association, the American Cancer Society, or a hospital, community college, extension service, or other community organization.
 - f. A team-based workplace program such as Healthy Team Healthy U, which counts as two health actions, **as does WholeLife Scale, a pilot launched mid-2016.**
4. I understand that I will not be eligible to participate in the 2017 HEM program if I do not complete **two** health actions by the time I enroll during Open enrollment for the 2017 Plan Year.
5. I understand that 1 and 3 above are standards and that a reasonable alternative to a standard will be provided if a disability makes it unreasonably difficult for me to achieve a standard, or a medical condition makes it inadvisable for me to attempt to achieve a standard.