2017 Health Engagement Model (HEM) Agreement

1. I agree that I will complete the health assessment in my current (2016) health plan and enroll in the 2017 HEM program by Oct. 31, 2016.
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 of $17.50 in monthly pay beginning January 2017.
   b. If I do not complete the health assessment and enroll in HEM by the close of Open Enrollment, Oct. 31, 2016, I will not receive the health incentive, and my 2017 medical coverage will include a $100 added deductible per covered individual (to a family maximum of $300 additional deductible).
3. I will complete two health actions of my choice by the time I enroll in a health plan during Open Enrollment for the 2018 Plan Year.
4. 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.