

HEALTHPACT INSTRUCTIONS TO QUALIFY FOR ADVANTAGE-LEVEL BENEFITS



IMPORTANT

Below you will find the list of requirements for members covered under your HEALTHPact plan. Please assemble all completed forms and enclose them in the envelope we have provided. Then please submit the envelope to your employer by the date they have specified.

ADULTS (AGE 18 AND OLDER)

In order to qualify for Advantage-Level benefits (beginning at enrollment) in HEALTHPact, each adult (age 18 and older at the time of enrollment) must complete the following:

1. Initial Pledge Form

Every adult must complete and submit the enclosed Initial Pledge Form to the employer by the date they have specified.

2. Personal Health Assessment (PHA) Form

Every adult must complete and submit the enclosed PHA Form to the employer by the date they have specified.

Additionally, a Primary Care Provider must be indicated on the enrollment application for every adult on the plan. The application should be completed and submitted to the employer by the date they have specified.

ADOLESCENTS (AGE 12 - 17)

In order to qualify for Advantage-Level benefits (beginning at enrollment) in HEALTHPact, each adolescent (who is at least 12 but not older than 17 at the time of enrollment) must complete the following:

1. Initial Pledge Form

Every adolescent must complete and submit the enclosed Initial Pledge Form to the employer by the date they have specified.

Additionally, a Primary Care Provider must be indicated on the enrollment application for every adolescent on the plan.

Note: The PHA form is not required for adolescents.

CHILDREN (YOUNGER THAN 12)

A Primary Care Provider must be indicated on the enrollment application for every child on the plan.

Note: The Initial Pledge and PHA forms are not required for children younger than 12.

HEALTHPACT ADVANTAGE-LEVEL BENEFITS PARTICIPATION CHECKLIST



List of Adults (18 and older as of the date of enrollment):

1. Name: _____

- Initial Pledge Form completed and enclosed
- PHA Form completed and enclosed
- PCP indicated on enrollment application

2. Name: _____

- Initial Pledge Form completed and enclosed
- PHA Form completed and enclosed
- PCP indicated on enrollment application

3. Name: _____

- Initial Pledge Form completed and enclosed
- PHA Form completed and enclosed
- PCP indicated on enrollment application

4. Name: _____

- Initial Pledge Form completed and enclosed
- PHA Form completed and enclosed
- PCP indicated on enrollment application

5. Name: _____

- Initial Pledge Form completed and enclosed
- PHA Form completed and enclosed
- PCP indicated on enrollment application

List of Adolescents (age 12 to 17 as of the date of enrollment):

1. Name: _____

- Initial Pledge Form completed and enclosed
- PCP indicated on enrollment application

2. Name: _____

- Initial Pledge Form completed and enclosed
- PCP indicated on enrollment application

3. Name: _____

- Initial Pledge Form completed and enclosed
- PCP indicated on enrollment application

4. Name: _____

- Initial Pledge Form completed and enclosed
- PCP indicated on enrollment application

5. Name: _____

- Initial Pledge Form completed and enclosed
- PCP indicated on enrollment application

List of Children (younger than 12 as of the date of enrollment):

1. Name: _____

- PCP indicated on enrollment application

2. Name: _____

- PCP indicated on enrollment application

3. Name: _____

- PCP indicated on enrollment application

4. Name: _____

- PCP indicated on enrollment application

5. Name: _____

- PCP indicated on enrollment application