



Level 1 - 2018 WELL-BEING INCENTIVE CREDITS APPEAL FORM

For members enrolled in Blue Cross and Blue Shield of Georgia and UnitedHealthcare plan options

Note: Not applicable to members enrolled in Kaiser Permanente or Medicare Advantage plan options

You may file Level 1 Well-Being Incentive Credits Appeals through the process outlined below:

Section I. Well-Being Incentive Credits Appeals: You and your spouse (if covered) may appeal the total Well-Being Incentive Credits applied if the well-being incentive credits are less than you believe should have been awarded to you or your spouse. Appeals may be filed beginning February 15, 2018 and must be received by 5:00 pm ET on January 31, 2019.

Please provide proof that you completed the requirements. For example, provide proof of the following for inclusion with your appeal:

- A copy of the completed 2018 Physician Screening Form and proof that it was sent to Sharecare by the November 30, 2018 deadline (if applicable).
- A copy of the Know Your Numbers Form as proof of onsite screening participation upon completion at an SHBP sponsored screening event.
- Print screen or take a snapshot of the incentive status when activities through the Sharecare App or online platform are complete,

You must complete all applicable sections on the Well-Being Incentive Credits Appeal Form including any additional facts or material that are pertinent to the case. Generally, a decision is reached within **30 calendar days** of receipt unless additional information is needed. Appeals will be investigated by Sharecare. Sharecare will provide written notification of whether the appeal was granted or denied.

Section II.

Last Name

First Name

Address:

Member ID: (Found on your medical ID card)

City

State

Zip Code:

Email Address

Phone Number (xxx - xxx-xxxx)

Date of Birth (MM/DD/YYYY)

() - _____

_____/_____/_____

Section III. Reason for Appeal (please give detailed explanation for review)

For the Health Action(s) identified below, enter the date in which each applicable Action was completed and submit proof that it was sent to Sharecare

| COMPLETED HEALTH ACTIONS | | |
|--------------------------|---------------------|--|
| 1 | Biometric Screening | |
| 2 | RealAge test | |
| 3 | Coaching Pathway | |
| 4 | Online Pathway | |

SECTION IV. If the 2018 Wellness Requirement was not met, due to circumstances beyond your control or for medical reasons, type or legibly print the reason in the space provided below. **Please attach documentation from your physician stating why you cannot participate.** (Limit description to visible area below)

SECTION V.

- All appeals must be submitted on this form.
- There are several ways to file your appeal:
 - o **Email:** You may email your appeal to us at BeWellSHBP.appeal@sharecare.com
 - o **Fax:** Appeals can be faxed to us at (1-615 –261-1418)
 - o **Mail:** Send appeals through the mail to:

Sharecare
 Attention: State Health Benefit Plan Appeal
 701 Cool Springs Blvd.
 Franklin, TN 37067

AUTHORIZATION

I hereby certify that the above information and any supporting document(s) are true and correct.

FAILURE TO PROVIDE SUPPORTING DOCUMENTATION AS DESCRIBED IN SECTION I ABOVE WILL RESULT IN DENIAL OF MY APPEAL.

Signature

Date