



# HEALTH PROFESSIONS OF MONTANA PLAN & TRUST

## HPMPT Wellness Program

A wellness program aimed at improving your health and reducing your health care costs.



For participating in HPMPT Wellness Program, HPMPT is offering all employees and/or spouses covered under the HPMPT Health Plan a \$300 credit towards their following year's medical deductible.

### ENROLL NOW

- 1** **Schedule** a preventive exam with your primary care provider
- 2** **Sign** the form along with your Primary Care Provider
- 3** **Submit** the completed form to HPMPT by 12/15/24

**Note to Members:** Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your employer's wellness program coordinator, sponsor, or Human Resources office and they will work with you to find a wellness program with the same reward that is right for you in light of your health status.



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## HPMPT Wellness Program

*Annual Preventive Visit Confirmation*

*Eligible to Employees and Spouses enrolled on HPMPT Health Plans*

### Section 1: Member Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Section 2: Primary Care Provider (PCP) Information

Primary Care Provider (PCP) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

PCP City, State \_\_\_\_\_ PCP Phone Number \_\_\_\_\_

### Section 3: Signatures

By signing below, I verify that I have reviewed the information regarding the HPMPT Wellness program on the back of this form. I understand the instructions on the back of this form, and verify that this visit was for an annual preventive visit. HPMPT does not ask for personal health information, only for verification that the employee has attended their annual preventive visit.

**Date of preventive exam** \_\_\_\_\_

Primary Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_



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The goal of the HPMPT Wellness Program is to ensure our employees are building a relationship with a Primary Care Provider and completing appropriate health screenings, as recommended by their provider. By completing their annual preventive exam and submitting this form, employees are eligible to earn \$300 credit to the following year's deductible. Employees should understand that this is a voluntary wellness program, but only those that complete the steps below will earn the \$300 deductible credit the following year.

Primary Care Providers (PCP) include the following: Family Medicine, General Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Nurse Practitioner, and Physician Assistant, specializing in primary care.

Complete the following steps:

- 1. Schedule your preventive exam** with your Primary Care Provider (PCP).
- 2. Complete Sections 1 and 2.** Your email, phone, and home address are used to 1) confirm your form has been successfully received and 2) validate your information, if necessary.
- 3. Section 3**
  - a. Confirm your PCP has signed the form.
  - b. Sign and date the form
- 4. Submit the completed form to Kris Sweeney, HPMPT Account Executive at [ksweeney@hpmpt.org](mailto:ksweeney@hpmpt.org) or mail to her at PO Box 9406, Missoula, MT 59807.**

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