



**Level 1 - 2020 WELL-BEING INCENTIVE POINTS APPEAL FORM**

**For members enrolled in Anthem Blue Cross and Blue Shield 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 Points Appeals through the process outlined below:**

**Section I. Well-Being Incentive Points Appeals:** You and your spouse (if covered) may appeal the total Well-Being Incentive Points applied if the well-being incentive points are less than you believe should have been awarded to you or your spouse. Appeals may be filed beginning February 14, 2020 and must be received by 5:00 pm ET on February 1, 2021.

All appeals approved after December 1, 2020 will apply only towards redemption of well-being incentive credits.

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 2020 Physician Screening Form and proof that it was sent to Sharecare by the November 30, 2020 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 reward status when activities through the Sharecare App or online platform are complete.

You must complete all applicable sections on the Well-Being Incentive Points 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 approved 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)

\_\_\_\_\_

(   ) - \_\_\_\_\_

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**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 / Challenges	

**SECTION IV.** If the 2020 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](mailto: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 III ABOVE WILL RESULT IN DENIAL OF MY APPEAL.**

Signature

Date