



# TAKE CHARGE OF YOUR HEALTH

**At no additional cost, members now have a simple way to track their overall health. Visit with your provider and get to know your health numbers.**

## COMPLETE THESE SIMPLE STEPS!

**Download a Blue Cross and Blue Shield of Montana (BCBSMT) Total Health Management (THM) Assessment Form at [www.mustbenefits.org/forms](http://www.mustbenefits.org/forms).**

- Take the form with you to your primary care physician.
- Have your provider complete the THM form and make sure both you and your provider sign the form. It will be considered incomplete if not signed by both parties.
- Fax or mail the completed form to BCBSMT for processing. You will be notified when your THM form is received at BCBSMT if you provided a legible e-mail address.

**The THM form must be completed and submitted by June 30, 2021.**

Employees and covered spouses are eligible for this program. In the next benefit year under a MUST medical plan, you will receive a \$100 credit to your plan deductible.

*Please note: Medicare-eligible members, retiree members, and dependent children are not eligible for this incentive.*

**RECEIVE \$100 OFF YOUR PLAN DEDUCTIBLE  
for completing the HEALTHY FUTURES Wellness Program!**

(\$100 off plan deductible in the following benefit year)