



## Annual Wellness Exam Incentive Program for: 2026

The city health insurance committee (HIC) provides an annual \$100 gift card incentive for employees and their spouse (*if applicable*), who are on our "medical" insurance plan if they have an annual wellness exam. This program does not apply to Retirees or COBRA participants.

This form is updated annually to note the program year and is found on the public city website, with the other HR forms under: *Your Government > Department > Human Resources > Forms and Resources*: <https://www.billingsmt.gov/417/Forms-and-Resources>

Gift cards are processed quarterly based on when they are received and are issued to the employee and are subject to IRS tax fringe. For example, typically 1<sup>st</sup> quarter received forms gift cards will be issued by the end of April to the department. For employees that resign/term employment, you must be active at the time the gift card is issued to receive incentive. Employees that retire, we will try and issue gift card with retirement.

»»The deadline for 2026 forms is 5:00pm Thursday, January 7, 2027

### Important Facts about Annual Wellness Exam:

#### Focus On:

- Preventive care
- Health screening
- Wellness planning
- Discuss healthcare goals with provider

#### Types of Healthcare Providers:

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Naturopathic Doctor (ND)
- OBGYN
- Physician Assistant (PA)
- Nurse Practitioner (NP)

The incentive will not be awarded for only annual screenings, such as: mammogram or colonoscopy.

## PARTICIPANT'S ACKNOWLEDGEMENT

- When scheduling appointment, ask for an annual wellness exam. Claims will be processed according to provider coding and health plan.
- Take form for the exam and have provider complete confirmation section and give back to you at that appointment.
- **Preferred method:**
  - Email individual completed form to [LinternL@billingsmt.gov](mailto:LinternL@billingsmt.gov) Leta will respond to that email confirming receipt of the form. It must be an email she can respond to. You can keep the original form for your records, so you can note when you email it.
  - Date emailed to Leta: \_\_\_\_\_
  - If emailing multiple forms, please attach them separately.
- If I choose to drop off or interoffice the completed form, or have the provider send it, Leta will not confirm receipt of the form.
- I understand it is NOT the medical provider's responsibility to get the completed form to Leta.
- I understand the validity of the provider's signature and exam date may be verified for authenticity. Intentional falsification of information will be subject to disciplinary action consistent with employee guidelines up to and including termination of employment.

**Participant - ALL fields are REQUIRED to track and process the incentive**

Participant's name (printed): \_\_\_\_\_ Date of WELLNESS EXAM: \_\_\_\_\_

City health insurance ID card number: \_\_\_\_--\_\_\_\_--\_\_\_\_ Division of employee: \_\_\_\_\_ (for example, Streets)

☐ Yes, I am a spouse on the city "medical" plan at the time of the appointment, as a dependent under this employee: \_\_\_\_\_

## HEALTHCARE PROVIDER'S CONFIRMATION

Healthcare provider, please complete this section as confirmation that the patient listed above had their annual Wellness Exam with you to discuss their health status and goals to determine what preventive care they need.

**Please return this form to the patient at the time of the appointment, it is their responsibility to submit for their incentive.**

Healthcare Provider's (Printed) Name and Signature: \_\_\_\_\_

Healthcare Provider's Practice Name (Printed): \_\_\_\_\_

Patient's WELLNESS EXAM Date: \_\_\_\_\_ Today's date, if different: \_\_\_\_\_