

Know & Plan / Good For You Rebates

Eligible members may earn these rebates once every 330 days.

Questions about how to complete this form?

Call 801-366-7300 or

Toll free 855-366-7300

Mon-Fri (8 a.m. to 4:30 p.m.)

Return completed form to:

PEHP Healthy Utah
560 East 200 South
Salt Lake City, UT 84102

Or Fax form to:
801-328-7300

Participant Information

NAME (Please Print)		BIRTH DATE	PEHP ID NO.	TODAY'S DATE
EMAIL ADDRESS		PHONE NUMBER		BEST HOURS TO CALL
PHYSICAL ADDRESS		CITY	ZIP CODE	FAX NUMBER

“Know & Plan” Rebate (\$50)

- STEP 1: Visit your physician for complete biometrics/lab screening. With your physician, complete this form and obtain physician signature.
- STEP 2: Submit this completed rebate form to PEHP Healthy Utah by mail or fax. **Please allow 1 week for Healthy Utah staff to enter your information before proceeding to next step.**
- STEP 3: Log in to your personal account at www.pehp.org and confirm that your recent biometrics appear in your account. Then take the online Health Questionnaire through your account. **Important: rebate cannot be processed if questionnaire is taken before recent biometrics are in your account. Questionnaire must be completed within 90 days after biometrics/lab screening.**
- STEP 4: Receive your “Know & Plan” rebate! Please allow 3-4 weeks for processing.

“Good For You” Rebate (\$50)

You must meet ALL of the following criteria.

Please review **biometrics results** to determine eligibility for the “Good For You Rebate.” (Check all that apply)

- BMI <25 **OR** Body Fat Percent <28% women; <20% men
- Total Cholesterol/HDL ratio ≤ 5 (Divide your total cholesterol by HDL)
- Blood Pressure ≤ 120/80 mm/Hg
- Blood Glucose <100 mg/dL
- No Tobacco* Use (Never used tobacco or quit at least six months ago)
- No Diabetes

*Includes cigarettes, cigars, pipes, nicotine, e-cigarettes, and smokeless tobacco.

Biometric Results

BMI	HEIGHT (in.)	WEIGHT (lbs.)	TOTAL CHOLESTEROL	HDL CHOLESTEROL	BLOOD PRESSURE	BLOOD GLUCOSE	FASTING?	TOBACCO USE*	DIABETES
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Verification: Please have this form **signed by your Physician.**

*Tobacco use in the last six months.

Physician’s Information

PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE	DATE OF VISIT
PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S ADDRESS	

Didn’t Qualify for the “Good For You” Rebate?

Determine your eligibility for one of the following “ACT” health improvement rebates:

See Improvement Rebate Forms for details.

- Cholesterol Improvement Rebate:** Your Total Cholesterol/HDL ratio is > 5 to 1.
- Blood Pressure Improvement Rebate:** You qualify if your blood pressure is > 120/80 mm/Hg.
- BMI Improvement Rebate:** You qualify if your BMI is ≥25.
- Diabetes Management Rebate:** You qualify if you have been diagnosed with Diabetes.
- Tobacco Cessation Rebate:** You qualify if you currently use tobacco or have used tobacco within the past 6 months.

FOR INTERNAL USE ONLY	
Office Visit Date _____	Date of Labs _____
Claim Number _____	Lab Results Verified <input type="checkbox"/> Initial