

Wellness Engagement Incentive (WEI)



Go365 status levels: **Blue** > Bronze > **Silver** > **Gold** > Platinum
Savings begin when just one employee reaches **SILVER**

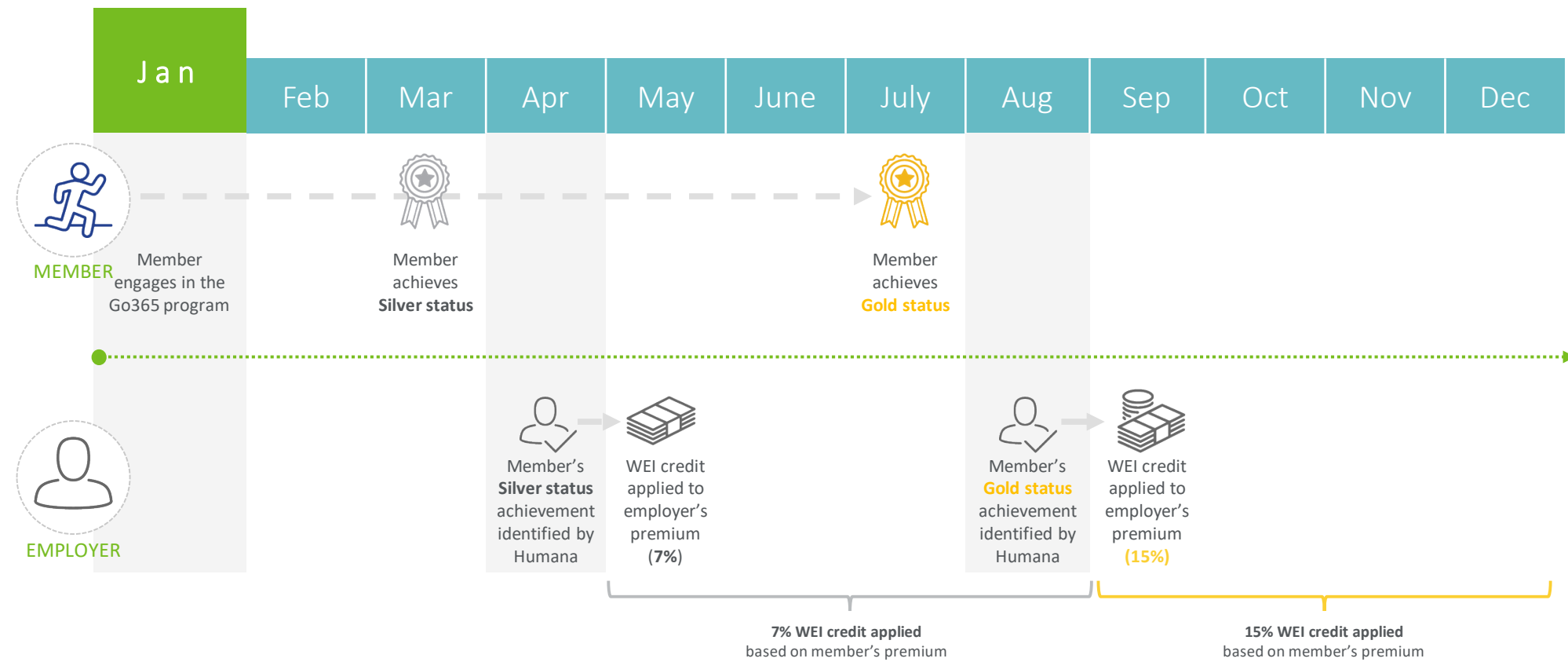
How it works

Receive WEI credits on your monthly premium invoice when your employees achieve **Silver status or greater** in Go365:

7% based on the premium for each employee who reaches Silver status

15% based on the premium for each employee who reaches Gold+

Example: This is an example of an employee and their wellness journey and the positive impact it has on the employer's premium



To view your group's cumulative WEI credit, reference the Incentive Details by Employee Report available in the Employer portal.

The Wellness Engagement Incentive program applies only to fully insured businesses and Level Funded Premium (under 100) businesses.

Please refer to your Certificate of Coverage/Insurance or Summary Plan Description for additional information. The Wellness Engagement Incentive program is effective for policies issued or renewed on or after January 1, 2017, and is subject to change with prior notice. Humana will provide notice to groups in advance of the effective date of any changes. The Incentive for each policy month is determined on or before the 15th of each subsequent policy month. The Incentive is applied as a credit on the monthly medical premium statement. Humana is not liable for monetary penalties or fines, or other state or federal regulatory action taken against the employer for failure to comply with any applicable federal or state law. See your policy for eligibility. Void where prohibited.

Go365 is not an insurance product and is not available with all Humana health plans. This is a general description of services which are subject to change. Please refer to Customer Support for more information.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write Humana, or your Humana insurance agent or broker. In the event of any disagreement between this communication and the plan document, the plan document will control.

Humana group medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Please use this disclaimer instead "This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write Humana, or your Humana insurance agent or broker. In the event of any disagreement between this communication and the plan document, the plan document will control.

GCHKTA6EN 620