

HealthbyChoiceSM IncentivesSM Certification

Priority Health is committed to keeping rates competitive and affordable. For this reason, we're asking employers to help us protect the integrity of our **HealthbyChoice** Incentives community pool by certifying to the following terms:

Priority **HealthbyChoice** deductibles, coinsurance and copayment amounts cannot be reimbursed by a separate

- HRA (health reimbursement arrangement)
- Employer-funded FSA (flexible spending account)*
- Any other employer-funded medical reimbursement arrangement

The initial term of the certification will commence on the date below. This certification shall continue in effect for a period of 12 months and shall automatically renew thereafter for one-year terms, unless terminated in writing by an authorized officer or representative of the group.

By signing this certification form, I consent to abide by these **HealthbyChoice** Incentives rules.

Group name _____

Group ID # _____

Phone # () _____

Group contact signature _____ **Date** _____

Print name _____

Agent Signature _____ **Date** _____

Print name _____

*Employee-funded FSAs are exempt from this rule.