



# Application for maturity level and discretionary discounts

## **For submission of a maturity level discount:**

The application is to provide you flexibility and customization in the implementation and type of interventions determined best to fit your needs.

This form will be used by the BeWell staff to review eligible interventions that enhance at least one of the following: current policy, practice, environment or program at your workplace(s).

You may submit more than one application to BeWell and earn up to 5% total (including discretionary discount totals) awarded in the 5-year pilot program.

**For submission of a discretionary discount:** The application is to provide you the opportunity to submit an original idea, specific to your company, for credit.

This form will be used by the BeWell team to review the strategy or action that is not already defined and is a creative opportunity that supports your workplace(s) in at least one of the areas: tobacco/nicotine use, physical activity or healthy eating.

If a submission is accepted, the information included on this form will be used to determine the amount awarded. Discounts will be awarded and applied to the final premium proposal for the following plan year.

**You are strongly encouraged to apply for maturity level and/or discretionary discounts after participating in the trainings relevant to the focus area most currently completed.**

## Instructions

The BeWell staff will distribute this document to those who have fulfilled the necessary criteria and are ready to request review of a maturity level or discretionary discount. The applicant should ensure the intervention has been discussed with the BeWell staff to determine if it qualifies.

Please make sure this form is completed before submitting and only one intervention or strategy is submitted per form. Applicants should expect a minimum of two weeks for turnaround by Blue Cross and Blue Shield of Kansas once the application is received.

**Please direct questions to Kylene Frost at**

[BeWell@bcbsks.com](mailto:BeWell@bcbsks.com) or (785) 291-6235.

Application can be submitted by mail:  
Blue Cross and Blue Shield of Kansas  
c/o Kylene Frost, CC466  
1133 SW Topeka Blvd.  
Topeka, Kansas 66629

Or by email: [BeWell@bcbsks.com](mailto:BeWell@bcbsks.com)

Visit us at [bcbsks.com](http://bcbsks.com)



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# Maturity Level and Discretionary Discount Application



\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Application

- Discount Type:  Maturity Level  
                  Area of Focus (select one)  
                   Tobacco/nicotine  
                   Physical activity  
                   Healthy eating  
                   Discretionary

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Site Location(s)

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Initiated                      Date Completed

## Section 1 – Applicant Information

\_\_\_\_\_  
Contact Name

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_      \_\_\_\_      \_\_\_\_  
State      ZIP Code      County

## Section 2 – Information on Intervention Success

How was the need for this intervention determined? What was the goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the selected intervention was met. Share details to include tools and methods used, data gathered, feedback recieved, how you determined success, etc. Please include communication examples (flyers, e-blasts, pictures, survey, etc.) and other items to submit with this application form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please continue on the next page.**

**Section 2 – Information on Intervention Success (continued)**

What would you do the same or differently in terms of sustainability, lessons learned, etc.?

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Describe how the selected discount will be used.

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**Section 3 – Authorization**

We attest that all information provided is true and accurate to the best of our knowledge.

**Your signature required**

Applicant \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /  
Date Signed

Print Name \_\_\_\_\_

**Section 4 – Internal Review (for internal use only)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /  
Date Submitted

Is the applicant eligible for the selected discounts?  Yes  No

Is the request an appropriate example of a maturity level discount intervention?  Yes  Yes with changes  No

Recommendation:  Approved  Approved with requested changes  Denied

Amount approved (%): \_\_\_\_\_

Explanation: \_\_\_\_\_

Discount applied to (proposal, year): \_\_\_\_\_

BeWell Pilot Program  
Blue Cross and Blue Shield of Kansas

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /  
Date Signed