

## Annual Physical for Wellness Rewards...and for You!

By getting your annual physical, you not only avoid extra premium costs, but you get an easy opportunity to get to know your numbers and take care of any health issues. Take control of your health today — schedule your Annual Physical and complete the preventive care screenings your doctor recommends!

**Your medical plan covers routine preventive care when you receive it from an in-network provider!**

That means no cost to you, no cost to your Health account and no plan deductible to meet. Participants enrolled in the Health Savings Account may be subject to a fee schedule. Please refer to your local fee schedule for any additional cost. **Be sure to have your doctor code your visit as preventive.**

**Our benefit plan covers your annual physical every calendar year (January – December) and does not require 12 months between exams.**

## What to Expect during your Annual Physical

Your provider will take a **full set of vital signs** that will include your height, weight, temperature, pulse and blood pressure. Many doctors don't report your BMI, but there are calculators to find out your BMI using your height and weight. Your doctor will ask you many questions about your current health and potential health issues. During the examination, your provider should be thoroughly examining your **eyes, ears, nose, throat**, checking your neck for **lymph nodes**, listening to your **heart and lungs**, examining your **abdomen** and genitalia. They also should evaluate your joints and look at **your skin** for lesions and potential skin cancers.

Depending on your age and gender, you may need to have additional lab testing or other examinations.

**While your doctor will determine the tests that are right for you based on your age, gender and family history, here are some Wellness Exam Recommendations with your primary care physician. Any of the following screenings with a specialist may result in a fee:**

- Age Appropriate Immunizations (flu shot, tetanus etc.)
- Blood Pressure
- Measured Height, Weight & calculated BMI
- Cholesterol Screening
- Diabetes Screening
- Cardiac Risk Evaluation
- Alcohol/Drug Abuse Screening
- Depression Screening
- Skin Cancer Screening
- Sexually Transmitted Disease Screening
- TB Screening
- Thyroid Screening
- Hearing Test
- Vision & Glaucoma Screening
- Colorectal cancer screening at age 50 and older
  - Sigmoidoscopy once every 5 years
  - Fecal occult blood test annually
  - Colonoscopy once every 10 years
  - Barium enema once every 5 years
- Prostate Screening (PSA) once per year at age 50 and older
- Abdominal Aortic Aneurysm Screenings for men at age 65 and older who have smoked

### **Additional Screenings for Females:**

- Pap Smear and pelvic exam once a year for women at age 19 through 64
- Mammogram once a year for women at age 40 and older

It is important for you to know that you will be responsible for the cost of any additional test(s) that your doctor may order as well as any service(s) your doctor codes with a diagnosis OTHER than preventive. Tell your doctor about your preventive care benefit and ask them to code your visit as preventive!

**If you didn't attend an onsite biometric screening event, you can schedule your Biometric Screening and Annual Physical for the SAME appointment!** Be sure to complete your Biometric Screening anytime between June 1, 2018 and November 30, 2018 to receive Wellness Rewards credit and your Annual Physical by 5/31/2019.



# ANNUAL PHYSICAL

**Follow these steps to receive credit for your participation in the Wellness Rewards Program:**

1. Please print all requested information clearly.
2. A fully completed form and signature is required. **Print all requested information clearly. Forms with information missing from either section will be returned for correction, which will delay you Wellness Rewards credit.**
3. Call an in-network provider to schedule your appointment and bring this form to your appointment.
4. **Return this form completed and signed to your on-site WellNurse by May 31, 2019.**

Note: Completed and signed forms may also be faxed to 855-816-3504.

## Section 1 - to be completed by participant: PARTICIPANT INFORMATION

First Name:		Last Name:	
Property/Location Code:		Employee 800 Number (or Benefit Plan ID):	
Relationship: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone Number: (   )
Address:		City, State, ZIP:	
Email Address:			

**Participant Signature:**

**Date:**

## Section 2 - to be completed by the provider: ANNUAL PHYSICAL

**Note to Provider: Please code this service as preventive.** Your patient is participating in a special health awareness program called Wellness Rewards. Your patient has chosen to provide a Cigna WellNurse with proof of the below screenings to qualify for financial incentives from their employer. Any information you provide remains confidential between you, the patient, and Cigna. Please complete and sign this form so your patient can receive their rewards.

### ANNUAL PHYSICAL - Complete and Return Form by May 31, 2019

We encourage and incent our employees and their covered spouses to make their health and well-being a priority. One of the program requirements is to have an Annual Physical every year.

**Our benefit plan covers your annual physical every calendar year (January – December) and does not require 12 months between exams.**

**Annual Physical Completed between June 1, 2018 and May 31, 2019**

**Age & Gender Appropriate Preventive Care Completed or Recommended**

Date of Service: \_\_\_\_\_ Office Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Title: \_\_\_\_\_ Provider Signature \_\_\_\_\_

**Special Notes to Participants:** If you are pregnant, please call the Wellness Rewards Customer Service Center at 800-591-9220 about the pregnancy process and how to receive Wellness Rewards credit.

Revised: 5/1/2018