

## Annual Physical Instructions

### 1. Schedule Your Annual Physical:

- Onsite Wellness Center..... (where available)
- With an In-Network Provider..... **to find a provider**
  - Cigna..... (800) 423-9920
  - Horizon..... (800) 355-2583
  - UMR..... (877) 852-3858
  - Health Plan of Nevada..... (702) 242-7011

### 2. Fill out the Annual Physical form

**A fully completed form and signature is required.** Remember to take the form with you to your appointment. Forms with information missing from either section will be returned for correction, which will delay your Wellness Rewards credit.

### 3. Turn in your form

Return this form completed and signed to your onsite WellNurse by **May 31, 2020**. Forms may be faxed to 855-816-3504 or emailed to: [wellnessrewardsfax@cigna.com](mailto:wellnessrewardsfax@cigna.com).

### 4. Check your tracker

It can take up to two weeks to process your completed form. Check your Wellness Tracker at [www.caesars.benefitsnow.com](http://www.caesars.benefitsnow.com).

Complete an Annual Physical and Condition Management (if required) by **May 31, 2020** and save up to \$650 (\$1,300 if your covered spouse/domestic partner also participates) on your medical premiums from July through December 2020.

\*If you enrolled in benefits after 11/01/2019, your requirement and deadline is different. See your WellNurse for details.

\*If you are pregnant, please call the Wellness Rewards Customer Service Center at (800) 591-9220 to learn about the Pregnancy Program requirements.

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## What to Expect during your Annual Physical

Your medical plan covers routine preventative care when you receive it from an in-network provider. Be sure to have your doctor code your visit as preventative. Our benefit plan covers your annual physical annually and does not require 12 months between exams.

During your Annual Physical, your provider will take a full set of vital signs (such as height, weight, temperature, and blood pressure). Your provider should thoroughly exam your eyes, ears, nose, throat, lymph nodes, listening to your heart and lungs, examining your abdomen and genitalia. Your doctor will ask you many questions about your current health and potential health issues. During the examination, 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. *Any of the following screening with a specialist may result in a fee.*

#### Male and Female Screenings (as appropriate by age):

- Age Appropriate Immunizations (flu shot, tetanus etc.)
- Cholesterol and Diabetes Screening
- Cardiac Risk Evaluation
- Alcohol/Drug Abuse Screening
- Depression Screening
- TB Screening
- Vision & Glaucoma Screening
- Colorectal cancer screening at age 50 and older

#### Additional Screenings for Males:

- 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

## Questions?



**Wellness Rewards Service Center**  
(800) 591-9220 between 6:00 a.m.  
and 5:00 p.m., Mountain Standard  
Time, Monday through Friday



**Wellness Rewards Online:**  
[www.wellnessrewardsnow.com](http://www.wellnessrewardsnow.com)  
**Check Your Tracker on:**  
[www.caesars.benefitsnow.com](http://www.caesars.benefitsnow.com)

**Annual Physicals must be completed and returned between June 1, 2019 and May 31, 2020.**

- Call an in-network provider to schedule your appointment and bring this form to your appointment.
- Completed and signed forms may be faxed to 855-816-3504 or emailed to: [wellnessrewardsfax@cigna.com](mailto:wellnessrewardsfax@cigna.com)
- If you enrolled in benefits after 11/01/2019, your requirement and deadline is different. See your WellNurse for details.
- If you are pregnant, please call the Wellness Rewards Customer Service Center at (800) 591-9220 to learn about the Pregnancy Program requirements.
- This form has two pages. Please refer to the “Annual Physical Instructions” page for additional information.
- Please call the Wellness Rewards Customer Service Team at (800) 591-9220 if you have questions.

## Section 1 - To be completed by PARTICIPANT

First Name:		Last Name:	
Property/Location Code:		Employee 800 Number:	
Relationship: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone Number: ( ____ ) _____
Address:		City, State, ZIP:	
Email Address:			
<b>Participant Signature:</b> _____		<b>Date:</b> _____	

## Section 2 – To be completed by PROVIDER

**Please code this service as preventive.** Our benefit plan does not require 12 months between exams. 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 Completed between June 1, 2019 and May 31, 2020**
- Age & Gender Appropriate Preventive Care Completed or Recommended**

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

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

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

# ANNUAL PHYSICAL