

## Biometric Screening Instructions

### 1. Schedule Your Biometric Screening:

- **Onsite Events**..... [www.wellnessrewardsnow.com](http://www.wellnessrewardsnow.com) or (800) 591-9220
- **Onsite Wellness Center**..... (where available)
- **With your WellNurse**..... (800) 591-9220
- **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 biometric screening 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 **NOVEMBER 30, 2019**. Forms may be faxed to 855-816-3504 or emailed to: [wellnessrewardsfax@cigna.com](mailto:wellnessrewardsfax@cigna.com).

### 4. Review your results

If your values are higher than those listed in the "Wellness Rewards Goals" section, or online at [www.wellnessrewardsnow.com/biometrics/](http://www.wellnessrewardsnow.com/biometrics/) please talk to your WellNurse about your Condition Management requirement.

### 5. 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).

### 6. Complete your Annual Physical and Condition Management (if required)

Complete all requirements by May 31, 2020. Did you know, you can schedule both your Annual Physical and Biometric Screening at the same time to complete both requirements at once.

Knowing your numbers can empower you to make lifestyle changes and reduce your risk of developing serious chronic diseases.

Complete a biometric screening by **November 30<sup>th</sup>** and save up to \$650 (\$1,300 if your covered spouse/domestic partner also participates) on your medical premiums from January through June 2020.

\*Newly benefits enrolled after 11/01/2019 must complete and submit their biometric screening by 5/31/2020. If you are pregnant, please call the Wellness Rewards Customer Service Center at (800) 591-9220 to learn about the Pregnancy Program requirements.

## 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)



# BIOMETRIC SCREENING

## Biometric Screenings must be completed and returned between June 1 and November 30, 2019.

- Completed and signed forms may be faxed to 855-816-3504 or emailed to: [wellnessrewardsfax@cigna.com](mailto:wellnessrewardsfax@cigna.com).
- Newly benefits enrolled after 11/01/2019 must complete and submit their biometric screening by 5/31/2020.
- 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 "Biometric Screening 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 the PARTICIPANT

First Name:	Last Name:	Property Location Code:	Employee 800#:
Street Address, City, State, Zip		Email Address:	
Date of Birth:	Relationship: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone: (    )

#### Participant Acknowledgement and Signature

This Biometric Screening collects the health information identified below to help you manage your health and wellness under the Wellness Rewards Program. Caesars has implemented administrative safeguards to protect the confidentiality of your personal health information as required under the Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), and Genetic Information Nondiscrimination Act (GINA). Your participation is completely voluntary. If you have concerns about your ability to complete Wellness Rewards program activities or requirements listed, please see your WellNurse or call (800) 591-9220 to discuss alternatives. If your current circumstances will prevent you from achieving the results required for earning the wellness bonus, we will work with you to develop a wellness program that is best suited to those circumstances. Sign below to confirm your understanding and to authorize the collection of your Biometric Screening. Biometric Screening values reported on this form will be used to determine if you have earned a bonus reward for 2020.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Please check where you completed your biometric screening

- Onsite Screening Event   
  WellNurse Office   
  Onsite Clinic  
 Primary Care Physician   
  Other/Convenient Care Clinic: \_\_\_\_\_

**Required:** if your screened values are above the Wellness Rewards Goals, completion of the Condition Management program may be required by 5/31/2020. Call (800) 591-9220 for more information.

**Participant Initials** \_\_\_\_\_

### Section 2 - To be completed by the PROVIDER

Please code this service as preventive. Please send all biometric lab work to an in-network lab. 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.

#### BIOMETRIC SCREENING RESULTS: PLEASE COMPLETE ALL METRICS

Health Metric	Wellness Rewards Goal	Current Screening Numbers
<b>Date of Screening:</b>	_____	<input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting
<b>Height &amp; Weight:</b>	<i>(used to calculate BMI)</i>	_____ ft. _____ in _____ lbs.
<b>BMI &amp; Body Fat Percentage:</b> <i>Please complete BOTH metrics</i>	<i>BMI Less than 28, or Body fat % in desirable range based on age and gender</i>	BMI _____ & BF% _____
<b>Blood Pressure:</b>	<i>Systolic: less than 140 and/ Diastolic: less than 90</i>	_____ / _____
<b>Total Cholesterol:</b>	<i>(used to calculate Ratio)</i>	_____
<b>HDL Cholesterol:</b>	<i>(used to calculate Ratio)</i>	_____
<b>TC/HDL Ratio:</b>	<i>HDL Ratio: Less than 4.0</i>	_____
<b>Glucose/Blood Sugar:</b>	<i>Fasting and Non-fasting: less than 100 mg/dl</i>	_____ mg/dl

<b>Annual Physical</b>	Did the participant also complete an ANNUAL PHYSICAL between June 1, 2019 and May 31, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Date of Annual Physical: _____ Provider Signature: _____

#### Biometric Provider or Lab Technician Information

**Provider Name:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** (    ) \_\_\_\_\_