

HARRIS HEALTH SYSTEM
ANNUAL PHYSICAL EXAM/WELLNESS
SCREENING FORM

Harris Health System employees and spouses now have the option to use this custom Wellness Screening Form to receive credit for their annual physical exams and biometric values on www.mycigna.com. You are not required to use this form to receive credit for your annual physical. However, using this form will ensure that you receive credit for your annual physical in a timely manner (avoiding any delays caused by claims issues/errors) in addition to receiving points for in-range biometric values. Once the form is processed, applicable Premium Reward Points will be awarded within myCigna.com.

Instructions:

- Both employees and spouses on the Harris Health Medical Plan are eligible to participate. Annual physical exams with biometric lab values must be completed between September 1st and August 31st each year.
- Print a copy of this form and bring it with you to the doctor's office.
- Fill out the Patient Information completely. The form cannot be processed if incomplete.
- Your doctor, or other health care professional, should fill out the "Wellness Screening Information" Section.
- Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- Please keep a copy of the completed form for your record.
- Mail, fax or upload your completed form at www.myCigna.com. Detailed instructions (with mailing address and fax number) are provided on the top of the "Annual Physical Exam/Wellness Screening" form.
- Please allow up to 2.5 weeks for the data to be received by Cigna and for the Premium Points to be awarded on your myCigna.com account.
- Please refer to your Harris Health Employee Wellness Website for additional information and deadlines.

FAQ's:

1. Will my annual physical automatically be awarded on www.mycigna.com after my physician submits an insurance claim?
 - a. Please note there could be a 90-day lag time from date of service to points showing up on myCigna.com.
 - b. To avoid insurance claim processing delays and coding issues, we recommend using the annual physical/wellness screening form to ensure you receive credit in a timely manner. In addition, you will receive credit for in-range lab and biometric values as well.
2. Will my verified biometric values automatically load into myCigna.com and points be awarded if my values are in a healthy range?
 - a. Biometric Lab values (Total Cholesterol, LDL, and Fasting Glucose) obtained through a preferred lab (Lab Corp, Quest or a Kelsey Facility) OR by submitting a Wellness Screening Form will be awarded if in a healthy range.
 - b. Please note, to get additional Premium Points for blood pressure and waist circumference, you must use the Wellness Screening Form. Blood pressure and waist circumference will not be collected by any of the preferred labs.

For questions, please contact your Onsite Cigna Representative, at HarrisHealth@cigna.com or call 713.566.4391.

A preventive physical enables you and your physician to identify any areas where you may wish to improve your health and well-being. Your medical information and results from the annual physical will not be shared with Harris Health. Harris Health will only be given aggregate population health data for the sole purpose of developing, implementing, and evaluating the wellness program, participation, and incentive information as necessary to comply with IRS regulations. Otherwise, all personal medical information will be protected under the HIPAA Privacy Rule. If you wish to view a copy of the Cigna privacy notice, please visit: mycigna.com.

Harris Health is committed to helping you achieve your best health. Incentives for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for incentives under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Onsite Cigna Representative at 713.566.4391 or via email at HarrisHealth@cigna.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

- Print a copy of this form and bring it with you to the doctor's office.
- Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- If you have any questions, call us using the phone number on the back of your Cigna ID card.

Marking instructions

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Forms may be sent by:

MAIL: Cigna Customer Service
 PO Box 5201-5201
 Scranton, PA 18505

FAX: 1.877.916.5406
 Enter on the fax cover sheet:
 "CONFIDENTIAL"

ONLINE: Electronically upload your form at myCigna.com

PATIENT INFORMATION

Relationship: Subscriber Spouse/Domestic Partner Gender: Male Female

Patient's First Name MI Patient's Last Name

Street Address, Apt Number, PO Box

City State Zip

Patient Date of Birth
 MM DD YYYY

Preferred Telephone Number

Is this a home or cell number?

Social Security (SSN) Last 4 numbers
Note: Please use the last 4 digits of patient's SSN

Patient's Cigna ID Number on ID card

Cigna Group Account Number on ID card

Customer Signature (required). My signature means that the information on this form is correct.

Today's Date MM / DD / YYYY

I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.
 I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health information is voluntary under the employer wellness program.

WELLNESS SCREENING INFORMATION

BMI . **OR** **Height/weight (required)**
 Feet Inches Pounds
Fasting blood sugar mg/dl

Waist circumference Inches
Total cholesterol mg/dl

Blood pressure
 Systolic Diastolic
LDL cholesterol mg/dl

Triglycerides mg/dl
HDL cholesterol mg/dl

Wellness Screening Date MM / DD / YYYY

PHYSICIAN AND FACILITY INFORMATION AND CERTIFICATION OF PHYSICAL

Health Care Professional/Doctor First Name MI Health Care Professional/Doctor Last Name

City State Zip

National Provider ID

Certification of Results:
 I certify that I personally conducted this members annual physical and/or wellness screening.

Date of physical MM / DD / YYYY

Signature of Health Care Professional/Doctor (required)

Today's Date MM / DD / YYYY

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that is received will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns, or need additional information regarding your employer-sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.