

Health Screening Voucher

TP Mechanical is offering all employees enrolled in the UHC medical plan a **premium incentive** for getting your annual wellness check up (including biometric screenings if they are recommended by your doctor as a measure of preventive care). Employees have until June 1 to visit their own physician for a wellness check up. You need to return the physician-signed voucher below indicating you have completed your health screening to be eligible for the premium incentive.

Forms must be returned to the HR department by **May 31, 2017** to be eligible for the premium incentive. The screenings must have taken place between **November 1, 2016 and May 31, 2017** to qualify for the premium incentive.

Employees that fail to visit their physician for a wellness check up during this time will receive a premium increase on June 1. Premium increases will be as follows: \$10.00 additional per week for all plans.

We encourage you to understand your health risks by having a clinical screening that measures your **blood pressure, cholesterol, glucose, height and weight**. This screening should be performed by your personal in-network physician and at a participating in-network lab to keep your out of pocket costs at a minimum. It is recommended when you make your appointment that you ask for a *“physical exam visit and a lipid profile with glucose screening as part of a preventive care exam”*.

As a reminder, your medical plan covers preventive care at 100%. If you do not wish to be charged for your visit, make sure you have the appropriate conversations with your doctor to ensure that your consultation is truly preventive for the general population. Please be sure your physician uses an in-network lab to process your blood work, a complete list of network labs can be found at anthem.com.

*****Have your physician complete the information below. Be sure to sign your name at the bottom of the form and return this form to the **HR department** before June 1 to maintain your lower premium rates.

This is to certify that _____ had a physical exam on

Print First and Last Name of Patient

_____ with _____.

Enter Date of Service

Print Name of Health Care Provider

Signature of Health Care Provider

Type of Practice

Health Care Provider Address

Phone Number

Signature of Employee

Date