

2012 Wellness Plans

SHBP covered employees and their spouses who enroll in wellness plans are required to complete their online health assessment and their biometric screenings at a SHBP sponsored screening event, or as part of a physician's office visit or annual preventive examination.

Online health assessment – get to know your health

Understanding your health can be the first step toward improvement, and a health assessment is a great way to get started. The questionnaire is easy to complete and:

- Asks questions about habits, stress levels and your overall health
- Records basic information such as weight, blood pressure and cholesterol level
- Creates a personalized report and wellness score with details about your most important health issues
- Gives you information to share with your doctor at your next wellness visit

Instructions on how to complete your health assessment on myCIGNA.com:

1. Navigate to **myCIGNA.com** and log in using your User ID and Password, and then select "Go." Click on the link "Take My Health Assessment Now." If you are not yet registered for **myCIGNA.com**, you'll need to do this first:
 - a. On the **myCIGNA.com** log-in screen, in the bottom-left menu, select "Register."
 - b. Follow the registration instructions and, enter the required information.* When finished, you'll be asked to log in using your new User ID and Password.
2. Once logged in, click on the link "Take My Health Assessment Now."

From here, you can take your health assessment or join an online health coaching program.



* If you have already registered for myCIGNA.com, simply log in using your User ID and Password, and click on the link to take your health assessment.



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Biometric Screenings

The following measures must be collected and reported through the SHBP screening event or via the fax notification form sent directly from the physician's office.

The following measures must be part of the biometric screening:

Cholesterol Glucose Body Mass Index (BMI) Blood Pressure

To qualify for the 2012 wellness plan, biometric screenings must be completed between July 1, 2011, and June 30, 2012, and results submitted to CIGNA no later than June 30, 2012. If you've already had a screening completed since July 1, 2011 have your physician complete section 2 of the fax notification form, and submit it to CIGNA for credit. Self-reporting measures by an SHBP covered employee, retiree or spouse will **not** be accepted.

Please visit myCIGNA.com/shbp for a copy of the fax notification form.



2012 SHBP Biometric Screening PHYSICIAN FAX FORM
Fax to 860.256.6767

Dear Physician:

I am participating in the Georgia SHBP WELLNESS Plan. As a requirement of this plan I have agreed to complete a biometric screening as detailed on the previous page. Please complete SECTION 1 below and fax the completed and signed form to the CIGNA line@aster.com (line 33-232).

Thank you.

SECTION 1: PATIENT INFORMATION (Patient - Complete this section. Please print.)

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (____) _____ Insurance (CIGNA) ID#: _____
Gender: male female Age: _____ Date of Birth: _____

Please read the following disclosure statement. I understand that the collection of my health screening data is a requirement of participation in the SHBP WELLNESS Plans and my medical information will remain confidential and protected as required by law under the Health Insurance Portability and Accountability Act (HIPAA). I also acknowledge that I am voluntarily participating in this health screening.

Signature: _____ Date: _____

PATIENTS: Biometric Screenings must be completed by June 30, 2012. For the complete form ID: 860-256-8767. If you have questions or need additional assistance, please call the number on your ID card.

SECTION 2: PATIENT BIOMETRIC VALUES (Physician - Complete this section for the above patient. Please print)

Required Screening Information	Optional Screening Information
Exam Date: _____	
Height: _____ ft _____ inches	Triglycerides (fasting): _____ mg/dl
Weight: _____ pounds BMI _____	LDL Cholesterol (fasting): _____ mg/dl
Waist circumference: _____ inches	Risk ratio: _____
Blood Pressure: _____ / _____ mmHg	Body Composition: _____ %
Total Cholesterol: _____ mg/dl	
HDL Cholesterol: _____ mg/dl	
Glucose: <input type="checkbox"/> fasting _____ mg/dl or	
<input type="checkbox"/> non-fasting _____ mg/dl	

Physician Name: _____ Phone Number: (____) _____
Fax #: (____) _____ Address: _____
City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

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Preventive Care

As an SHBP member, your annual preventive care is covered at 100 percent. That means you're not responsible for a copay or coinsurance. If you're enrolled in the CIGNA Choice Fund® Standard or Wellness HRA, your fund dollars should **not** be withdrawn from your fund account to pay for preventive services. When you have a preventive care exam, talk to your doctor about using one of the following codes to make sure your visits are processed correctly:

- 99385 – New, Ages 18 – 39
- 99395 – Established, Ages 18 – 39
- 99386 – New, Ages 40 – 64
- 99396 – Established, Ages 40 – 64
- 99387 – New, Ages 65 and over
- 99397 – Established, Ages 65 and over

Earn additional funds in your Wellness HRA Account

All SHBP members and their covered spouses enrolled in the Wellness HRA (Health Reimbursement Account) plan will receive up to \$125 automatically deposited into their health reimbursement fund. Simply complete your online health assessment on myCIGNA.com AND your annual preventive exam to receive \$125 deposited into your HRA fund account.

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