



# Open Enrollment First Time Medical Election for 2018 BIOMETRIC SCREENING

## BREVARD PUBLIC SCHOOLS

Brevard Public Schools' Living Healthy Programs encourages employees to take charge of their health and well-being.

Employees who participate in the BPS Health Plan receive the financial incentive of a much lower in-network medical deductible by completing two key wellness activities – **1. Biometric Screening**, plus the **2. My Health Assessment** on MyCigna.com. Only the employee completes the wellness activities, even if eligible dependents are covered. Both wellness activities must be completed correctly, and by the deadline to be eligible for the lower deductible.

1. **Biometric Screening.** This voucher is for your Cholesterol and HDL (High Density Lipoprotein) which are part of your Biometric Screening. You are responsible for the other components of your Biometric Screenings which include: height, weight, blood pressure, and waist circumference. You need to obtain these numbers **BEFORE** you complete the MyHealth Assessment. You may contact Cigna Health Coach Joni at 633-1000 ext. 219 or at [joni.deblecourt-whelen@cigna.com](mailto:joni.deblecourt-whelen@cigna.com) to make an appointment for completion of the height, weight, blood pressure, and waist circumference components. The top portion of the lab voucher must be returned to Patty Snorf, Attn: Employee Benefits.
  
2. **MyHealthAssessment.** This is an on-line health questionnaire available at [mycigna.com](http://mycigna.com) . This is a confidential health assessment designed for the benefit of employees. To access the survey, go to [mycigna.com](http://mycigna.com) and set up an account. Your BPS enrollment password will not work at this website.

You will not have access to [www.mycigna.com](http://www.mycigna.com) until **December 18, 2017**. You must have both activities completed by **December 31, 2017**.

By completing both wellness activities (Biometric Screening + MyHealthAssessment) the in-network deductible is:

- Employee Only: \$500 (vs. \$1,500 by not completing)
- Employee Plus Spouse, Children, or Family: \$1,000 (vs. \$3,000 by not completing)

**Please be advised that you will have the higher deductible until both wellness activities are completed by the deadline dates provided, and your information is updated in our system.** This usually results in you receiving two sets of insurance cards, one at the end of December, and another at the end of January after our records are updated reflecting completion of all wellness activities.

<b>PARTICIPATING LAB:</b>	<b>FOR LOCATIONS and HOURS OF OPERATION, VISIT:</b>
Wuesthoff Labs, phone <b>321-255-8020</b>	<a href="http://wuesthoff.com/locations/reference-lab-draw-stations">wuesthoff.com/locations/reference-lab-draw-stations</a>

Bring this voucher to a Wuesthoff lab location for your ***Free Cholesterol Screening (Total + HDL Cholesterol), as part of the wellness activities to qualify for the lower medical deductible.***



# First Time Open Enrollment LAB VOUCHER

**EMPLOYEE:** Bring this form and your employee ID to the lab.  
Return lab-stamped copy of form to Patty Snorf, ESF/Employee Benefits by **January 5, 2018.**

**LAB: Please stamp this copy and return top half to employee.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work School or Site: \_\_\_\_\_ Employee ID: **100-** \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Lab Name/Location/Phone# \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

LAB TESTS: **TOTAL CHOLESTEROL & HDL CHOLESTEROL**

Lab Stamp:

**NON-FASTING**



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**LAB:** Please invoice Brevard Public Schools, Office of Employee Benefits & Risk Management,  
2700 Judge Fran Jamieson Way, Viera, FL 32940

**LAB: Send lab results to the Employee's home address.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employee ID: **100-** \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Work School or Site: \_\_\_\_\_

Lab Name/Location/Telephone: \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

LAB TESTS: **TOTAL CHOLESTEROL & HDL CHOLESTEROL**

**NON-FASTING TEST**

I understand that this is only a screening and not that for a diagnosis of a medical problem; I must see a physician for a complete medical exam. The participating laboratories and the BPS employee wellness/ Living Healthy Programs shall not be held liable for any conditions not identified through this screening process. I understand my individual medical information will not be shared with my employer. I understand that my individual results are considered confidential, protected health information (PHI), and will be maintained accordingly. My PHI will be available only to the participating laboratories and contracted business associates and will in no way affect my employment status. The participating laboratories and contracted business associates are required to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Consent: \_\_\_\_\_