

### Earn rewards for completing your biometric health screening.

Here are the steps to take to complete and submit your biometric health screening.

#### Schedule an appointment

- Obtain a screening by making an appointment with an eligible healthcare provider or calling **855.505.2583** to schedule an appointment with a health coach at a Capital Blue Cross Connect health and wellness center.
- To find an in-network provider, visit **CapitalBlueCross.com** and click *Find a Doctor*.
- The following form must be completed by and signed by an eligible healthcare provider including a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), Physician Assistant (PA), or health coach at the Capital Blue Cross Connect health and wellness centers.
- If the provider requires you to schedule a physical, refer to your Benefits Booklet (Certificate of Coverage) or visit **CapBlueCross.com/preventive** to see the preventive benefits covered at no additional cost.

#### Prepare for your screening

- Fast for eight to 12 hours before your screening. Don't eat or drink anything except water, black coffee, or plain tea before the screening.
- Drink water. Being well-hydrated can make it easier to obtain blood for the screening.
- Remember to bring this form with you to your appointment.

#### Submit your completed form to one of the following

- Email your form to **healthybluerewards@onlifehealth.com**.
- Fax it to **615.844.2128**.
- Mail your form to Healthy Blue Rewards, 169 Madison Avenue, STE 11959, New York, NY 10016.

#### What to expect

- After receipt of a properly completed form, results will be posted to your Healthy Blue Rewards portal within five to ten business days.

**Instructions for Healthcare Provider**

- The following form must be completed by and signed by an eligible healthcare provider or screening vendor that’s licensed and credentialed to do biometric screenings.
- The form must be completed using blue or black ink
- All values should be filled in. If a value cannot be obtained, mark the result as “N/A” on the form and indicate the reason on the white space.
- Please be sure the form is **completed in its entirety** so it can be processed.

AID (Onlife Health use only): \_\_\_\_\_

Telephone	Date of birth	Date of exam

Sex at birth	Fasting status	Height (feet) (inches)	Weight (pounds)	Waist (inches)	Blood pressure
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Fasting <input type="radio"/> Nonfasting	_____ - _____	_____	_____	_____ / _____

Resting pulse	Glucose	Total Cholesterol	High-density lipoproteins (HDL)	Low-density lipoproteins (LDL)	Triglycerides
_____	_____	_____	_____	_____	_____

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Healthcare provider name

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Healthcare provider signature

Date

**Notice, privacy, and consent:**

I agree to participate in this biometric health screening. I understand that this screening will be used to determine possible health risks. I understand that my participation is voluntary and that I am not required to participate as a condition of employment or enrollment in my employer’s health plan.

I understand that Capital Blue Cross’ third-party vendor, Onlife Health, will manage my biometric screening data on behalf of Capital Blue Cross and send my data to Capital Blue Cross. I also understand that Capital Blue Cross may provide information, such as my name and employee ID, to Onlife Health and my employer or its designated representative to notify them of my participation in the screening for purposes of incentive administration and may provide aggregate information, not identifiable to any individual, in order to design a wellness program based on health risks in the work place. All organizations involved in this screening recognize the importance of safeguarding individually identifiable health information and are obligated to take reasonable steps to protect such information from unauthorized access or use in accordance with applicable Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules.

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Patient name (first, middle initial, and last)

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Patient email

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Signature

Date

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

On behalf of Capital Blue Cross, Onlife Health, Inc. assists in administering the Healthy Blue Rewards program. Onlife Health, Inc. is an independent company.