



ATTENTION: City of Richmond Retirees & Spouses



Health Assessment Initiative Information

New in 2016. If you are a retiree on a City sponsored healthcare plan through CIGNA, you are encouraged to participate in our Health Assessment initiative.

What is the Health Assessment Initiative? The Health Assessment allows CIGNA participants to identify possible health risks and engage in health coaching with CIGNA to possibly prevent disease and better manage health conditions and healthcare costs. The Health Assessment is a quick and simple online tool located on the www.mycigna.com website.

Why should I participate? CIGNA healthcare plan participants who complete the Health Assessment in July or August will be eligible for a healthcare premium incentive (a lower healthcare premium than those who choose not to participate). The incentive would be for 2017. The incentive is based on participation, NOT results. At this time, the healthcare premium rates for 2017 are not available. Once those rates are set, you will be notified.

How do I participate? To receive the premium incentive for 2017, complete an online Health Assessment using recent biometrics (those are numbers for height, weight, waist circumference, total cholesterol, HDL cholesterol, and blood pressure). If you have had or plan to have an annual physical anytime between January 1 and July 31, 2016, you will be able to use those results for your online Health Assessment this summer.

If you would like to take advantage of a free, quick biometric screening to get your numbers, there is another option (but this should NOT replace your annual physical). Screenings will be held in July 2016 at 10 different City sites, but appointments will be limited. To schedule an appointment for this option, call Denise Heer, Employee Wellness Coordinator at (804) 646-0007.

If you want to plan ahead, schedule an annual physical including fasting blood work with your physician if you are due (or overdue). Keep in mind, doctor's offices often book appointments several months in advance, so please don't wait.

Why are you being encouraged to participate? The cost of healthcare insurance increases each year. Over the past several years, the City of Richmond has absorbed those cost increases for retirees and their spouses. We have also seen low utilization rates of preventive visits with healthcare providers (i.e. annual physicals, preventive cancer screenings). So that we may continue to provide affordable, quality healthcare coverage, retirees and spouses are now encouraged to participate because we know that unidentified health risks can result in catastrophic medical costs.

If you have a spouse on your healthcare plan with CIGNA and you wish to receive the full healthcare premium incentive for 2017, BOTH the retiree AND spouse must complete the online health assessment during July/August 2016. If only one or the other completes the Health Assessment, you will receive 75% of the premium incentive for 2017.

More information to follow on how and when to complete the online Health Assessment between July 1- August 29, 2016.

If you have questions, contact Denise Heer, Employee Wellness Coordinator at (804) 646-0007 or the City or Richmond HR Solutions Desk at (804) 646-5660.



Physician Screening Form 2016

CITY OF RICHMOND

SECTION I: TO BE COMPLETED BY YOU (PLEASE PRINT)

Name: _____ Employee ID #: _____ Gender: M/F
Address: _____
City: _____ State: _____ Zip: _____
Work Phone Number: () _____ DOB: _____
Email: _____

My signature authorizes the disclosure of my personal health information to Cigna. My individually identifiable health information will not be shared with my employer; however my employer may be advised of the fact of my participation in the Biometric Health Screening for purposes of qualification for incentives offered by my employer.

Signature: _____ Check one: Employee Retiree Spouse Date: _____

SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN

Examination and Blood Work Date: _____/_____/_____
Height: _____ feet _____ inches Weight: _____ pounds Waist Circumference: _____ inches
Blood Pressure: _____/_____ mm/Hg Pulse: _____

The blood work results below are Fasting Non-Fasting

Total Cholesterol: _____ mg/dl HDL: _____ Ratio Total/HDL: _____

Physician's Signature: _____

Physician's Name (please print): _____

Physician's Address: _____

1. You may only use this form if you have a complete physical **including blood work** between January 1 – July 31, 2016.
2. After you complete **Section I**, ask your physician to complete **Section II** and return the form to you. Do **NOT** have your doctor send it to Interactive Health.
3. Use this completed form to complete the online Health Assessment on www.mycigna.com – your doctor will not have any way to complete this step for you.
4. The deadline to complete the online Health Assessment is August 29, 2016 – any completions after this date will **NOT** be accepted.
5. If you complete the Health Assessment by August 29, 2016 you will receive a healthcare premium incentive for 2017.
6. Once you have completed the Health Assessment, make a copy of this form and submit it to Interactive Health no later than August 29, 2016.
7. Submit by: Fax (410) 356-6205 OR Email – offsiteforms@interactivehealth.com

INTERACTIVE HEALTH IS A PARTNER OF CIGNA.
YOUR INFORMATION FROM THIS FORM IS CONFIDENTIAL AND WILL NOT BE SHARED WITH YOUR EMPLOYER.
IF ANY DATA IS MISSING FROM THIS FORM, IT WILL NOT BE ACCEPTED AND PROCESSED BY INTERACTIVE HEALTH.
IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT INTERACTIVE HEALTH AT (800) 711-8656.