

Validated Biometric Screening Instructions

The Cigna incentive program runs annually from October 1 of the current year through September 30 of the following year. To receive incentives, you must complete the online Health Assessment each year on MyCigna.com.

Employees and covered spouses/partners enrolled in the Cigna Medical plan may complete a biometric screening any time during the incentive earning period from October 1 – September 30.

Biometric results must include **body mass index (BMI), blood pressure, blood glucose, and total cholesterol** levels. Submitting your core four numbers is worth \$200 toward your annual incentive maximum.

Schedule a screening using any of these options:

Attend an On-Site biometric event

1. Onsite biometric screening events are scheduled at worksite locations. You will receive a communication if your office has scheduled an event. **Screenings completed at a Quest biometric event do not require you to complete the Biometric Validation Form.** Your values will be submitted automatically from Quest to Cigna HealthCare on your behalf.
2. Healthy Life Care Centers — If your office has an onsite health clinic, you can schedule your screening at any time. Spouses/partners can access the Bloomfield clinic, but please call ahead to schedule an appointment. The clinic staff will submit the biometric validation form for you.

Receive Care from a Health Care Professional (HCP) or Specialist

1. Complete the **Patient Information Section** of the Biometric Validation Form and sign the form.
2. Have your health care professional complete the **Wellness Screening Section**, fill in their name, address, sign and date the form.
3. If your provider's office is not submitting for you, submit your form using one of these options:
 - Upload your form electronically at myCigna.com > Wellness > Wellness and Incentives > Download and Submit Forms and Upload Completed Forms
 - Fax your form to 877.916.5406 (Mark CONFIDENTIAL on the fax cover sheet)
 - Mail your form to: Cigna Customer Service, PO Box 5201-5201, Scranton, PA 18505.
4. If your form is incomplete, it will be sent back to you within two days of receipt explaining what's required for completion.

Note: If your wellness visit and screening are virtually completed through MDLive, the screening values done as part of the virtual wellness visit will be sent to Cigna automatically.

Visit a Quest Diagnostics Patient Service Center (PSC).

1. Schedule your screening at www.MyQuest.ForHealth.com. Quest Diagnostics makes it easy with nationwide Patient Service Centers (PSCs.)
2. For first-time registration on the site, please use The Cigna Group Key – **Cigna** - to create your account.
3. **Screenings completed at a Quest Patient Service Center do not require you to complete the Biometric Validation Form.** Your values will be submitted automatically from Quest to Cigna HealthCare on your behalf.

Questions? Call Cigna Customer Service at 1-888-992-4462.

BIOMETRIC VALIDATION FORM

Instructions for patients and health care professionals

- ▶ Print a copy of this form and bring it with you to the doctor's office.
- ▶ Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- ▶ Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- ▶ Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- ▶ If you have any questions, please call 888.992.4462.

Marking instructions

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Not like this → ⊗



Forms may be sent by:

MAIL: Cigna Customer Service
PO Box 5201-5201
Scranton, PA 18505

FAX: 1.877.916.5406
Enter on the fax cover sheet:
"CONFIDENTIAL"

ONLINE: Electronically upload your form at myCigna.com

PATIENT INFORMATION

Relationship: Subscriber Spouse/domestic partner Gender: Male Female

Patient's First Name MI Patient's Last Name

Street Address, Apt Number, PO Box

City State Zip

Patient Date of Birth MM DD YYYY
Preferred Telephone Number Is this a home or cell number?

Social Security (SSN) Last 4 numbers *Note: Please use the last 4 digits of patient's SSN* Patient's Cigna ID Number on ID card Cigna Group Account Number on ID card 3 1 7 4 7 0 4

Customer Signature (required). My signature means that the information on this form is correct.

Today's Date MM DD YYYY

I understand that Cigna receives this information, and may use for determining my eligibility for incentives when applicable.

I understand that providing this authorization for Cigna and the employer sponsored wellness program to collect my health information is voluntary under the employer wellness program.

WELLNESS SCREENING INFORMATION

BMI . Height/weight (required) Feet Inches Pounds Waist circumference Inches Blood pressure Systolic Diastolic
Fasting blood sugar mg/dl OR Non-fasting blood sugar mg/dl Total cholesterol mg/dl LDL cholesterol mg/dl HDL cholesterol mg/dl

Health Care Professional/Doctor First Name MI Health Care Professional/Doctor Last Name

City State Zip

Signature of Health Care Professional/Doctor (required)

Today's Date MM DD YYYY

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that is received will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns, or need additional information regarding your employer-sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.