

Current /New Employee

Dear Employee:

Our wellness initiative, “Make a Change, Make a Difference”, provides education, activities, resources and support for our employees to develop healthier lifestyles and set good examples for our students and the community. We believe that we can improve our lives every day by making healthy choices. As educators, the choices we make have an impact on our students and our community. We believe that making small changes in our own lives will make a difference in the lives of others. Wellness is not something you have to go and do – it’s a way of life.

Bellevue City Schools believe the first step on your health journey is for you to know your numbers. All employees who complete a biometric screening through their Physician will be eligible for a reduced deductible (\$500 single/\$1,000 family) through Bellevue City Schools’ medical plan effective **January 1, 2022**.

- The **screening** through your Physician must be completed between the dates of November 1, **2020** – November, **2021**.
- The online **Health Assessment** is not required. Please turn in the signed bottom portion of this form to Treasurer’s Office no later than **November 1, 2021** to remain on the lower deductible plan.

*Please note if you do not complete a biometric screening,, your deductible will be \$750/single or \$1,500/family effective January 1, **2021**.*

Employees who would like to transfer from the higher deductible plan for 2021 will be required to complete an annual screening to be eligible for the lower deductible plan. Health Assessment has been waived for 2021.

COMPLETION DIRECTIONS

1. Schedule a preventive care visit with your Physician and ask them to complete Section 2 and Section 4 on the attached form.
2. Provide the section below the dotted line on PAGE 2 of this form to the **TREASURER** as proof of completion by **November 1**. Employees who complete this step will be eligible for a reduced deductible under Bellevue City Schools’ medical plan effective January 1. If you do not complete these steps, you must wait until the following January 1 to be eligible for a reduced deductible upon completion of Wellness requirements.
3. The Online Health Assessment is not required.

Dear Health Care Provider,

Your patient is participating in a wellness initiative sponsored by the Huron Erie School Employees Insurance Association. As part of the employee wellness initiative, we are asking a licensed health care professional (MD, DO, NP, PA) to complete the biometric screening (section 2) and provider information (section 4) below. We appreciate your assistance in completing this form. Thank you for supporting your patient’s personal wellness plan.

Section 1 - PERSONAL INFORMATION (Employee/Patient completes)

Date of Appointment: _____ (Must be within November 1, 2020 and November 1, 2020)

First Name: _____ MI: _____ Last Name: _____

Gender: _____ Date of Birth: _____ Phone: _____

Address: _____

Section 2 – BIOMETRIC SCREENING (CLINICAL MEASUREMENT)- (Physician completes)

Height	_____ ft _____ in	Blood pressure – Systolic (high #)	_____
Weight	_____ (lbs)	– Diastolic (low #)	_____
Total cholesterol level	_____ (mg/dL)	Triglyceride level	_____ (mg/dL)
HDL cholesterol level	_____ (mg/dL)	Glucose level	_____ (mg/dL)
LDL cholesterol level	_____ (mg/dL)		

Biometric screening measurements are required to have been taken from November 1, 2020 – November 1, 2021.

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Deadline to return form: November 1, 2021 *Reduced deductible to take effect January 1, 2022.*

Section 3 - AUTHORIZATION (Employee/Patient completes)

Patient Signature: _____ Date: _____

Section 4 - PROVIDER INFORMATION (Physician completes)

Physician Name (Print): _____

Phone: _____ Office Address: _____

Date the Biometric Screening was completed: _____

Physician Signature: _____ Date Signed: _____