

PHYSICIAN CONFIRMATION FORM to qualify for enhanced benefits

- This form is for Enhanced Benefits starting 1/1/2019 **except for new hires or life event changes**.
- New hires may qualify for Enhanced Benefits when benefits start if form* is turned in by the 15th of the month before. However, Goodwill does not reimburse costs paid by the employee previous to being covered by Goodwill insurance.
- New hires/life events: Turn in form* by 15th of the month before first day of quarter (3/15 for 4/1, 6/15 for 7/1, 9/15 for 10/1 or 12/15 for 1/1). Enhanced benefits will start on the first day of the quarter.

* Physician appointments must be within a 12 month window of hire date/life event date to qualify.

	2017 Benefits	
	With Preventive Screening	No Preventive Screening
Deductible	\$1,000	\$2,000
Coinsurance	20%	30%
Out-of-Pocket Max	\$3,000	\$5,500
Primary Care Office Copay	\$20	\$40
Specialist Office Copay	\$40	\$80
Rx Copays		
Generic	\$10	\$20
Preferred Brand	\$15 + 15%	\$50 + 20%
Non-Preferred Brand	\$25 + 25%	\$50 + 20%

See benefits booklet or summary plan descriptions for detailed information about benefits.

2019 wellness benefit only applies if Employee & Spouse (if enrolled) turn in valid Physician Confirmation Form – Spouses must also sign Wellness Disclosure.

Follow these simple steps:

- 1** Call your primary care doctor to schedule an appointment which includes the screenings indicated. Don't have one? Call Health Advocate at 866-695-8622 for assistance in helping you find one close to your home. **CALL NOW!** If you are not a patient, you may have to wait six months for an appointment.
- 2** Make sure you and your provider complete the back of this form. *This form must reference a visit between 11/01/2018 and 11/20/2019 if you are completing it for Open Enrollment for 2019. Otherwise, it must be within a 12 month window of the date you qualified for insurance (see above information). Your visit and lab work will be covered at 100% if the office codes the visit as preventative. Please ask for lab work to be ordered from LabCorp if possible.*
- 3** Send Goodwill the completed form for you and spouse (if spouse on plan). SPOUSE must ALSO sign WELLNESS DISCLOSURE (if on plan). Return by 11/20/18. (see above for non-Open Enrollment events) Upload the completed form in UltiPro. (Myself > Documents > Employee Documents), then click the green plus sign "ADD" button – Make sure to

Fax: 336-714-3054 OR Scan to: nbadgio@goodwillnwc.org (please indicate "PCF" in subject)

PHYSICIAN CONFIRMATION FORM

MEMBER (section for employee to complete)

Please check which of the following statements applies to your situation, or we will be unable to process the form.

- My hire or full-time status date is within the past 12 months. HIRE MO: _____ HIRE YEAR: _____
- I had a life-changing event on (date): _____ qualifying me to make insurance changes mid-year.
- I am sending this form for 2018 Open Enrollment and my appointment was between 11/1 and 10/31.

Patient's Name: _____

Patient's Date of Birth: _____ Relationship to Goodwill Employee (Self or Spouse): _____

If Spouse, Name of Goodwill Employee: _____

PROVIDER (section for your physician or practice to complete)

Your patient is an employee or spouse of an employee of Goodwill Industries of Northwest North Carolina. Our company is offering incentives to employees who engage in healthy lifestyle activities including annual physicals which includes screenings with primary care providers. The following tests/care are required for your patient to earn an incentive.

Please DO NOT
Send Test Results
with this form.

PREVENTIVE SCREENING	Check if Completed/ Ordered	DATE COMPLETED/ ORDERED
Body Mass Index	<input type="checkbox"/>	_____
Blood Pressure	<input type="checkbox"/>	_____
Total/HDL/LDL Cholesterol	<input type="checkbox"/>	_____
Triglycerides	<input type="checkbox"/>	_____
Glucose	<input type="checkbox"/>	_____
Annual Physical	<input type="checkbox"/>	_____

Please order lab work from LabCorp, if possible.

Goodwill does not cover medical costs UNLESS patient is covered by Goodwill Insurance at time of visit.

For employees with CURRENT Goodwill Insurance, office visits/labs coded as Preventive covered by Goodwill Insurance at 100%.

I confirm this patient was seen in my office on the dates listed above and the checked tests completed or ordered. I also confirm that I have or will follow-up with the patient about the results of these tests.

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

Physician: Please return this completed & signed form to the patient.

Employee - Return form to Goodwill HR by 11/20/2019 for Open Enrollment or as soon as possible otherwise.

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SPOUSAL WELLNESS DISCLOSURE – Must be signed & returned to Goodwill if spouse on plan.

Notice Regarding Wellness Program

Goodwill Industries of Northwest North Carolina's Health Promotion Program is a voluntary wellness program. You are not required to participate in this program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to get an annual physical which should include a biometric screening. The biometric screening will include Body Mass Index (BMI), Blood Pressure, Total/HDL/LDL Cholesterol, Triglycerides and Glucose.

However, employees who choose to participate in the wellness program will receive an incentive of enhanced benefits for turning in a completed Physician's Confirmation Form signed by the employee's physician. Although you are not required to get an annual physical and biometric screening, only employees who do so will receive enhanced benefits.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as enhanced benefits.

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 Goodwill Industries of Northwest North Carolina may use aggregate information it collects to design a program based on identified health risks in the workplace, [name of wellness program] 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.

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 only individual(s) who may receive your personally identifiable health information is Goodwill Industries of Northwest North Carolina's Human Resources Department 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, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. [Specify any other or additional confidentiality protections if applicable.] Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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 regarding this notice, or about protections against discrimination and retaliation, please contact Goodwill Industries of Northwest North Carolina's Human Resources at 336.724.3625.

If spouse is enrolled in the Goodwill Industries of Northwest North Carolina medical plan, please him/her acknowledge receipt of this notice.

My spouse is enrolled in the Goodwill Industries of Northwest North Carolina medical plan. Yes ___ No ___

If yes, please print spouse's name: _____

Spouse's signature: _____

**Employee – If your spouse is on your health plan, return form to Goodwill
HR by 11/20/2019 (for Open Enrollment or at same time as PCF form).
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