



PREVENTATIVE SERVICES FORMS – GENERAL INFORMATION

Employees enrolled in the health plan are eligible to receive additional dollars in their Health Reimbursement Account (HRA) on an annual basis with completion of a preventative routine physical and required screenings, if applicable, and dental exam and cleaning. Preventative exams are not required for members to be eligible for the health plan, but are encouraged as the funding of the HRA will be affected by the participation in the preventative exams. Please see the Benefit Booklet for information on incentive amounts.

All preventative exam forms must be uploaded to Integrated Health 21 (IH21) at IH21wellness.com. To receive full HRA funds by January 1st, **forms should be uploaded by Thanksgiving^**.

^ Forms uploaded after Thanksgiving through December 31st will still receive credit but may see a delay in receiving full HRA funds.

To upload preventative exam forms to IH21:

1. Either scan your form to a PDF or take a photo of it. (Max Size: 3 MB per upload; supported file types: PDF, PNG, GIF, JPG, HEIC)
2. Log into your IH21 account at www.ih21wellness.com, scan the QR code with your mobile device, or download the IH21 Wellness App available in the Apple App Store and Google Play. **Please note: Do NOT upload anyone's forms but your own when logged into your dashboard account. Spouses will need to upload their own forms to their own account.**
3. Under the Form Uploads category, click on "Upload Form" next to the Dental Exam or Cleanings activity.
4. Click "Browse..." to locate your file, select your file, then click "Open"
5. Check the box to confirm the information is true to your knowledge, and click "Submit"
 - IH21 will verify documentation submitted; please allow up to 7-10 business days.
 - If the documentation is not complete or "No" was circled, IH21 will email the participant to let them know what on the form needs to be corrected in order to receive credit.
 - You can verify form receipt by logging into your IH21 account. Once your form has been verified, you will see points awarded at the top of the Wellness Dashboard.



Need Assistance? If you need assistance accessing your account or have questions about form receipt, email the IH21 team at customerservice@integratedhealth21.com or call 800.451.6889 and they will be happy to assist you!

Please note

- ✓ If this is your first time logging into IH21, you will need to register as a new user. Please use company code **DePere** when registering.
- ✓ An Annual Preventative/Routine Physical Exam Form **and** Preventative Dental Services will need to be completed **for all participants (employees/spouses)** as the City will not obtain reports from the third party administrators.
- ✓ A separate form must be completed for each health plan participant (i.e., both employee and spouse, if applicable, must each submit separate forms).
- ✓ **Forms should be received by Integrated Health 21 by Thanksgiving.** If forms are received after Thanksgiving, through December 31st, employees will still receive credit but may have a delay in receiving the full HRA credit.
 - The City of De Pere's medical plan allows for one annual preventative/routine physical and mammogram per calendar year – **exams DO NOT need to be scheduled at least 365 days apart.** We encourage scheduling early in the year to avoid a delay in receiving your full HRA funds.



City of De Pere Annual Preventative/Routine Physical Exam Form



Physical exam requirements for additional HRA contribution

Employees enrolled in the health plan are eligible to receive additional dollars in their Health Reimbursement Account (HRA) on an annual basis with completion of preventative/routine exams. Please see Benefit Booklet for information on incentive amounts. *Please note: a separate form must be completed for each health plan participant (i.e., both employee and spouse, if applicable, must each submit separate forms).*

SECTION 1—TO BE COMPLETED BY HEALTH PLAN PARTICIPANT

Step 1: Please complete all information below:

Employee Name: _____
(Employee who carries plan coverage) (Please Print)

Participant Date of Birth

Participant Name: _____
(Either Employee or Spouse) (Please Print)

____/____/____

I am a (check one box): ☐ City of De Pere Employee ☐ Spouse of a City of De Pere Employee

Step 2: Acknowledgement of requirements and participant authorization:

I acknowledge that if any of the responses completed by the provider's office are circled "No" I will not be eligible for the additional HRA contribution.

I hereby authorize my primary care provider's office to complete this document on my behalf:

x _____
(Signature)

(Date)

Step 3: Forward or bring this form to your primary care provider for completion, and follow up with them to confirm completion.

SECTION 2—TO BE COMPLETED BY PRIMARY CARE PROVIDER'S OFFICE

Step 1: Please circle Yes (if exam is completed or scheduled to be completed), No, or NA/Waive (if test is not applicable or recommended) to indicate participant achievement in the calendar year. All screening frequency requirements are determined by provider.

Physical Exam(s): For men and women	Yes	No	NA/Waive
Breast Cancer Screening: For women 40 and older	Yes	No	NA/Waive
Cervical Cancer Screening: For women 21 and older	Yes	No	NA/Waive
Colorectal Screening: For men and women 45 & older	Yes	No	NA/Waive

Step 2: Please complete Provider Verification below.

Signature of Provider's Designee:

(Signature)

Name (Please Print)

(Date)

Step 3: Provider Office: Please keep a copy of this document and send original to participant.

Employee/Participant: All forms must be uploaded to www.ih21wellness.com by the participant. To promptly receive full HRA funds, forms should be submitted by Thanksgiving*.

* Forms uploaded after Thanksgiving, through December 31st will still receive credit but may see a delay in receiving full HRA funds.