Goals completed between **August 1, 2019 & August 31, 2020** are awarded for the **2021** plan year

<table>
<thead>
<tr>
<th>GOALS</th>
<th>REWARD****</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GATEKEEPER GOALS (REQUIRED)</strong></td>
<td></td>
</tr>
<tr>
<td>Get annual lab results ordered from your PCP and complete the Cigna Health Assessment (Must complete both goals before earned incentive points will be awarded.)</td>
<td>0</td>
</tr>
<tr>
<td><strong>HEALTH SCREENING GOALS</strong></td>
<td></td>
</tr>
<tr>
<td>Get preventive annual exam with your Primary Care Provider</td>
<td>2</td>
</tr>
<tr>
<td>Get well-woman exam</td>
<td>1</td>
</tr>
<tr>
<td>Get a preventive mammogram</td>
<td>1</td>
</tr>
<tr>
<td>Get a colon cancer screening</td>
<td>1</td>
</tr>
<tr>
<td>Get a cervical cancer screening</td>
<td>1</td>
</tr>
<tr>
<td>Get a prostate cancer screening</td>
<td>1</td>
</tr>
<tr>
<td>Get skin cancer screening (Code: Z12.83)</td>
<td>1</td>
</tr>
<tr>
<td>*<em>HEALTH STATUS GOALS</em></td>
<td></td>
</tr>
<tr>
<td>Successfully complete Diabetes Prevention Program (OMADA)***</td>
<td>2</td>
</tr>
<tr>
<td>Achieve a Waist Circumference ≤40 Men or ≤35 Women*</td>
<td>1</td>
</tr>
<tr>
<td>Achieve a healthy LDL Cholesterol level of ≤129 mg/dl*</td>
<td>1</td>
</tr>
<tr>
<td>Achieve a healthy blood pressure level of ≤139/89 or improve blood pressure to a healthy level*</td>
<td>1</td>
</tr>
<tr>
<td>Achieve a Fasting Blood Sugar level &lt;100 OR Non-Fasting Blood Sugar level &lt;140*</td>
<td>1</td>
</tr>
<tr>
<td><strong>HEALTH COACHING GOALS (minimum of 28 days)</strong></td>
<td></td>
</tr>
<tr>
<td>Achieve a Personal Health Goal by working with a Health Coach</td>
<td>2 (can complete twice)</td>
</tr>
<tr>
<td>Get Help Improving Lifestyle Habits (Stress, Weight and Tobacco – telephonic)</td>
<td>1</td>
</tr>
<tr>
<td>Complete an online coaching program via My Health Assistant (Exercise, Nutrition, Positive Mood, Weight, Stress, Tobacco, Asthma, Diabetes, Heart Failure, COPD, Heart Disease)</td>
<td>2 (can complete twice)</td>
</tr>
<tr>
<td><strong>HEALTH OUTCOME GOALS</strong></td>
<td></td>
</tr>
<tr>
<td>Get your Orthopedic Back Surgery done at a Center of Excellence facility</td>
<td>1</td>
</tr>
<tr>
<td>Get your Orthopedic Joint Surgery done at a Center of Excellence facility</td>
<td>1</td>
</tr>
<tr>
<td>Get your Cardiac Surgery done at a Center of Excellence facility</td>
<td>1</td>
</tr>
<tr>
<td>Get the best care during childbirth at a Center of Excellence hospital</td>
<td>1</td>
</tr>
<tr>
<td><strong>HEALTH ENGAGEMENT GOALS</strong></td>
<td></td>
</tr>
<tr>
<td>Get Connected! Have fun and earn rewards on Apps and Activities**</td>
<td>1</td>
</tr>
</tbody>
</table>

* Biometric screening must include: total Cholesterol, LDL, Glucose, Blood Pressure, Waist Circumference. If an individual does not qualify for a Biometric Outcome reward, a reasonable alternative standard or waiver is available.

** Completion time-frame for Health Engagement Goals: January 1, 2020 - August 31, 2020.

*** Complete 9 out of 16 lessons by July 31st to receive 2 points for Diabetes Prevention Program (OMADA). Points can only be earned once in the lifetime of the plan.

**** Financial reward/year for 5+ points

---

For more information, visit: bit.ly/2020Strivefor5
Must submit form to Cigna to earn incentive points listed below.

WELLNESS SCREENING 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, call us using the phone number on the back of your Cigna ID card.

Marking instructions

A B C D E 1 2 3 4 5
Shade like this ☒
Not like this ☐

Forms may be sent by:
MAIL: Cigna Customer Service
W 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

1 2 3 M A I N S T .

City ___________________________ State ___________ Zip ______

Patient Date of Birth

MM DD YYYY

Preferred Telephone Number

4 0 7 8 6 7 5 3 0 0

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

4 1 2 3 4 5 6 7 8 0 1

Cigna Group Account Number on ID card

3 3 3 7 3 0 9

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

Jane Doe

Today’s Date MM DD YYYY

0 8 / 1 7 / 2 0 1 9

WELLNESS SCREENING INFORMATION

BMI ___________________________ OR ___________________________

Height/weight (required) Feet Inches Pounds

0 5 0 5 1 2 5

Waist circumference Inches ___________________________

3 2

Earn 1 incentive point for completion.

Blood pressure

Systolic ___________________________ Diastolic ___________________________

1 1 8 0 7 6

Earn 1 incentive point for completion.

Total cholesterol mg/dl ___________________________

1 8 0

LDL cholesterol mg/dl ___________________________

1 0 6

Earn 1 incentive point for completion.

HDL cholesterol mg/dl ___________________________

9 4

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

City ___________________________

Lake Mary

State ___________ Zip ______

FL 3 2 7 4 6

Signature of Health Care Professional/Doctor (required)

Jane Doe

Today’s Date MM DD YYYY

0 8 / 1 8 / 2 0 1 9

NO STAMPS!

Please fill out Boxes.

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).

*Cigna* and the “Tree of Life” logo are registered service marks, and “Together, all the way” is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries, and not by Cigna Corporation. Such operating subsidiaries include Cigna Behavioral Health, Inc., Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. 859506 10/14 © 2017 Cigna.

For more information, visit: bit.ly/2020Strivefor5