

State of Rhode Island Rewards for Wellness Program

BMI Screening and Co-Share Incentive Form



Eligible employees* will qualify for **parts (a) and (b)** of the BMI co-share credit by completing the below between **September 1, 2016 and March 31, 2017**:

- a) Obtain Body Mass Index (BMI) screening at a Health Fair or in your physician's office and earn a \$50 co-share credit.
- b) Earn an additional \$50 co-share credit with a BMI of less than 30 **OR** complete one of the following options:
 - i. Enroll in the Diabetes Prevention Program (DPP) and attend session 0 and at least 1 additional session; **OR**
 - ii. Attend 3 visits with an in-network nutritionist/dietician (no co-payment if BMI \geq 30)

*All State of Rhode Island employees are eligible to participate in Rewards for Wellness activities, but only employees who are paying state employee medical co-shares posted at www.employeebenefits.ri.gov are eligible to receive co-share credit incentives.

Name (please print): _____ DOB: _____ Contact phone number: _____ UHC Subscriber/Member ID (on UHC card) OR SSN: _____
<p align="center">(a) To obtain co-share credit for a BMI screening obtained at your physician's office and NOT at a health fair, please have your physician provide the following information:</p> Date of physician screening: _____ Height: ____ Ft. ____ In. Weight: _____ Lbs. Body Mass Index (BMI): _____ Physician's Signature: _____ Date: _____ Name of Physician (please print): _____ Physician Address/Telephone: _____
<p>(b) If your BMI is 30 or more, complete one of the following options to receive an additional \$50 co-share credit:</p> (i) List dates of Diabetes Prevention Program attendance and have coach print and sign name: Session Zero: _____ One Additional Session: _____ Coach's Name: _____ Coach's Signature: _____ Date: _____
<p>OR</p> (ii) List dates of visits and name of in-network Nutritionist/Dietician for verification through UHC: 1. _____ 2. _____ 3. _____ Name of Nutritionist: _____
<p>In accordance with HIPAA, no personal health information will be shared with the State of Rhode Island.</p>

Mail/fax completed form by March 31, 2017 to:

Linda McCormick
 UnitedHealthcare
 475 Kilvert Street
 Warwick, RI 02886

Fax Number: **401-732-7211**
Please keep a copy of your fax confirmation for proof of submission.

