

**Biometrics Form**

**Employee and/or Spouse Form Instructions**

Complete this form and the Go365 Health Assessment to earn 2019 preferred insurance rates. Forms must be from an appointment between **Oct. 1, 2017** and **Sept. 30, 2018**.

This form is not valid unless **ALL** information is complete. You complete Sections 1 and 2. **Request a copy of the completed form for your files.**

**Clinician Instructions**

- 1) Complete **Section 3**, including lab work.
- 2) **Sign** and **date** the form.
- 3) Fax to secure fax: **865-312-6724**
- 4) Keep a copy for your files.
- 5) **Please discuss results with the patient.**

**SECTION 1 - Personal Information (to be completed by YOU)**

First Name                     Last Name                      MI

Birthdate   /   /      Last 4 of SSN      Male  Female  Employee  Spouse

**SECTION 2 - Guide to Better Health (to be completed by YOU)**

I am currently **pregnant**.....  True  False  N/A

I have had a **pap smear** in the last 3 years (women 21 - 65 or onset of sexual activity) or **pap smear with HPV testing** in the last 5 years (women 30 - 65).....  True  False  N/A

I have had a **mammogram** in the last 2 years (women 50 - 74 or any age where at risk).....  True  False  N/A

I take an **aspirin daily**, if physician recommended (adults 50+).....  True  False  N/A

I routinely have a **colorectal cancer screening** (adults 50 - 75 or any age where at risk).....  True  False  N/A

I have had an **influenza (flu) immunization** in the last 12 months (children 6+ months and all adults).....  True  False  N/A

I am a **smoker or smokeless tobacco** user.....  True  False

I have a **primary care doctor**.....  True  False

My **overall health** is.....  Excellent  Good  Fair  Poor

I am **satisfied** with my life.....  Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

How many **drinks containing alcohol** do you consume per week on average?.....

How many days per week do you get at least **30 minutes of cardio exercise** on average?.....

*By signing, I authorize the disclosure of my health screening results to HC21 Solutions, a third party providing health risk analysis and other services related to illness management. All information released to HC21 Solutions will be protected in accordance with any applicable law. I understand that information contained on this form may be used to determine eligibility for program incentives managed by my employer.*

Patient Signature \_\_\_\_\_ Date   /   /

**SECTION 3 - Biometric Assessment (section MUST be completed by a CLINICIAN)**

Total Cholesterol    Blood Pressure   /

LDL Cholesterol    Height (inches)

HDL Cholesterol    Weight (lbs)    BMI   .

Triglyceride Level    Waist Circumference   inches

Fasting Glucose

/   /

Appointment Date

\_\_\_\_\_  
Provider Printed Name

\_\_\_\_\_  
Provider Signature

**Known Chronic Illnesses (check all that apply):**

- Diabetes  Asthma  Heart Disease  Hypertension  Hyperlipidemia

Other:



# Take Care of You

## Earn Rewards & 2019 Preferred Insurance Rates



### Preferred Rate Requirements

Employees and spouses (children are exempt) who are covered continuously from Jan. 1 - Sept. 30, 2018 have the opportunity to earn preferred insurance rates in 2019 and up to \$300 each in additional rewards. Employees and spouses new to the plan in 2018 will automatically receive the preferred rates in 2019 but are welcome to participate and earn Go365 rewards.

**Due Sept. 30, 2018**

**Go365 Health Assessment**  
Completion Dates from Jan. 1 - Sept. 30, 2018 Qualify

Download the Go365 app or visit [Go365.com](http://Go365.com).

- New adult (18+) members will need to register for their own account.
- Customer Service: Call the "Member" phone number on your Humana card.

Complete all six sections of the health assessment.

- It typically takes 5 - 15 minutes.
- Employees and spouses must complete the health assessment on their own accounts.

**HealthCare 21 Biometrics Form**  
Appointment Dates from Oct. 1, 2017 - Sept. 30, 2018 Qualify

- With a clinician, complete the Biometrics Form (see opposite page).
  - You complete Sections 1 and 2.
  - Your doctor or other provider completes Section 3.
  - Do NOT use the Go365 biometrics form.
  - Request a copy for your records.
- Have it faxed to HealthCare 21. Do NOT fax or email it to Benefits.

Employees and covered spouses who do not complete the requirements for preferred rates will be charged an additional \$35 per pay period (or \$70 if both do not meet the requirement) for coverage in 2019.

### Don't Miss Updates: Read Your Emails

Emails from [benefits@knoxcounty.org](mailto:benefits@knoxcounty.org) and [wellness@knoxcounty.org](mailto:wellness@knoxcounty.org) contain important information about benefits and completing these requirements. It is your responsibility to check your professional email account, if one has been issued to you, and to keep your primary email address up-to-date with Human Resources.

### No Internet?

Please ask your supervisor to print the emailed updates for you and if there are options for you to have occasional computer access onsite. You can also use a computer or get paper submission forms in Benefits by appointment from 8:00 a.m. - 4:30 p.m. Monday through Friday.

### Engaging in Your Health

Many people have a chronic disease and don't know it. Annual physicals establish baselines that help your doctor identify problems you may have in the future and prevent serious health issues. Go365 can help you make goals to improve or maintain your health.

### Contact

**To resolve technical issues:** Contact Humana customer service using the Go365 chat features or the number on your insurance card

**For requirement questions, computer access or to document**

**ongoing technical issues:** Contact Benefits at [benefits@knoxcounty.org](mailto:benefits@knoxcounty.org) | 865-215-3800 | CCB Suite 345

### Notices

Wellness & Privacy Notices can be found at [www.knoxcounty.org/benefits](http://www.knoxcounty.org/benefits)