

Do you have a primary care provider?

Establishing a relationship with a primary care provider (PCP) is important. Your PCP will be familiar with your medical history, coordinate all aspects of your care and is an essential part of the Healthy Directions Program. A PCP includes those who practice internal medicine, are family or general practitioners, or are OB-GYNs. Together, you and your physician determine how best to improve your overall well-being. Please note that Prevea Clinic will NOT have access to any specific, personally identifiable health information through the Healthy Directions Program.

Program Instructions

- ❑ Find an In-Network Prevea360 Provider online at www.deancare.com/aso if you don't already have one. Scroll down and click *See ASO for Members*. From there, scroll down and under *Find a Doctor*, click the link for *Prevea360 ASO Network*. Under *Select Plan Type* click *ASO Network*. Enter your provider search criteria. You can also call Dean Care Customer Service at 877-234-4516 for assistance.
- ❑ Call to schedule a routine physical exam visit or have a follow up on a chronic condition with a PCP (Family Practice, Internal Medicine or OB/GYN).
- ❑ Complete the PCP Engagement Appointment between **11/01/2023 to 10/31/2024**.
- ❑ At your visit, have your PCP complete and sign the **PROVIDER FORM** attached.
- ❑ Submit completed forms no later than **11/01/2024**.
 - Return your form to Human Resources- Benefits Team either via interoffice mail to HR- Benefits Team @ Hansen/HR or Fax to: 920.496.4717 Attn: HR-Benefits Team
 - To avoid a surcharge for the 2025 plan year the Employee must complete this form and return to HR-Benefits Team by 11/01/2024. A \$50.00 per month surcharge will apply if this form is not received.

Once all required action steps are completed, participants will not be subject to a *non-PCP engagement surcharge* on monthly health insurance premiums beginning **1/1/2025**.

New Hire Requirements

If you are hired in the 2024 plan year you are not required to participate in the PCP Engagement Program for the 2025 plan year. You will be subject to participate in future plan years.

Will my privacy be protected?

Absolutely! Prevea Clinic, Inc., takes your privacy seriously and complies with all requirements of state and federal privacy laws.

2025 PCP Engagement Program

Employees are responsible for turning in this physician form, it is NOT the responsibility of your health care provider.

This section should be completed by patient before providing the form to the health care provider:

Please provide the following information relating to completing my PCP Engagement visit. By signing this Form, I authorize you to provide this data to Prevea Clinic, Inc.

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Patient Phone Number: _____

Patient Signature: _____

Date: _____

Dear Provider:

My employer is sponsoring a wellness program to help me make positive changes or to maintain my good health. I have voluntarily enrolled in this program. The health management program offered through Prevea not intended to treat, diagnose or replace provider involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives.

Please provide verification of this patient receiving an annual/routine physical exam. Other preventive tests may be completed as deemed appropriate for the member.

To be completed by the Provider:

I certify that (Patient Name) _____ has had their annual physical or had a follow up on a chronic condition with a PCP.

Provider (Print Name) _____ Date: _____

Provider Phone Number: _____

Provider (Signature): _____

Address: _____

Thank you in advance for your cooperation and if you have any questions, please feel free to call

Prevea Clinic, Inc. - HR Dept. at 920-431-1997 or email your question to Shari.Baer1@prevea.com and they will be able to assist you.