

This guide contains step-by-step instructions needed to complete this year's wellness program. Please read through it carefully and complete all necessary steps by 11/30/2023 to save on your 2024 Prevea medical plan monthly premiums.

PCP Engagement Program

STEPS TO
IMPROVE YOUR
HEALTH



Do you have a primary care provider?

Establishing a relationship with a primary care physician (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 provider 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.** Tell the doctor's office that the visit **should be coded as a routine physical exam**. Your health plan through Prevea Clinic will pay for one preventive/routine physical exam visit per year at 100%.
- Complete the routine physical exam with your PCP between 11/01/2022 to 10/31/2023.**
- At your visit, have your provider complete and sign the **PROVIDER FORM** attached.
- If you have already had a routine physical exam between 6/01/2022 to 10/31/2022**, this visit will qualify for meeting the criteria for plan year 2024 premium incentive. See instructions below.
- Submit completed forms by no later than 10/31/2023.**
 - 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

For visits between 6/1/2022 and 10/31/2022

If you received an annual physical/preventive exam between these dates, you may either take the Physician Form to your physician's office and ask them to complete the form or you may submit your Dean/WebTPA EOB that states the **date of service** and that the visit was a **routine physical exam**

Once all required action steps are completed, participants will receive a discount on their monthly health insurance premiums beginning 1/1/2024.

IMPORTANT! New Hire Requirements

If you were enrolled in medical plan benefits through Prevea Clinic on or before 11/1/2022, you must complete the wellness program to earn the incentive. If you were enrolled in medical plan benefits through Prevea Clinic after 11/1/22 you will receive the discount for 2024.

Will my privacy be protected?

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



HEALTHY DIRECTIONS PROGRAM PROVIDER FORM

USE OF THIS FORM IS MANDATORY
NO SUBSTITUTIONS WILL BE ACCEPTED

Submit completed forms to Human Resources
by no later than 11/30/2023.

- Interoffice to HR- Benefits Team @ Hansen/HR or
Fax: 920.496.4717
Attn: HR- Benefits Team

- You may submit verification of routine physical exam visits completed with your provider between 11/1/2022 and 11/30/2023.
- Employees are responsible for turning in this provider 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 annual physical. 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 Doctor/Health Care 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 physician 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 Physician/Health Care Provider:

I certify that (Patient Name) _____ has had their annual/routine physical.

Physician/Health Care Provider (Print Name) _____ Date: _____

Physician/Health Care Provider Phone Number: _____

Physician Health Care 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.