

STATE HEALTH BENEFIT PLAN (SHBP) WELLNESS PLAN OPTIONS

MEMBER NOTIFICATION/ APPEAL FORM

Members enrolled in SHBP Wellness Plan Options for 2012 are paying lower premium contributions and lower out of pocket costs because they made a Wellness Promise. Members who fulfill the Wellness Promise requirements by the June 30, 2012 deadline will be able to enroll in any SHBP WELLNESS Plan Option offered in 2013. To meet the Wellness Promise requirements, you and your covered Spouse must complete an online **Health Assessment** through www.myuhc.com between January 1-June 30, 2012 AND you and your covered Spouse must obtain between July 1, 2011-June 30, 2012 **an approved biometric screening** that provides results for body mass index (BMI), blood pressure, LDL cholesterol and glucose. Only biometric screenings performed through a physician's office or at an SHBP sponsored worksite event are approved. If a biometric screening is performed at a physician's office, the physician must complete the Provider Notification Form and fax the completed Form (with all four biometric results) to UnitedHealthcare by June 30, 2012.

All SHBP Wellness Plan Options administered by UnitedHealthcare are powered by the *UnitedHealth Personal RewardsSM* online and paper Personal Scorecard. In addition to providing helpful recommendations about preventive care, the Personal Scorecard will help you track whether you have completed your own Wellness Promise requirements. Your Personal Scorecard will not tell you anything about your covered Spouse. Your covered Spouse will have his or her own Personal Scorecard. To view your Personal Scorecard, you must each register online at uhcrewards.healthinsight.com/shbp using the exact information displayed on your own UnitedHealthcare member ID card.

Timelines for Health Actions to be posted to your Personal Scorecard:

- When you complete your online health assessment between January 1, 2012 and June 30, 2012, your Personal Scorecard will be updated to show 50 points within 30 days of completion.
- When you complete the biometric screening requirement, your Personal Scorecard will be updated to show 50 points.
 - When all four biometric screening results have been received from an approved SHBP sponsored biometric screening conducted between July 1, 2011 and June 30, 2012, your Personal Scorecard will be updated to show 50 points within 60 days of the date of the biometric screening event.
 - If a biometric screening is performed in a physician's office and a complete Provider Notification Form is successfully faxed to UnitedHealthcare by June 30, 2012, your Personal Scorecard will be updated to show 50 points within 30 business days of receipt.

If you and your covered Spouse each show 100 points on your own Personal Scorecards (a combined 200 points), you will be designated by UnitedHealthcare as eligible to enroll in one of the SHBP WELLNESS Plan Options in 2013.

If you and your covered Spouse review your Personal Scorecards together and see that you do not have 200 points by the June 30, 2012 deadline, (or 100 points if you do not have a covered Spouse), then our records show that you have failed to complete the 2012 Wellness Promise requirements. That means you will not be eligible to enroll in the SHBP WELLNESS Options in 2013. These SHBP WELLNESS Plan Options may have lower premiums and lower out-of-pocket costs than Standard SHBP Plan Options. This is an adverse decision, and you have a right to appeal.

Instructions for form below:

On or before June 30, 2012. If your Personal Scorecard does not accurately reflect completion of biometric testing results from an SHBP approved onsite screening event or completion of the Health Assessment, this **Member Notification/ Appeal Form** may be used to submit evidence of completed program Health Actions. If your Personal Scorecard does not accurately reflect biometric screening results faxed by your physician, please DO NOT use this form. Please contact your physician and have the physician's office re-submit a completed and signed Provider Notification Form by the June 30, 2012 deadline.

Between July 1, 2012 and August 3, 2012. This Form will be considered an appeal of the determination that you did not meet the Wellness Promise requirements by the deadline, and you will be able to submit missing evidence of program Health Actions completed by June 30, 2012. This **Member Notification/ Appeal Form** will be processed within 30 business days from receipt as long as all required information is submitted. If your Personal Scorecard and the Personal Scorecard for your covered Spouse do not show 100 points each (a combined 200 points) after 30 business days of receipt of the Member Notification/ Appeal Form, UnitedHealthcare has determined that you did not complete the Wellness Promise requirements. See your Summary Plan Description for information about how to appeal this determination. If you have questions regarding this form or the program, please call the number on the back of your UnitedHealthcare member ID card.

Patient Information (Required - Member id number and patient name must match what's listed on your UnitedHealthcare Medical Plan ID card.)				
Member ID Number		Group Identification Number 702030		
Patient Last Name	First Name	Middle Initial	Date of Birth	
Address — Number and Street		City	State	Zip Code
Phone		Email		
Patient Signature			Date	

For each health action being reported below, please check the box and enclose the required evidence of completion. Please use one form per person. Thank you.

	Health Actions	Details (Date information is required. Attach documents only for the person identified above.)
<input type="checkbox"/>	Body Mass Index (BMI) biometric test performed July 1, 2011 – June 30, 2012.	Please enclose a copy of the biometric results from the SHBP approved onsite event attended that shows height and weight and the date of the event. OR Starting July 1, 2012: Please enclose a copy of the test results signed by the physician that shows the height and weight, the date of measurement, and the name of the patient. Date of Measurement: _____
<input type="checkbox"/>	LDL Cholesterol biometric test performed July 1, 2011 – June 30, 2012.	Please enclose a copy of the biometric results from the SHBP approved onsite event attended that shows LDL cholesterol test results and the date of the event. OR Starting July 1, 2012: Please enclose a copy of the LDL cholesterol test results signed by the physician that shows the date of the blood test and the name of the patient, or enclose a copy of the LDL cholesterol test results from the laboratory that shows the name of the laboratory, the name of the patient, and the date of the blood test. Date of Blood Test: _____
<input type="checkbox"/>	Blood Sugar biometric test performed July 1, 2011 – June 30, 2012.	Please enclose a copy of the biometric results from the SHBP approved onsite event attended that shows blood sugar test results and the date of the event. OR Starting July 1, 2012: Please enclose a copy of the blood sugar test results signed by the physician that shows the date of the blood test and the name of the patient, or enclose a copy of the blood sugar test results from the laboratory that shows the name of the laboratory, the name of the patient, and the date of the blood test. Date of Blood Test: _____
<input type="checkbox"/>	Blood Pressure biometric test performed July 1, 2011 – June 30, 2012.	Please enclose a copy of the biometric results from the SHBP approved onsite event attended that shows blood pressure test results and the date of the event. OR Starting July 1, 2012: Please enclose a copy of the blood pressure test results signed by the physician that shows the date of measurement and the name of the patient. Date of Measurement: _____
<input type="checkbox"/>	Online Health Assessment completed January 1, 2012 – June 30, 2012. In Health and Wellness portal at myuhc.com	Please enclose a copy of the Health Assessment confirmation statement found on the member's myuhc.com account Date of completion: _____

Please submit this form and any required documents to: **Member Health Action Notification, PO Box 40, West Long Branch, NJ 07764** or secure fax at **1-866-210-7608**. **IT IS ONLY NECESSARY TO FAX THIS SIDE OF THE FORM. Please submit a separate fax for each patient.**

