

# New Incentive Program Design in 2024!



## **PWP (Personal Wellness Profile) is now just called a Biometric Screening!**

Beginning in 2024, there are 2 Required Activities in order to earn an insurance premium discount in 2025: Physical Exam & Biometric Screening. University employees and their covered spouses have the option of participating in the incentive program. You will earn a premium discount of \$25 per pay period for employees OR \$50 if both employee and covered spouse complete the required activities.

\*New hires can complete the required activities within 30 days of their start date to receive the premium discount

## **NEW Program Dates-Complete required activities between January 1-September 30, 2024**

### **What can I expect during my appointment?**

At your annual physical, a provider will:

- Perform a review of behaviors & risk factors
- Review your medical, surgical, & family history
- Check your vital signs (temperature, blood pressure, heart rate, & respiration rate)
- Perform physical examinations (includes, but not limited to, examination of your lungs, neck, abdomen)
- Order additional laboratory testing (if applicable)
- Make referrals to see a specialist (if applicable)

### **How do I schedule an appointment?**

1. Visit the Marathon Health Portal
2. Click "Schedule Appointment" at the top of the homepage
3. Click "Preventive" & choose "Physical Exam"
4. Schedule a blood draw\* 2-7 days before your physical exam
5. Schedule your physical exam

*\*Fasting is not required.*



Scan the QR code to visit [my.marathon-health.com](https://my.marathon-health.com) OR call **866-434-3255** to make an appointment.



# 2024 Valparaiso University Incentive Program Annual Physical with Labs/ Biometric Screening Form

**NOTICE TO MEMBER**

Please fill out the top portion of this form and take it to your medical provider when you complete your annual physical and/or biometric health screening. This activity **must** occur between January 1, 2024 and September 30, 2024 to count towards the Valparaiso University Incentive Program activities. **Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below.** BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO VALPARAISO UNIVERISTY THAT YOU HAVE COMPLETED THE BIOMETRIC SCREENING. We will not disclose the specific results reported on this form and will use the results only to support the health services that we provide to you. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this form.

TODAY'S DATE

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE ID

**NOTICE TO PROVIDER**

Your patient has an opportunity to complete an annual physical and biometric screening as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening is complete, please fill out this form, sign and date it and return it to the patient. Please fill out this form completely.

QUALIFYING PROGRAM ACTIVITY	DATE OF EXAM	PROVIDER INITIALS
ANNUAL PHYSICAL		
ANNUAL HEALTH SCREENING CRITERIA	DATE TEST ADMINISTERED	RESULTS
BODY MASS INDEX (BMI)		Height _____ in. Weight _____ lbs
BLOOD PRESSURE		Value: _____ / _____ mmHg
TOTAL CHOLESTEROL		Value: _____ mg/ dL
HDL CHOLESTEROL		Value: _____ mg/dL
HEMOGLOBIN A1C OR GLUCOSE		Value: _____ % or _____ mg/dL

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

**DEADLINES:** Please fax, email, or mail this form to Marathon Health using the information below. You must submit this form no later than September 30, 2024.

**Marathon Health**  
 P: 866.434.3255 | F: 866.422.0915  
 10 W. Market Street, Suite 2900  
 Indianapolis, IN 46204  
 E: [Member@marathon-health.com](mailto:Member@marathon-health.com)

