

Health Screening Form Instructions

Bring this page and the health screening form to your healthcare provider.

Why your numbers matter

Your numbers are one snapshot of your health. It's a great way to celebrate the things you're doing well, and to take a look at where you'd like to do better. After your results are sent to RedBrick Health, you'll find them in your online account. You'll also get ideas that are tailored to your interests and health goals.

Get credit for your health screening

In order to receive a health plan premium reduction of \$600 in 2017, health plan enrolled employees AND their spouse, if enrolled, must complete a health assessment, a health screening AND declare to be tobacco free**. Health screenings completed between 1/1/2016 and 9/30/2017 qualify for the reward. Follow these steps:

Step 1: Schedule your health screening tests with your healthcare provider

Step 2: Have your provider complete and sign the health screening form

Step 3: Send the health screening form

- You or your provider can submit the form:
 - Mail: RedBrick Health, P.O. Box 2260, Minneapolis, MN 55402-0260
 - Fax: 844-343-2709
- Your results will appear in your account within 7 to 10 business days after the form is received.

To earn rewards: By meeting the healthy targets below or improving your prior year's results, you can earn up to \$200 (\$50/quarter) into your HRA or HSA. Employees not enrolled in the health plan and spouses (if enrolled) can still participate in Healthy Activities and be entered into quarterly prize drawings.

Key Measure	Target	Dollars earned per quarter
Body Mass Index (BMI)	Between 18.5 and 29.9 or a decrease of >5%	15
Blood Pressure	< than 140/90 mmHG or a decrease of 20 systolic or 10 diastolic	15
Cholesterol	Non-HDL (non-fasting) less than 219 or a decrease > 10%	15
Glucose (Blood Sugar)	Less than 125 (fasting) or less than 140 (non-fasting)	15

For more information: Log in to your account at MyRedBrick.com/Schwan.

Note: Employees who have had a DOT physical exam completed on or after 1/1/2016 may submit those exam results (by using the long form) to qualify as completing the health screening. It is your responsibility to work with the local clinic to obtain a copy of your results (copy charges may apply). Cholesterol and glucose values will not be submitted therefore you will not receive HSA/HRA deposits in the form of quarterly healthy activities. Visit www.myschwanbenefits.com and click on *Health Screening* under *My Wellness* for more information.

Marshall MN Employees: Marshall MN employees (and health plan enrolled spouses) can complete their health screening at Avera CuraQuick. Bring with you the health screening form and proof of employment (ID badge or insurance card). Appointments are available on a walk-in basis. Hours of operation include M-F (9am-7pm), Sat (9am-1pm), Sun (12pm-4pm).

**Do you have a medical condition that makes it difficult or medically inadvisable to achieve or try to achieve the standards of this health and wellness program? Or have you had trouble logging in to your account? Please call us at 866-322-1711.*

Your privacy is important to us and we protect your personal information. Want to know more? Read our privacy policy at Home.RedBrickHealth.com/Privacy.

**Or complete a reasonable alternative program. For more information on how to enroll in the program, visit MyRedBrick.com/Schwan
07/2016

NOTE: The form should be completed in **CAPITAL LETTERS** using the entire box

A B C D

First Name

Last name

Company/Organization

E-mail

Phone (no dashes)

Birth Date mm-dd-yyyy

Health Care Provider - Please complete the following information.

Your patient is involved in a wellness program. One component of this program is participation in a health screening. Please provide the following screening results and return this form back to your patient. You or your patient may submit this form to RedBrick Health by following the instruction below.

If a result is out of the healthy range for that metric, but is healthy for this individual, check the box and initial for the measure.

_____ Date of Screening - - mm-dd-yyyy

Fasted for at least nine hours?

Yes No

_____ Height feet inches

_____ Weight pounds

_____ Waist Circumference inches

_____ BMI (Body Mass Index)

_____ Blood Pressure / mmHg

_____ Total Cholesterol mg/dL

_____ HDL mg/dL

_____ LDL mg/dL

_____ non-HDL mg/dL

_____ TC/HDL Ratio

_____ Triglycerides mg/dL

_____ Glucose mg/dL **OR** A1C %

Enter either Glucose or A1C

Health care provider name: _____

Health care provider signature: _____

Provider phone (no dashes):

NPI

Please send this form to RedBrick Health Fax: 844-343-2709

Please allow up to 10 business days for processing before results will appear in your wellness account.

RedBrick Health
PO Box 2260
Minneapolis, MN. 55402-0260

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