

EARNING PREMIUM REWARDS

WHAT'S NOT TO LIKE?



WHO IS ELIGIBLE: YOU AND/OR YOUR SPOUSE IF ENROLLED IN COVA CARE OR COVA HEALTHAWARE ON JULY 1, 2015

👍 **SAVE \$17 EACH MONTH PER ELIGIBLE MEMBER IN HEALTH CARE PREMIUMS**

👍 **KEEP A PERSONAL, CONFIDENTIAL RECORD OF YOUR HEALTH BY COMPLETING A HEALTH ASSESSMENT**

👍 **WORK WITH YOUR DOCTOR TO PREVENT OR MANAGE CHRONIC ILLNESS BY KNOWING YOUR BIOMETRIC SCREENING RESULTS**

HEALTHY ACTIONS REQUIRED

HEALTH ASSESSMENT

- YOU MUST COMPLETE A HEALTH ASSESSMENT.
- EVEN IF YOU COMPLETED A HEALTH ASSESSMENT IN PREVIOUS YEARS, YOU MUST UPDATE IT FOR THIS PLAN YEAR.

BIOMETRIC SCREENING

- IF YOU HAVE NOT REPORTED YOUR BIOMETRIC SCREENING RESULTS, SUBMIT A PHYSICIAN RESULTS FORM TO REPORT THEM.

GET YOUR PREMIUM REWARD....

- JULY 1 IF BOTH HEALTHY ACTIONS ARE COMPLETED BY JUNE 30, OR
- THE FIRST OF THE MONTH AFTER YOU COMPLETE BOTH HEALTHY ACTIONS.

INSTRUCTIONS

VISIT

WWW.MYACTIVEHEALTH.COM/COVA
OR CALL 1-866-938-0349

HEALTH ASSESSMENT

- USE THE “WIZARD” OR YOU CAN REVIEW THE QUESTIONS IN EACH CATEGORY.
- YOU MUST ANSWER ALL REQUIRED QUESTIONS TO RECEIVE CREDIT FOR COMPLETION.
- CLICK “SUBMIT NOW” ONCE YOU HAVE ANSWERED THE QUESTIONS.

BIOMETRIC SCREENING

- PRINT A PHYSICIAN RESULTS FORM.
- FOLLOW THE INSTRUCTIONS ON THE FORM TO REPORT YOUR BIOMETRIC SCREENING RESULTS.
- KEEP A COPY OF YOUR E-MAIL OR LETTER CONFIRMING THAT YOUR FORM HAS BEEN ACCEPTED.

