

2019 Medical Plan Wellness Incentive

Associates who enroll in 2019 medical benefits during annual Open Enrollment are eligible for the 2019 Wellness Incentive

Note: the 2019 wellness incentive is not available to new participants who join benefits after 1/1/19.

How the 2019 Wellness Incentive Works:

Associates who enroll in the **Emerald plan or regular CHIP plan** [does not apply to CHIP Light] may earn a Wellness Incentive up to \$100 per month for 2019. There is a \$50 credit for the associate and an additional \$50 credit for your covered spouse. Credit is applied upon completion of the following two wellness actions, which must be done between the start of Open Enrollment (October 15) and **not later than January 31, 2019**.

The credit earned is automatically applied to the monthly value of your healthcare premium. It discounts that cost by \$50 for Associate and an additional \$50 when your covered spouse completes the steps as well. This monthly credit will be adjusted according to weekly or semi-monthly pay.

Each person is to complete the following two steps before January 31, 2019.

Both must be completed by that date in order to receive the Wellness Incentive for 2019.

STEP 1: Blood Test--Biometric Screen **(Lipid Panel, blood draw)**

***REQUIRES FASTING FROM 8-12 HOURS**

The test is free to associate and spouse.

1. Contact a local LabCorp facility to schedule a convenient appointment time www.labcorp.com OR call them at 1-888-Labcorp (888-522-2677)
2. Bring two things the day of your appointment:
 - Legal Photo ID
 - The attached LabCorp voucher. Provide it to the technician the day of appointment and fill in just these fields on the form: Full name / DOB / HOME address (LabCorp will mail you a copy of your test results)

Note: Stein Mart does NOT receive a copy of your personal test results, but instead a report which indicates you completed the test.

STEP 2: Complete UHC online Health Risk Assessment

1. Get registered at www.myUHC.com
2. Once registered, click on the ***Visit Rally Health and Wellness*** tab on the UHC homepage.
3. **Complete the Rally Age Survey** and review your HRA results. Based on those results, you will be provided with On-line Coaching topic(s) to improve your health.

If you have any questions or concerns regarding the site, please contact:

UHC Health & Wellness Customer Service
Ph: 877-818-5826

What to Expect Next:

There is no action for you to take other than completing both steps above. LabCorp and UHC provide reporting to Stein Mart. Once both are reported as complete, HR makes the pay adjustment for you to realize this credit; you can then view the decrease in your regular healthcare deduction on your paystub.

****Bring Photo ID and this form to your LabCorp appointment:**



2019 Wellness Incentive Form

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

Stein Mart, Inc.
LABCORP WELLNESS VERIFIED
1200 Riverplace Boulevard
JACKSONVILLE FL 32207
904-858-2695

Fax Send additional copy of report to: _____
 Call Client Number/Physician's Name: _____ Phone/Fax Number: _____
 Mail Physician's Address: _____ City, State, Zip: _____

0703.21

*****ENTER ONLY THE ACCOUNT NUMBER CIRCLED*****

LABCORP ACCOUNT NUMBER: 09390960

CIRCLE ONE:

**1053599654-SPRATT,
 DAVID (ALL EXCEPT
 CA & NY)**

**1164678355-SALIS,
 DONALD (CA)**

**1710957600-ORAN,
 BRUCE (NY)**

**CHECK ONE:
 03 [X] ACCOUNT
 BILL**

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth			Collection Time	Fasting	Collection Date			Urine hrs/vol
NPI		Physician's ID#	Patient's ID#			Hospital Patient Status:					
Physician's Name (Last, First)		Physician/Authorized Signature		Patient's Address		Phone					
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service		City		State		ZIP					
Insurance Carrier *		Insurance Carrier *		Name of Policy Holder (if different from patient)		Address of Policy Holder		APT #			
ID #		ID #		City		State		ZIP			
Group #		Group #		Name of Insured Person		Relationship to Patient		Employer Name			
Insurance Address		Insurance Address		Name of Insured Person		Relationship to Patient		Employer Name			
Name of Insured Person		Name of Insured Person		Relationship to Patient		Relationship to Patient		Employer Name			
Relationship to Patient		Relationship to Patient		Employer Name		Employer Name		Employer Name			
Employer Name		Employer Name		Employer Name		Employer Name		Employer Name			
*If Medicaid State		Physician's Provider #		Workers Comp		Yes No					

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp agree to assume responsibility for payment of charges for laboratory services that are not covered by my health care insurer.

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
 Refer to Determining Necessity of ABN Completion on reverse.

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUM	PST/DSC #
	998074	998085	998233	998250	998261	998272	998283	

- 303756 - Lipid Panel
- 780235 - Wellness Physician Review
- 780237 - Physician Review Admin Fee

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE INDIVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILLING CODES FOR NON-CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.

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