



Fraternal Order of Police Wellness Form
January 01, 2024 – December 09, 2024
Due Monday, December 09, 2024

Check ONLY One -This form is for the Member for the Spouse

MEMBER Information		PHYSICIAN Information-Primary Care Physician	
Last Name	First Name	MI	Physician Name
SPOUSE Information			Physician ID Number
Last Name	First Name	MI	
Date of Birth (mm/dd/yyyy) ____/____/____	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Physician Phone Number
United HealthCare Member ID Number -			
REQUIRED HEALTH MEASURES – COMPLETED BY Primary Care Physician (Minute/Walk in clinics not recommended)			
1. TOBACCO USE			
Non-tobacco user (Never smoked, never chewed tobacco, used e-cigarettes or quit more than 120 days)		<input type="checkbox"/> Non-tobacco	<input type="checkbox"/> Tobacco
2. BLOOD PRESSURE			
Guidelines: 120/80		Date Measured (MM/DD) ____/____/____ <i>**Do not provide test results **</i>	
3. CHOLESTEROL			
Guidelines: LDL 100 or less HDL 60 or greater, TOTAL > 200		Date Measured (MM/DD) ____/____/____ <i>**Do not provide test results **</i>	
4. GLUCOSE			
Guidelines: Fasting 65-99, and non-fasting 140 or less Diabetes is typically the number one driver of catastrophic claims. ★ If glucose is over the standard range, will Hemoglobin A1C test screening be ordered?		Date Measured (MM/DD) ____/____/____ <i>**Do not provide test results **</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
OPTIONAL SCREENINGS TO CONSIDER (NOT REQUIRED)			
Health Factor	Recommendation	Discussed with Physician	
Colon Cancer Screening	Member ages 45 and older screened every 10 years or more frequently if issues	<input type="checkbox"/> Yes <input type="checkbox"/> NA	
Cervical Cancer Screening	Women ages 21 and older screened every 3 years or more frequently if issues	<input type="checkbox"/> Yes <input type="checkbox"/> NA	
Breast Cancer Screening	Women ages 45 and older screened every year	<input type="checkbox"/> Yes <input type="checkbox"/> NA	
I hereby certify that the information provided on this form is true and accurate to the best of my personal knowledge and understand that any material misrepresentations will immediately incur the surcharges.			

Member/Spouse Signature

Date

Provider Signature

Date

RETAIN A COPY OF YOUR COMPLETED WELLNESS FORM FOR YOUR RECORDS

FAX: 954-406-0665 or email benefitshelpdesk@fop31.org

Health Trust Office Phone: (954) 527-9218

*****Both the member & Spouse must complete this form. Failure to complete this form by the listed deadline will result in Payroll surcharges for 12 months in the following year*****




TOBACCO CESSATION INFORMATION

- Call 1-877-U-CAN-NOW (1-877-822-6668) to enroll in the free State of Florida cessation program
- Quit with AHEC at www.ahectobacco.com - Select VIEW GROUP QUIT CALENDAR
- Visit the online smoking cessation program at www.myUHC.com

As part of our ongoing health care reform initiatives, United HealthCare is covering select **over-the-counter (OTC) and prescription tobacco cessation medications at no cost-share**. Member will be able to receive coverage for up to two 90-day treatment cycles of medication each year.

The tobacco cessation medications available under the plan are shown below. Since these drugs will become available at a \$0 cost share.

Tobacco cessation drugs to be covered without cost-share:

Over-the-counter Medications Require Prior Authorization	<ul style="list-style-type: none"> • Nicotine Replacement Gum • Nicotine Replacement Lozenge • Nicotine Replacement Patch 			
Prescriptions Require Prior Authorization	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <ul style="list-style-type: none"> • Bupropion Sustained-release (generic Zyban) Tablet • Nicotrol Inhaler • Nicotrol Nasal Spray • Chantix Tablet </td> <td style="width: 10%; text-align: center; vertical-align: middle;">  </td> <td style="width: 50%; vertical-align: top;"> <p>These three prescription medications are covered with Prior Authorization after you have tried:</p> <ol style="list-style-type: none"> 1) One over-the-counter nicotine product <i>and</i> 2) Bupropion Sustained-release (generic Zyban) separately </td> </tr> </table>	<ul style="list-style-type: none"> • Bupropion Sustained-release (generic Zyban) Tablet • Nicotrol Inhaler • Nicotrol Nasal Spray • Chantix Tablet 		<p>These three prescription medications are covered with Prior Authorization after you have tried:</p> <ol style="list-style-type: none"> 1) One over-the-counter nicotine product <i>and</i> 2) Bupropion Sustained-release (generic Zyban) separately
<ul style="list-style-type: none"> • Bupropion Sustained-release (generic Zyban) Tablet • Nicotrol Inhaler • Nicotrol Nasal Spray • Chantix Tablet 		<p>These three prescription medications are covered with Prior Authorization after you have tried:</p> <ol style="list-style-type: none"> 1) One over-the-counter nicotine product <i>and</i> 2) Bupropion Sustained-release (generic Zyban) separately 		

Members will be able to qualify for the new tobacco cessation drug coverage a \$0 cost share by:

- Being age 18 or older.
- Asking their health care provider to obtain prior authorization. The health care provider will need to confirm they are also **getting counseling** to help them stop smoking.
- Getting a prescription for these products, even in the products are sold OTC.
- Filling the prescription at a network pharmacy.

If there are additional question, please contact the Health Trust
Office **Voice:** (954) 527-9218, **Fax:** (954) 406-0665