

# Go365™ Biometric Screening



To receive your Points, you must send this completed form within 90 days of completing the activity. Please keep a copy of the form for your records.

## Member Instructions:

1. Set up your appointment with the provider of your choice\*. When you make your appointment tell the provider what measurements you need. Those measurements could include height, weight, blood pressure, complete cholesterol or fasting blood glucose tests. The HbA1c test is needed if it is part of your active goal to get your blood glucose in healthy range.  
*\* Use this form at the doctor's office, clinic, or health facility of your choice. You can get a Biometric Screening when you visit your doctor as part of your annual wellness visit check-up. You can also obtain your Biometric Screening from a Go365 participating provider near you.*  
**NOTE: You may incur out of pocket costs depending on your plan benefits. Ask your doctor for more information.**
2. Fill out **Section A: Member information/Attestation**
3. Take this form with you and give it to your provider
4. Send the completed form to Go365. You can ask your provider to send it for you, but you are responsible for making sure Go365 receives the form.

## Provider Instructions:

1. Fill out **Sections B, C and/or D and E**. Fill out **Section C** or **D** depending on the measurements or tests the patient needs. Hand-write the measurements or test results on the form. Proof of the patient's measurements or test results does not need to be submitted.

## Section A: Member information – please print

First name:	Last name:
Member / Subscriber (Sub) ID#:	Date of birth (MM/DD/YYYY):
Phone number:	

## Attestation / Consent to release and use of information

I consent to the release of my fitness / medical information and test results (if applicable) to Go365 and its representatives. A photocopy of this consent shall be as effective and valid as the original. This consent shall be considered valid for one year from the date signed.

Included with this form is a Notice provided to me by Go365 that explains completion of my biometric screening is voluntary. I have read and accept this Notice.

I understand and agree that Go365 and its representatives have the right to request and review, at any time, applicable screening test(s) to confirm the accuracy of the information and results provided to Go365.

Member signature	Date (MM/DD/YYYY):
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## Section B: Provider information – please print

Doctor/practice/facility name:

Address:

National provider ID# or CLIA#:

Phone number:

## Section C: Body and blood pressure measurements

Date of measure (MM/DD/YYYY):

Height (Inches):

Systolic blood pressure (mmHg):

Weight (lbs):

Diastolic blood pressure (mmHg):

Body mass index (BMI):

Waist circumference (inches):

## Section D: Clinical laboratory test results\*

Fasting blood glucose (mg/dL):

HDL cholesterol (mg/dL):

Total cholesterol (mg/dL):

Triglycerides (mg/dL):

LDL cholesterol (mg/dL):

Optional\* HbA1c (%):

\* The HbA1c test is needed only if it is part of your active recommended activity to get your blood glucose in healthy range. There may be a cost associated with this test. Ask your provider for more information.

## Section E: Certification of results – please print

I certify I personally tested this individual and attest to the accuracy of results reported herein.

First / last name of person conducting measure / test:

Title:

Provider signature:

Date (MM/DD/YYYY):

\*\*The values submitted on this document will also update the Health Assessment. If you are working on a recommended activity and only want that information updated on the health assessment, only enter the new information.

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## Send the completed form any of these ways:

Online Message: Sign in to Go365.com. In the top navigation, click on the Message Center envelope icon.

Fax: 1-877-250-7814

Mail: Go365  
P.O. Box 14613  
Lexington, KY 40512-4613

**Important Note:** Go365 reserves the right to confirm the accuracy of all information received and we may audit your submission at any time. Invalid or inaccurate submissions will result in the denial or removal of Bucks and/or Points. Adult children are not eligible to earn Points for biometric screening completion or healthy in-range results.

### NOTICE REGARDING WELLNESS PROGRAM

Go365 is a voluntary wellness program available to all eligible Go365 members. The program is administered according to federal rules permitting wellness programs that seek to improve health or prevent disease.<sup>1</sup> If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment or “HA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be offered the opportunity to complete a biometric screening, which will include a blood test for cholesterol and glucose levels. You are not required to complete the HA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program will receive various incentives (Points) for completing a range of activities promoting health. Although you are not required to complete the HA or participate in the biometric screening, only individuals who do so may be eligible to receive the Points associated with those activities.<sup>2</sup>

Additional Points are<sup>3</sup> awarded for individuals who participate in health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn the Points, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by calling the number on the back of your Member ID card.

The information from your HA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Go365 [and your employer, if applicable] may use aggregate information collected to design a program based on identified health risks in the workplace, Go365 will never disclose any of your personal health information either publicly or to the employer, except as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program may not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by similar confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those who you authorize to receive the information such as a registered nurse, a doctor, or a health coach.

Please refer to the Go365 Notice of Privacy Practices for additional information on ways Go365 uses and protects your confidential medical information. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Human Resources professional at your place of work.

<sup>1</sup> For employees whose employers have provided Go365 as part of the employer-sponsored wellness program, these laws include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

<sup>2</sup> Points are not rewarded for eligible adult and minor children of Go365 members who complete the HA or biometric screening, and who achieve certain outcomes on the biometric screening.

<sup>3</sup> See footnote 2.

## **Discrimination is Against the Law**

**Humana Inc. and its subsidiaries** comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana Inc. and its subsidiaries** provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY: 711)。

**فارسی (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee nées ho'dólzin bikáá'ígíí bee hólne' (TTY: 711).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).