

City of Elmhurst & Empower Health Services are pleased to offer the Individual Screening Program for your convenience.

Early detection is the key to staying healthy. Finding and dealing with potential problems early gives you the best chance of combating and controlling illnesses or conditions.

The EHS Individual Screening Includes:

Panel C – Your test panel will include a profile containing 37 different tests, including Total Cholesterol, HDL, LDL, Cholesterol/HDL Ratio, Triglycerides and Glucose. In addition to heart disease and diabetes, other tests in the panel are designed to identify early warning signs of liver function, kidney function, blood counts, thyroid and nutrition.

Empower Health Assessment – An online questionnaire used to generate a personal report, summarizing how your lifestyle choices are influencing your ability to stay healthy and prevent problems. It includes useful tips for making positive changes to improve your health.

Empowerhealthservices.info – 12 months of unlimited access to your results online and a personalized health portal with accredited content.

Body Mass Index – A numerical value of your weight in relation to your height. BMI is a good indicator of healthy weights for adult men and women, regardless of body frame size. Self-Reported Height & Weight must be provided on your Consent/Registration Form in order to calculate BMI.

Self-Reported Blood Pressure Evaluation – Please provide your most recent blood pressure reading on the Consent/Registration form. Blood pressure is expressed by a systolic (top number) and diastolic (bottom number) measure. Example 120/80 (120 = systolic and 80 = diastolic) Please note: Blood pressure can be taken at any local drugstore or pharmacy such as Wal-Mart, Walgreens, or CVS or with your own equipment.

WHO CAN PARTICIPATE	SCREENING	ADDITIONAL TESTS
Employees, Spouses, Dependents 18+ & Retirees <65 with any BCBSIL PPO Plan including the City's HSA Plan	BCBSIL PPO Plan will cover the cost of the screening 100% as preventive	BCBSIL PPO Plan will cover the cost of the additional tests 100% as preventive
Employees, Spouses, Dependents 18+ & Retirees <65 with BCBS HMO Plan	No cost to you, billed to your company	Self-Pay, please see Additional Test menu for tests & fees
All Others	Self-Pay, \$90 <i>A \$175 Value</i>	Self-Pay, please see Additional Test menu for tests & fees

REGISTRATION DEADLINE IS 2/8/19
SCREENING DEADLINE IS 2/15/19

Follow these Steps to Participate

1. Complete the Consent/Registration form (page 4 of this document).

If you select any additional tests, you are REQUIRED to either complete the BCBS information or pay with a credit card. EHS will contact you BEFORE your lab visit for the payment. This is REQUIRED BEFORE YOUR LAB VISIT.

2. Fax or Mail your completed Consent/Registration form to EHS by $\frac{2/8/19}{1}$

Registration Options: Fax completed form to 630.385.0156 • Attn: Individual Program

Mail completed form to: EHS Individual Program • 4205 Westbrook Dr., Aurora, IL 60504

If you have not received your confirmation email within 7 business days of faxing or mailing, please contact the Individual Program Department. *NOTE:* Please allow 7 business days for processing before contacting EHS.

3. Set up an account, complete the Empower Health Assessment and view your results.

Returning Participants

- a. Log into: empowerhealthservices.info
- b. Complete the Member Login with your Username and Password
- c. When on the Home Page go to "Take The Empower Assessment"

New Participants

- a. Go to: empowerhealthservices.info
- b. Enter client code: **Elmhurst** on the right side under "New Program Registration"
- c. Complete Account Set Up
- d. When on the Home Page go to "Take The Empower Assessment"

4. Verification/Receipt of LabCorp Appointment.

- Once we receive your Consent/Registration form and verify that you have completed the Empower Health Assessment, EHS will create the electronic lab requisition for your LabCorp PSC visit.
- EHS will send your LabCorp COR Order Number via email.
- We recommend that you take the email with your LabCorp COR Order Number with you to your lab visit.

5. Go to labcorp.com to search for a LabCorp location.

- a. On the menu bar choose "Lab & Appointments"
- b. Enter your address or zip code (work or home)
- c. Under Service choose "Routine Blood Work"
- d. Under Radius choose the distance
- e. Search

6. Visit the Lab by <u>2/15/19</u>

7. After your Visit to the Lab.

You can expect to receive an email letting you know that your personalized screening results are completed and ready for your review about 5-7 business days from your lab visit.

If you have any questions about how the EHS Individual Program integrates with your company's benefits plan, please contact your local Human Resources Administrator.

If you have any questions about participating in the Individual Program, please contact EHS by:

- Phone: 866.367.6974
- Email: individualprogram@empowerhealthservices.com.

BCBS ADDITIONAL TESTS



- For those that do not have BCBS of IL PPO coverage, additional tests are available on a self-pay basis.
- EHS will contact you BEFORE your lab visit for the payment.

BCBS PPO Members

Self-Pav Members

ALLERGY (RAST)* SST #649749

\$0

\$ 75.00

Measures your body's sensitivities to these allergens: dust mites, cat, dog, epithelial, Bermuda grass, Kentucky bluegrass, oak, elm, mold, short ragweed, and English plantain. You should avoid this test if you have had a radioactive scan (e.g., thyroid or bone) in the past week.

ADVANCED THYROID PROFILE SST #224576

\$0

\$ 42.00

Determines thyroid function, including TSH and the Free T4, which is recommended by the American College of Endocrinologists. Thyroid dysfunction can cause unexplained weight loss or gain, fatigue, insomnia and various other symptoms.

COLOCARE® ••



\$0

\$8.00

A TAKE HOME SELF TEST to detect hidden blood in the stool. Colo-rectal cancer is the third most commonly diagnosed cancer in both men and women.

FEMALE HORMONE PROFILE SST #028480

\$0

\$ 60.00

A blood screening of female hormones (FSH/LH). Correlated with your physical symptoms, it will help determine if you are in or near menopause. Please Note: Estrogen, progesterone or oral contraceptive medications will alter your results. You should not be menstruating or within 3 days of menses.

HEMOGLOBIN A1C* LAV #001453



\$0

\$ 37.00

Determines average blood sugar levels over the period of 90 to 120 days prior to the test. The American Diabetes Association recommends this test be performed four times a year on those who take insulin. Fasting for at least 8 hours is recommended but is not required.

INFLAMMATORY JOINT DISEASE SST #030452

\$0

\$ 47.00

Helps detect and diagnose of Rheumatoid Arthritis, Lupus and Gout. Test includes Uric Acid, CRP, ANA, and RF Factor.

MALE HORMONE (TESTOSTERONE) SST #004226



\$0

\$ 47.00

Measures the hormone testosterone. Results aid in the detection and diagnosis of infertility, impotence and other glandular disorders.

PSA (PROSTATE SPECIFIC ANTIGEN) SST #010322



\$0

\$ 40.00

Screening for benign or cancerous growth of the prostate in men. As prostate cancer is the most common cancer among men, the American Cancer Society recommends this test as part of an annual prostate screening for men age 50 or over. However, baseline testing is appropriate for men of any age especially those with family history of prostate cancer.

VITAMIN D SST #081950



\$0

\$ 40.00

Measures the level of vitamin D circulating in the blood. Low vitamin D levels have been linked to several cancers, heart disease, stroke, diabetes, depression, weight gain and an increased susceptibility to colds and flu. Although it is rare, taking too much vitamin D can lead to serious health problems including kidney failure.

VITAMIN DEFICIENCY ANEMIA SST #000810



\$0

\$ 37.00

Measures levels of vitamin B12, iron, and folate. Insufficient levels can lead to anemia. Some symptoms of anemia include: fatigue, pale skin and nail beds, shortness of breath, and an elevated heart rate.

COLOR GUIDE: • DIABETES

HEART HEALTH

MEN'S HEALTH

WOMEN'S HEALTH



CITY OF ELMHURST

INDIVIDUAL PROGRAM INFORMED CONSENT/REGISTRATION

CLIENT CODE Elmhurst

THIS IS NOT A REQUI	SITION FOR LAB WORK		
Please PRINT LEGIBLY DAYTIME AREA CODE & PHONE NUMBER			
LAST NAME			
FIRST NAME			
MAILING ADDRESS	APT #		
CITY	ST ZIP		
EMAIL			
ADDRESS BIRTH BIRT			
OF YOUR SOCIAL DATE DATE	BLANK WILL		
Self Reported HEIGHT FT IN WEIGHT LBS	Self Reported BLOOD PRESSURE BE RECORDED AS DECLINED		
EMPLOYEE / SPOUSE / DEPENDENT 18+ / RETIREE <65 WITH BCBS PPO PLEASE SELECT ONE: EMPLOYEE / SPOUSE / DEPENDENT 18+ / RETIREE <65 WITH BCBS HMO EMPLOYEE / SPOUSE / DEPENDENT 18+ / RETIREE <65 NOT ON THE PLAN			
BCBS PPO INSURED ID# BCBS PPO GROUP N	NO./GROUP ID# PLEASE CHECK ONE: PRIMARY INSURED SPOUSE/DEPENDENT		
I hereby consent to have Empower Health Services, LLC (EHS), and its assigned screening partners, complete and obtain the following items that may be included in the Wellness Screening Program: a blood sample; blood pressure; height and weight; BMI and/or body composition calculation; waist and/or hip measurements. I consent to have a sample of my blood taken via venipuncture and I understand that there are possible risks associated with taking a blood sample by venipuncture including, but not limited to, the risk of discomfort, bruising, fainting, or infection. I consent to and authorize the drawing of my blood for lab analysis as indicated above. I authorize EHS and its assigned screening partners to disclose my screening results to my employer's group health plan for the purpose of administering any incentive awards, or for payment, treatment, or health care operations as permitted by applicable law. I understand that my participation in this Wellness Screening Program is voluntary. EHS's Notice of Privacy Practices (NPP) has been made available to me in connection with this Wellness Screening Program. A current copy of the NPP is also available at www.empowerhealthservices.com/privacypolicy. My signature below acknowledges receipt and acceptance of the NPP. I understand the information provided in this Wellness Screening Program is not intended as a substitute for the professional advice and care of my personal physician and in no way provides a medical diagnosis. If I have any questions or concerns about my results, or obtain an abnormal screening result, I will consult my physician. I release and discharge EHS and any other organization(s) associated with this Wellness Screening Program and their respective shareholders, parents, subsidiaries, officers, directors, employees, affiliates, successors, or assigns, and the program sponsors, the owners/operators of this facility, my insurer, and/or administrative service provider/wellness program provider associated with this program from any and all liabi			
✓ 235717 Panel C (Chem Screen, HDL, Non HDL & CBC)			
	TEST OPTIONS Credit Card payment (EHS will contact you for Credit Card payment)		
010322 PSA (Prostate Specific Antigen)	000810 Vitamin Deficiency Anemia (B12 & Folates)		
224576 Advanced Thyroid Profile	649749 Allergy Panel (RAST)*		
030452 Inflammatory Joint Disease 004226 Testosterone (Male Hormone Level)	001453 Hemoglobin A1c*		
081950 Vitamin D	028480 Female Hormone Profile		
	ColoCARE® (Non-lab/self test)		
Registration Fax completed form to 630.385.0156 • Attn: Individual Program Options Mail completed form to: EHS Individual Program • 4205 Westbrook Dr., Aurora, IL 60504			
REGISTRATION DEADLINE: 2/8/19	SCREENING DEADLINE: 2/15/19		

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