

CLERMONT COUNTY'S MEDICAL PREMIUM DISCOUNT PROGRAM

Annual Physical Discount Voucher —For Covered Employees & Spouses:

Clermont County is offering all benefit eligible employees an opportunity to obtain a discount on their medical payroll deductions again in 2019. To qualify, **both you and your spouse (if covered on the plan)** must have an annual physical and routine blood work with your family physician between November 1, 2017 and October 31, 2018 and then submit this voucher, signed by your physician, to Yvonne Smith, Employee Benefits Coordinator by November 10, 2018.

Follow the guideline below to qualify for the 2019 medical plan discount program:

- Complete your preventative annual physical and routine blood work between November 1, 2017 and October 31, 2018.
- If your spouse is enrolled in the medical plan, they must also complete a routine physical and blood work within the same time frame in order for you to be eligible any discounts.
- Have your physician complete and sign the voucher below indicating you or your spouse have completed your routine physical.
- Return your completed form to Human Resources (Yvonne Smith) **no later than November 10, 2018.**
- Receive a credit in 2019 for participating in 2018.

Preventive care is generally less costly than treating illnesses which could have been prevented by routine examinations.

Preventive services and lab work (routine blood tests) are covered at 100% as long as they are coded as preventive and performed by an in-network provider. Make sure you remind the physician at the time of your visit that it is a preventive visit, if they code it as something other than preventative or if you have additional tests or procedures, your visit and tests may not be covered at 100%.

*Print **Employee's** Name*

Employee ID#

Department

Print Spouse Name (if patient is spouse)

Patient's Signature

Exam Date

IMPORTANT NOTE: Book early!! Physician's offices generally book at least 90 days in advance for routine physicals.

****Please have your physician complete the information below****

This is to certify that _____ received a routine physical examination and the appropriate preventative blood work was performed.

Date of Service

Print Name of Health Care Provider

Signature of Health Care Provider

Practice Type