



Fraternal Order of Police Wellness Form
January 01, 2025 – December 08, 2025
Due Monday, December 08, 2025



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)

Non-tobacco Tobacco

2. BLOOD PRESSURE

Guidelines: 120/80

Date Measured (MM/DD) ____/____/____

****Do not provide test results****

3. CHOLESTEROL

Guidelines: LDL 100 or less HDL 60 or greater, TOTAL > 200

Date Measured (MM/DD) ____/____/____

****Do not provide test results****

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) ____/____/____

****Do not provide test results****

Yes No

OPTIONAL SCREENINGS TO CONSIDER (NOT REQUIRED)

| Health Factor | Recommendation | Discussed with Physician |
|---------------------------|--|--|
| Colon Cancer Screening | Members aged 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 screened every year and older | <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.

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 to take part in the Annual Wellness Program. Participants will be entered in a lottery for 12 months of FREE MEMBER (Employee/Retiree) Health Coverage.


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:

| | |
|--|--|
| <p>Over-the-counter Medications Require Prior Authorization</p> | <ul style="list-style-type: none"> • Nicotine Replacement Gum • Nicotine Replacement Lozenge • Nicotine Replacement Patch |
| <p>Prescriptions Require Prior Authorization</p> | <ul style="list-style-type: none"> • Bupropion Sustained-release (generic Zyban) Tablet • Nicotrol Inhaler • Nicotrol Nasal Spray • Chantix Tablet <div style="display: flex; align-items: center; margin-left: 20px;">  <div style="margin-left: 10px;"> <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 </div> </div> |

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