Annual Preventive Visit Form

An annual preventive visit is one of many ways to earn credits toward your deductibles and coinsurance on the CVT Wellness PPO Plan with the Blue Shield Network. You can earn 50 credits when you get an annual preventive exam with your primary care physician (PCP). To meet this requirement, you must:

| Visit your physician for an annual preventive visit during your current plan year (October 1 through |
|--|
| September 30). |

Complete the "member" portion of this form.

- Have your physician complete the "physician" portion of the form during or after your visit.
- Return this form as soon as possible to HealthComp using one of the methods listed below. (Your form must be received no later than November 30 following the end of your plan year.)

Email scan: Please type "CVT Wellness" in the subject line and send to scanform@healthcomp.com; or Fax: (559) 499-2464; or

Mail: HealthComp Administrators, P.O. Box 45018, Fresno, CA 93718

Please retain a copy for your records. Once the claim for your preventive visit is processed, your credit will show on your Explanation of Benefits (EOB) statement.

INCENTIVE APPLIES ONLY TO SUBSCRIBERS AND THEIR SPOUSE OR DOMESTIC PARTNER ENROLLED IN THE CVT WELLNESS PPO WITH THE BLUE SHIELD NETWORK.

Dear Physician,

As a trust with a strong commitment to our members' health, we are encouraging members to see their PCP annually to discuss screening and preventive measures specific to their age, gender, and health risks. These may include Pap smears and mammograms, assessment of lipid status, blood pressure and blood sugar screening, BMI measurement and nutritional/exercise assessment, tobacco use, appropriate immunizations, etc. Members who document this assessment by their PCP (which can occur either during a routine office visit or a separate preventive visit) can earn a wellness incentive credit as part of the CVT Blue Shield wellness plan. By attesting to these risk assessments and preventive interventions with your patient and our member, you are supporting their personal commitment toward wellness. And for that, we thank you.

Regards,

California's Valued Trust

This section to be completed by physician:

| Patient Name: | Date of Office Visit: |
|--|--|
| I verify that the above patient was evaluated in my office on | the date above and an age/gender/health risk appropriate |
| annual preventive visit was completed. I discussed with the po | atient my recommendations for any and all appropriate |

screening and preventive measures and will work with the patient to develop a plan to complete these in a timely manner.

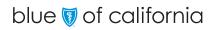
| Physician Signature: | Date: | |
|---------------------------|---------------------|--|
| Physician Name & Address: | | |
| Phone number: | Insert Office Stamp | |

This section to be completed by member:

Member First & Last Name:

| Work Phone Number: | CVT Wellness |
|--------------------|----------------|
| | PPO Member ID: |

Member Signature:





Tips for a successful doctor's visit

Knowing more about your health status can help you maintain your good health status, better manage any conditions you might have or be at risk for developing, and reduce your risk of costly health problems that may be avoidable. Get the most out of your visits with your doctor by asking the following questions:

- What are my numbers (i.e., blood pressure, glucose, cholesterol, BMI) and what do they mean?
- What should my targets be, and how do I improve my results?
- Given my age, gender, and medical history, what health screenings are recommended?
- □ What signs and symptoms should I watch out for? If I have symptoms, what should I do?
- □ What lifestyle changes can I make that might help my condition?
- When should I be rechecked?

Medical Plan Coverage

Annual preventive visits are covered at 100% (that's no cost to you). For a complete list of what preventive services your medical plan covers, please contact your health plan directly.

Though we believe that most providers will not charge an additional fee to fill out this simple form, there is a possibility that some providers may do so. Any fees incurred will be your responsibility. If you are on the CVT Blue Shield Wellness Plan, no copay is required for an annual preventive visit (in-network only, out-of-network benefits may differ, please check your plan's Summary Plan Description [SPD]). Remind your doctor's office that you are there for your annual visit, and ask them to submit the claim as a preventive visit. If the issue is not resolved, you may contact Healthcomp Member Services at (800) 442-7247.

Resources

Call CVT Member Services at (800) 288-9870 for benefits and claims questions or to find a doctor in your area.