

## FBP Wellness Program

**DON'T WAIT,  
SCHEDULE  
YOUR ANNUAL  
PHYSICAL  
TODAY!**

### STEP 1

Schedule your annual preventive exam with an in-network Anthem provider

- Visit your primary care physician, or find an in-network provider at [Anthem.com](https://www.anthem.com)
- Exam must be between 11/1/23 - 10/18/24
  - Anthem allows 1 preventive exam per calendar year, not from the time of your last exam

### STEP 2

Take the "physician verification of annual preventative exam" form to your Dr. visit

### STEP 3

Submit form to [fbphrbenefits@ports.pppo.gov](mailto:fbphrbenefits@ports.pppo.gov) no later than 10/18/24

### STEP 4

Receive 5% off your insurance premium contribution in 2025

Applies to all Salary and P&TU employees (hired prior to July 1, 2024) and their spouses, if enrolled in Anthem's medical plan.

Wellness resources available to you include Anthem Sydney Health app, \$200 in Anthem gift cards for completing activities, Real Appeal weight loss program, Lark diabetes prevention, wellness discounts and more. Find it all at [www.anthem.com](https://www.anthem.com)





### Physician Verification of Annual Preventive Exam

Your health is important to us. We understand maintaining optimal health in today's busy and stressful environment can be difficult. For that reason, we are providing you added incentive to see your physician on an annual basis to make sure your biometric numbers are in check and work with you on any risk factors.

If scheduled with an in-network provider as a **preventative visit or annual physical**, there should be no out of pocket costs.

**Note: Annual exams do NOT have to be 365 days apart, Anthem allows 1 visit per calendar year.**

**Submit the completed form to Benefits at [fbphrbenefits@ports.pppo.gov](mailto:fbphrbenefits@ports.pppo.gov) by no later than **10/18/2024** to receive the **5% premium** discount for 2025.**

I hereby acknowledge that the undersigned patient is up-to-date with ACA recommended preventative care general health risk status and screening as age, gender, and family medical history appropriate. Please do not include any medical information.

Patient Name: \_\_\_\_\_

Date of office visit: \_\_\_\_\_  
(must be between **November 1, 2023 and October 18, 2024**)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Printed Name: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_