



2017 Wellness Screening (WS) Health Care Provider Form



This form is not for onsite Quest events. Results completed at those events will be sent to Healthy Living on your behalf

As part of PepsiCo's Healthy Living Program, eligible employees and their covered spouses (if enrolled in a PepsiCo medical plan) may complete a Wellness Questionnaire* and submit Wellness Screening* results from their health care provider for the opportunity to receive Healthy Living Rewards. Individual results will not be shared with PepsiCo. As always, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws apply to protect your confidentiality. Please refer to the Instructions below on how to complete and submit this form. Wellness Screenings must be completed between January 1, 2017 and March 31, 2017 to be eligible to earn a Healthy Living Reward.

**For the purpose of your program, "Wellness Questionnaires" refers to the Healthyroads Personal Health Assessment, and "Wellness Screening" refers to the Healthyroads Biometric Screening as these terms are noted on the Healthy Living website Privacy Statement, the Terms and Conditions, and other areas of the website including within disclaimer language.*

INSTRUCTIONS:

1. Read the Use and Disclosure Statement at the bottom of page
2. Complete Part 1 of the form using black or blue ink only.
3. Complete a Wellness Screening as part of your annual preventive physical with your Health Care Provider (HCP) and ask your HCP to complete Part 2 and sign the form after validating your screening results. **For rewards paid in 2017, only Wellness Screening results from January 1 – March 31, 2017 will be accepted**.** As part of PepsiCo's medical plan, annual exams with an in network provider are covered at 100% with no deductible. You are responsible for any charges that may be incurred from your HCP as a result of completing this form.
****New hires must complete within 90 days of hire or by November 30, 2017, whichever comes first.**
4. **Please Note: Laboratory reports should not be submitted. Healthyroads will not review laboratory reports** to obtain and process data values. Healthyroads will only process data entered on this form by your HCP. Any laboratory reports that are submitted will be shredded by Healthyroads upon receipt.
5. Make a copy of the form for your records
6. Please be sure the form is complete and legible. All fields marked with an asterisk (*) are required and incomplete forms will not be processed. Fax, email* securely, or mail completed forms to:
 - Fax Number: 1-855-321-2746
 - Email Address: HealthyLivingForms@healthyroads.com
 - Mailing address: Healthy Living – Attn: BIO DATA-C4-1, P.O. Box 509040, San Diego, CA 92150-9040

*Security measures available through email services can vary; because of this Healthyroads encourages you to check with your email provider and/or organization about the security protections available to the emails you send before emailing your form to Healthyroads.

All forms must be received by March 31, 2017 in order for rewards to be processed in 2017

7. Your Wellness Screening data will be viewable on the Healthy Living website at www.healthyliving.pepsico.com in the Scorecard section under the My Health tab within 10 business days of receiving your completed form, but no earlier than January 1, 2017. Once your form has been processed, you will receive notification via email (if valid email address is provided) that your data is viewable on the Healthy Living website. **If your form is incomplete, it will not be processed.** Incomplete forms will be returned via email if provided and indicated as the preferred method of delivery on the following page. If not, then forms will be returned via US Mail.
8. Healthy Living Rewards apply to employees who are eligible for PepsiCo benefits (and their spouses covered under a PepsiCo medical plan). Employees covered under a collective bargaining agreement (CBA) that restricts changes to benefits and/or contributions are not eligible unless the CBA specifically indicates eligibility. If you have questions about your eligibility for rewards, please contact the HR Service Center at 1-866-HR-FOR-ME. For any questions related to this form, please call Healthy Living at 1-855-737-1117, 8am – 9pm EST Monday through Friday, or email your question to HealthyLiving@Healthyroads.com.

Healthyroads® Biometric Assessment Information Use and Disclosure Statement

As part of a voluntary wellness program, you will also be asked to complete a voluntary biometric assessment test, which will include a blood test for general screening purposes. The biometric assessment test will not gather any genetic information of the participant, except to the degree health information about an employee's spouse is considered genetic information of the employee under the Genetic Information Nondisclosure Act of 2008 ("GINA"). Healthyroads, Inc. and its affiliates or subsidiaries as well as their successors, assignees, and licensees (hereinafter "Healthyroads") may use and/or provide the information relating to the biometric assessment tests to your plan sponsor or health plan, or to other entities that have contracted with your plan sponsor or health plan, as applicable, to administer your plan. In addition, Healthyroads may also use your personal information obtained through the biometric assessment results form to provide you with information about other health-related benefits available to you through your plan sponsor or health plan, as applicable. That data may also be used to populate your online tools and trackers on Healthyroads.com, which may be used by your Healthyroads Coach® in connection with the Healthyroads Coaching Program if that program is available to you and you choose to participate in it. Provision of the information noted above to your plan sponsor, health plan, or other entities, as applicable, and for health coach outreach to the phone number you provide that have contracted with your plan sponsor or health plan to administer your plan, is intended for purposes related to treatment, payment (billing, eligibility) or operational and administrative requirements. Such purposes will vary by entity, but may include, eligibility for incentives due to participation in the program, quality control and auditing purposes, and facilitation with case management or disease management programs available from your plan sponsor or health plan, as applicable. In these situations, Healthyroads requires recipients of the information to ensure that there are safeguards in place so that personal information is only used for the purposes noted. If information is disclosed to plan sponsors who are employers, then such information is required to be used for benefit administration purposes only. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Your employer or plan sponsor cannot deny you access to health coverage or have the extent of your benefits limited, or subject you to any other adverse employment action or retaliation, for not participating.

