

# 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 2021. 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, 2019 and October 31, 2020 and then submit this voucher, signed by your physician, to the Employee Benefits Coordinator by November 10, 2020.

**Follow the guideline below to qualify for the 2021 medical plan discount program:**

- Complete your preventative annual physical and routine blood work between November 1, 2019 and October 31, 2020.
- 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 have completed your routine physical. Your spouse should submit a separate form indicating the same.
- Return your form to: Human Resources - Employee Benefits Coordinator **no later than November 10, 2020.**
- Receive a credit in 2021 for participating.

**Preventive services and lab work** (routine blood tests): **Covered at 100%** (in-network only). **Check with your provider at the time of your visit to ensure that tests are coded "preventative".**

**IMPORTANT TIP:** Book early!! Physician's offices generally book at **least 60 days** in advance for routine physicals

\_\_\_\_\_  
*Print Employee's Name*

\_\_\_\_\_  
*Employee ID#*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Print Spouse Name (if patient is spouse)*

\_\_\_\_\_  
*Patient's Signature*

\_\_\_\_\_  
*Exam Date*

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

This is to certify that \_\_\_\_\_ received a routine annual physical examination and the appropriate routine blood work.

\_\_\_\_\_  
*Date of Service*

\_\_\_\_\_  
*Print Name of Health Care Provider*

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Practice Type*

### **MEDICAL OFFICE INFORMATION:**

**Clermont County covers one annual physical and routine blood tests per calendar year. There is no requirement to wait a full 12 months before the next annual physical.**