



# Your 2023 Healthy Merits Program

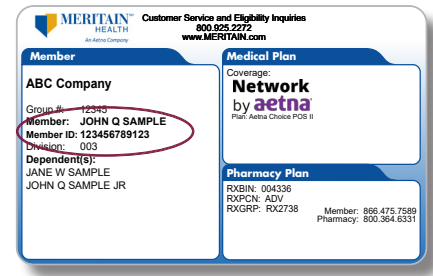
Argus Consulting, Inc.

Welcome to your Healthy Merits Wellness Program! The goal of Healthy Merits is to help you become healthier by establishing smart and easy habits to last a lifetime, versus setting temporary goals. All employees and spouses who are enrolled in the medical plan are eligible to participate. If you are an employee who is enrolled in the medical plan, you are eligible to earn Medical Premium Discounts. Don't wait, log on today at <https://argus.healthymerits.com>.

## Healthy Merits website registration

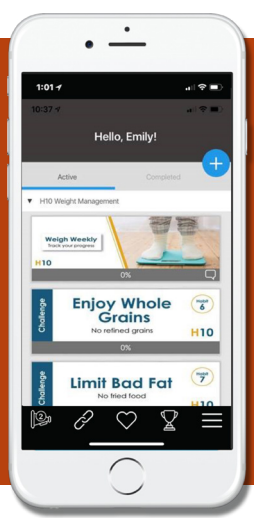
To get started, you must first register for your Healthy Merits account at <https://argus.healthymerits.com>. Register using the information exactly as it appears on your Meritain Health® medical ID card. **If you have a middle name or initial on the ID card, enter that on the first name box.** Your unique ID is your member ID.

Employees who are not enrolled on the medical plan will use their employee ID number to register, given at the time of hire and located in Deltek.



## Spouse registration

Spouses on the health plan will be eligible to participate in the wellness program. After the insured employee has registered, the spouse can enter their information and register. **Please note:** the email with which the primary member registered is required during spouse registration.



## Mobile app

Prefer to participate in the wellness program on your smartphone? Download the Healthy Merits app in the iOS App Store®, Google Play Store™, or scan the QR code below and create an account. You will need to use the company code **Argus** during registration.



Apple app



Android app

## Wellness Program

### Discount A: Physician Screening and Health Risk Assessment (\$50.00 per month in 2024)

#### Activity 1: MeasureUp

Learn about your current health by undergoing a preventive health exam with your Primary Care Physician (PCP) or an in-network health care professional of your choice. Log on to <https://argus.healthymerits.com> and request a Physician Screening form through the *MeasureUp* tile which will be emailed to you, to take with you to the exam.

- Complete your annual preventive health exam with bloodwork and ask your PCP to complete the bloodwork results portion of your Physician Screening form.
- Submit your Physician Screening form through the *MeasureUp* tile by selecting the schedule button.  
**Deadline to submit:** October 31, 2023. Exams and results dated between November 1, 2022 and October 31, 2023 will be accepted.

#### Activity 2: AgeGage Health Risk Assessment

Visit <https://argus.healthymerits.com> or download the Healthy Merits app to complete your AgeGage health risk assessment. Argus will receive only aggregated data and no personal health information will be disclosed.

- **Deadline to submit:** October 31, 2023.

### Discount B: NicotineFree Challenge (\$25.00 per month in 2024)

Non-tobacco users may earn this additional incentive by completing a Tobacco Status Affidavit stating that they do not use tobacco or nicotine products. Eligible employees can complete and submit the affidavit on <https://argus.healthymerits.com>.

Or

Tobacco users may earn this incentive by completing the NicotineFree Challenge, tobacco cessation program on <https://argus.healthymerits.com>. This program includes ten University Wellness Courses.

- **Deadline to submit:** October 31, 2023.

**Please note:** Only employees on the plan must complete the AgeGage health assessment and the MeasureUp biometric screening to earn the 2024 premium Discount A. If you are unable to participate in the wellness program or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

Visit <https://argus.healthymerits.com> to register for challenges, University Courses and In-bound health coaching calls to help you on along your wellness journey.

## About your rewards

Your health plan is committed to helping you achieve your best health and wellness by offering rewards for participating. If you think you might be unable to meet a standard for a reward under this wellness program, just contact Healthy Merits at **1.877.348.4533**. We can help find an alternate activity with the same reward that's right for you.

**Questions? Just call Healthy Merits Customer Service at 1.877.348.4533 or email [healthymerits@meritain.com](mailto:healthymerits@meritain.com).**

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## Wellness Timeline

Healthy Merits  
Registration



Register at [Argus.healthymerits.com](https://Argus.healthymerits.com)

**Discount A:**  
Measure UP and  
AgeGage



Complete your preventive exam and have your PCP submit the **Measure UP** data and Complete **AgeGage** on [Argus.healthymerits.com](https://Argus.healthymerits.com) by **October 31, 2023**.

**Discount B:** Nicotine Free  
Challenge



Complete on [Argus.healthymerits.com](https://Argus.healthymerits.com) by **October 31, 2023**.

Personal Challenges



Complete on [Argus.healthymerits.com](https://Argus.healthymerits.com)

University Wellness Courses



Complete on [Argus.healthymerits.com](https://Argus.healthymerits.com)

In-Bound Health Coaching Calls



Complete on [Argus.healthymerits.com](https://Argus.healthymerits.com)

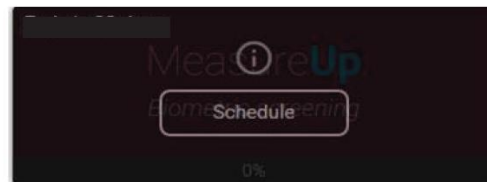
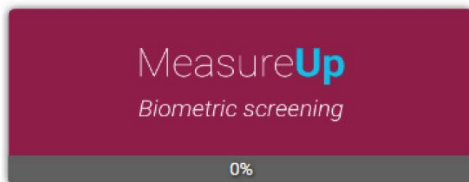
## EMPLOYEE HEALTH SCREENING

# Argus Consulting Physician Screenings November 1<sup>st</sup>, 2022 thru October 31<sup>st</sup>, 2023

**Tests Include:** Lipid Panel, Glucose, Blood Pressure, Height, Weight, Waist Circumference and BMI.  
**Fasting for 9 hours before your appointment is recommended.**

### TO REQUEST YOUR OFFSITE SCREENING:

1. Go to <https://argus.healthymerits.com>. Please note registration cannot be completed from the Healthy Merits app; only from the Healthy Merits URL. Select **Register** if you need to activate your account. You will need to enter your information exactly as it appears on your Meritain Health Insurance ID Card. Your **Unique ID** is your Meritain ID Number.
2. Once you have logged in to your wellness portal, click on the **Measure Up** card and click **Schedule**. You will need to input your registration information one more time. From there, select the option to complete a screening with your physician.



3. Once you have completed the sign-up process, a confirmation page will be generated for you to print for your records.

**REMEMBER:** Fasting (no food) for 9 hours before your appointment is recommended. Please drink plenty of water. Black coffee is permitted. Continue to take any prescription medications. If you are diabetic, please consult your physician before fasting.

eHealthScreenings  
A Premise Health® company



*SCREENINGS MADE SIMPLE*

# How It Works

The physician screening option is open for registration. You can use the pre-populated marketing flyer to start advertising the program to your participants.

## THE SCREENING PROCESS: Physician Screening

- As participants register online, they will receive an email with their pre-populated Physician Screening Form and a set of instructions to complete their screening. Participants will be responsible for any regular co-pays and deductibles that apply to their physician visit, including lab fees. Sample of participant's email and form below.
- Once a participant is registered, they will take the Physician Screening Form to their physician. The form must be filled out completely.
- For this screening, a nine-hour fast prior to specimen collection is required. Water is permitted and encouraged. Keeping hydrated helps with the collection. This screening requires a blood sample and biometric measurements.
- Completed Physician Screening Forms and supporting official laboratory forms (a copy of results) can be uploaded into a participant's health screening portal or emailed by the participant or physician to: [ehs.physicianscreening@ehealthscreenings.com](mailto:ehs.physicianscreening@ehealthscreenings.com).
- Within 5 days of submission, the participant will receive an email notification of:
  - Receipt of complete paperwork, or
  - Notification of incomplete paperwork and a description of what requirements are missing.
- If a participant does not receive an email or see results online within 5 business days of submission, then we did not receive their paperwork. Please have the participant contact eHealthScreenings Customer Support at 888-708-8807 Ext. 1 with any questions.

NTU03Test3\_NTU03test3\_PhysicianScreening.pdf  
437 KB

**Action Items**

Thank you for selecting the option to submit physician lab results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician and lab visit.** Attached completed and submitted, along with your lab results, by the deadline below.

**Criteria and Instructions:**

- The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose.**
- The required biometrics include: **Blood Pressure, Height, and Weight.**
- The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and fingersticks will not be accepted.
- Blood results must be provided on the attached Physician Screening Form (a physician's letter will not suffice).
- All of the information included on the attached Physician Screening Form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program.
- Do not provide a copy of this form to other participants. Each participant must request their own form.
- Tests should be administered no earlier than: **1/1/19** and no later than: **5/31/19**.
- Screening results must be received by eHealthScreenings no later than: **5/31/19**.
- Completed Physician Screening Form can be uploaded in your health screening portal. Go to My Appointments and select Upload Form. Alternatively, documentation can be emailed to [ehs.physicianscreening@ehealthscreenings.com](mailto:ehs.physicianscreening@ehealthscreenings.com).

If you have any questions or to confirm receipt, please contact eHealthScreenings by email at [help@ehealthscreenings.com](mailto:help@ehealthscreenings.com) or by phone at 1-888-708-8807.

If you do not receive an email or see your results online within 3 business days of submission then we did not receive your forms. Please contact eHealthScreenings Customer Support at 888-708-8807 Ext. 1.

Thank you,  
EHS Customer Service Team

Physician Screening Email

Physician  
Screening Form

eHealthScreenings A Premise Health® company		Physician Screening Form Screening Key: XXXXX	
<b>Screening Name</b> Company Health Screenings			
<b>Criteria and Instructions</b> The following testing criteria must be met for the participant to be eligible for the wellness program incentive. 1. The required fasting laboratory tests include: <b>Lipid Panel and Fasting Glucose.</b> 2. The required biometrics include: <b>Blood Pressure, Height, Weight and Waist Circumference.</b> 3. The blood sample must be drawn by <b>venipuncture</b> . Urine tests, mouth swabs, and finger sticks will not be accepted. 4. <b>Blood results must be provided on this form and supported by a copy of your official lab results which includes your name, DOB, test results and test date for verification (a physician's letter will not suffice).</b> 5. All information included on this form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program. 6. Do not provide a copy of this form to other participants. Each participant must request their own form. 7. Tests should be administered no earlier than: <b>DATE</b> and no later than: <b>DATE</b> . 8. Screening results must be received by eHealthScreenings no later than: <b>DATE</b> . 9. Completed Physician Screening Form and supporting official laboratory form (a copy of your results) can be uploaded to your health screening portal. Go to Step 2 and select Upload Form. Alternatively, documentation can be emailed to <a href="mailto:ehs.physicianscreening@ehealthscreenings.com">ehs.physicianscreening@ehealthscreenings.com</a> .			
<b>Section A   Participant Information (participant to complete)</b>			
First Name:	Last Name:		
Sex:	DOB (mm/dd/yyyy):		/ /
Phone:	Email:		
Participant Signature:	Date:		
<b>Section B   Physician and/or Testing Facility Information (physician / nurse to complete)</b>			
Physician & Practice / Facility Name:			
Address:		Phone #:	
National Provider ID # or CLIA certification #:		Test Date (required):	
Physician Signature:		Date:	
<b>Section C   Biometric Test Results and Fasting Status (physician to complete)</b>			
<b>Blood Pressure</b>		<b>Body Measurements</b>	
Systolic (mmHg):	Diastolic (mmHg):	Height (inches):	Weight (pounds):
			Waist (inches):
			<b>Fasting Status</b>
			<input type="checkbox"/> Yes, I fasted 8 or more hours
			<input type="checkbox"/> No, I did not fast 8 or more hours
<b>Section D   Lab Test Results (participant must fill in and submit both this form and lab report by the deadline)</b>			
<b>Blood Testing Results</b>			
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	Triglycerides (mg/dL)	Glucose (mg/dL)
			LDL Cholesterol (mg/dL)
Please contact eHealthScreenings with any questions email us at <a href="mailto:help@ehealthscreenings.com">help@ehealthscreenings.com</a> or call (888) 708-8807. Fax (210) 767-2245.			
			<b>Lab Report Must Be Attached</b>