

# Biometric screenings



## The benefits of screenings

### Why should I get a screening?

Screenings provide information about your cholesterol, blood sugar, body mass index, and blood pressure. After you are screened, you can review your results with a health educator.

### Do I need to prepare for a screening?

Fasting for 12 hours is recommended. However, you should drink plenty of water and take all medications as prescribed. (Pregnant women should not fast.) The blood test involves a simple fingerstick. Please bring your doctor's address and phone number if you would like to have your results sent to him or her.

### How do I sign up?

Go to [my.pitt.edu](http://my.pitt.edu) and follow this path: My Resources > Human Resources > MyHealth Access > Better Health & Wellness > Biometric Screening Registration

### What if I cannot attend the screening event?

[Schedule an appointment online](#) at a Quest Patient Service Center. Remember to use code: **Pitt2018**

### Will I receive an incentive for participating?

Panther Advocate, Gold, Plus, and Basic members can earn up to \$125 for a biometric screening.\*

## FREE biometric screenings!

Date: October 2, 3, 11, 2018

Time: 7 to 11 a.m.

Location: William Pitt Union  
Lower Lounge

### Questions?

Please contact UPMC Health Plan Member Services at 1-888-499-6885.

*Please note that your health screening data will remain private and confidential. Your employer will not have access to your individual screening results.*

*We are committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all qualified members of this plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-855-395-8762, and we will work with you and your doctor to find a wellness program with the same reward that is right for you in light of your health status.*

*\*Rewards for Panther Advocate, Gold, and Plus members will be applied to their Health Incentive Account (HIA). Rewards for Panther Basic members will be applied to their September 2019 paycheck.*



UPMC HEALTH PLAN

## Nondiscrimination Notice

UPMC Health Plan<sup>1</sup> complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances  
PO Box 2939  
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 1-800-361-2629)  
Fax: 1-412-454-7920  
Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

<sup>1</sup>UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., and/or UPMC Benefit Management Services Inc.

## Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-499-6885 (TTY: 1-800-361-2629).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-499-6885 (TTY: 1-800-361-2629)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-499-6885 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-499-6885 (телетайп: 1-800-361-2629).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-499-6885 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-499-6885 (TTY: 1-800-361-2629) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-499-6885 (TTY: 1-800-361-2629).

(ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-499-6885 (رقم هاتف الصم والبكم: 1-800-361-2629)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-499-6885 (ATS: 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-499-6885 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-499-6885 (TTY: 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-499-6885 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-499-6885 (TTY: 1-800-361-2629).

សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-888-499-6885 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-499-6885 (TTY: 1-800-361-2629).