



Manage your blood pressure. You could earn \$100 to use toward your out-of-pocket costs.

As you know, regular visits to your doctor are important. They can help you manage your blood pressure and respond to changes. To encourage these visits, your health plan offers a \$100 wellness incentive credit.

To earn the credit, provide two blood pressure readings taken by your doctor who manages this condition **between January 1 and December 31**.^{*} The readings need to be from two different visits in 2026. Each reading needs to be below 140/90.

Return the Doctor Verification Form by December 31, 2026.

To claim your credit, ask your doctor who manages this condition to complete the enclosed form. They should then return it to us by the end of the year. Once we review your results, and you've met these health goals, we'll put \$100 into your Wellness Incentive Account.

If your blood pressure is 140/90 or above, refer to the official plan brochure section 5(h) for other ways to earn this incentive. Or send an inquiry to our secure email address for additional information.

You can send the form to us by:

- Secure fax to: **1-855-792-8210 (TTY: 711)**
- Secure email to: **GeneralQMFEHBFFS@Aetna.com**
- Regular mail to: **Rural Carrier Benefit Plan
P.O. Box 14079
Lexington, KY 40512-4079**

***We can't accept any results outside of this timeframe. The doctor who manages your blood pressure must sign their name and add their professional credentials to the form.**

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). This is a brief description of the features of this Aetna health benefits plan. Before making a decision, please read the plan's applicable federal brochure(s). All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure. Incentive-based activity awards will only be given for completing select wellness programs as determined by the plan sponsor.

HIPAA NOTICE

We understand physicians' concerns about confidentiality and releasing medical records. Be assured that our data collection efforts comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. All of the information is confidential. Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).



Blood Pressure Doctor Verification Form

To earn the credit, provide two blood pressure readings taken by your doctor between January 1 and December 31. We can't accept any results outside of this timeframe.

ALL FIELDS ARE REQUIRED

Member name:

DOB:

Plan member ID#:

The readings need to be from two different visits in 2026. Each reading needs to be below 140/90. If your blood pressure is 140/90 or above, refer to the official plan brochure section 5(h) for other options to earn this incentive or send an inquiry to our secure email address for additional information.

Date of service:	B/P reading:
Date of service:	B/P reading:

I attest that the information is correct and applies to the above member for the dates of service given. A plan representative may contact your office to verify or clarify the information if necessary.

Doctor name and credentials: _____

Doctor signature and date: _____

Return this form to Aetna by December 31, 2026.

Please return this form directly to Aetna via any of these options:

- Secure fax to: **1-855-792-8210 (TTY: 711)**
- Secure email to: **GeneralQMFEHBFFS@Aetna.com**
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