



Dear Crouse Health Employee Health Plan Member:

The Crouse mission is to provide the best in patient care and to promote community health — this includes the well-being of our own employees and their families. Employees enrolled in the Crouse Hospital or Crouse Medical Practice Health Plans on or before August 1, 2025 are invited to participate in this program and earn up to \$500 by completing program requirements.

Sincerely,

Seth Kronenberg, MD
Chief Executive Officer

PROGRAM REQUIREMENTS:

1. Ensure your required appointments are scheduled, see “Program Checklist & Tips” section of this packet.
2. Work with your Primary Care Provider (PCP) to complete and submit the enclosed form.

**Employees who enroll in the health plan between June 1 – August 1 will have until August 1 to complete Step 1*

Your form will be processed by the Population Health Coordinator and will only be used for the purpose of this program.

INCENTIVE LEVELS & REQUIREMENTS

Level	General Information	Incentive Details
1	Complete Annual PCP Visit, Up-to-date Lab & Screening Services <i>Spouses eligible to complete Level 1 (requires Crouse health plan enrollment)</i>	Employee: \$100 Spouse Bonus: \$50
2	<i>Must successfully complete Level 1 to be eligible for Level 2 incentives</i> FOUR Health Goals: Healthy Weight, Blood Pressure, Blood Sugar/A1c, and LDL TOBACCO FREE STATUS Visit www.crouse.org/wellness for programs supporting Tobacco Free status, including a FREE program offered by Excellus.	Each Health Goal: \$75 Tobacco Free Status: \$25 <i>\$25 bonus if all goals are met and tobacco free status achieved</i>

Employee must be employed by Crouse Hospital or Crouse Medical Practice when the incentive is paid in 2026.

If your PCP determines that any of the program requirements are not medically appropriate based on your specific situation (ex: serious illness), your PCP can submit an exemption request. The request should include confirmation that you are following your individualized plan of care.

Services required for this program are covered with little or no cost share, according to the Crouse Health Employee Health Plan. Contact Excellus directly using the number on your health plan ID card for coverage questions.

Crouse Health is offering this program to support you and your relationship with your PCP. If you have any questions about this program or need a PCP, please call the Crouse Population Health Coordinator 315-470-7726 or email healthincentiveprogram@crouse.org.

2025 POPULATION HEALTH INCENTIVE FORM

FAX FORM BY **JANUARY 15, 2026** to the program coordinator at **315-470-5734** or email healthincentiveprogram@crouse.org.

It is the participant's responsibility to ensure this form is received and processed, email address above to check status.

VISIT [CROUSE.ORG/HEALTHINCENTIVE](https://crouse.org/healthincentive) TO OBTAIN ADDITIONAL COPIES OF THIS FORM

PATIENT COMPLETE

PATIENT NAME: _____ DATE OF BIRTH: _____ EMP # _____

If not the patient, please indicate insurance cardholder's name: _____

☐ **Tobacco Free Patient Attestation:** I am "Tobacco Free," meaning I do not currently use and have not used in the last 6 months any form of tobacco; including cigarettes, pipes, cigars, smokeless tobacco or vaping products.

Patient Signature: _____ Date: _____ ☐ Current Tobacco User

PATIENT COMPLETE

LEVEL 1 INCENTIVE – COMPLETE ALL APPLICABLE REQUIREMENTS

Requirement #1 – Primary Care Provider (PCP) Visit with Current Lab Tests *all participants*

Date of PCP Visit: _____ (*performed in 2025*) Date of Cholesterol Test: _____ (*Jan. 1, 2021 – Dec. 31, 2025*)

☐ Patient is NOT Diabetic _____ ➔ Date of Fasting Glucose: _____ (*Jan. 1, 2021 – Dec. 31, 2025*)

☐ Patient is Diabetic _____ ➔ Date of A1c: _____ (*performed in 2025*)

Requirement #2: Cervical Cancer Screening ("pap test") *females ages 21-64 as of 12/31/25* ☐ N/A -or- ☐ Exception Applies
Participant can self-report date and screening provider to PCP **Exception:** hysterectomy, agenesis, cervix absence

Date: _____ (*performed between Jan. 1, 2023 – Dec. 31, 2025*) Screening Provider: _____

Requirement #3: Breast Cancer Imaging Screening *females ages 41-84 as of 12/31/25* ☐ N/A -or- ☐ Exception Applies
Considers American College of Radiology recommendation **Exception:** double mastectomy

Date: _____ (*performed in 2025*) Imaging Provider: _____ ☐ Report is in PCP chart (required)

Requirement #4: Colorectal Cancer Screening *all participants ages 46-75 as of 12/31/25* ☐ N/A -or- ☐ Exception Applies
Exception: colorectal cancer or total colectomy

Must complete at least one of the below services in timeframe noted (check all that apply):

- ☐ Fecal Occult Blood Test (*performed between Jan. 1, 2025 - Dec. 31, 2025*)
- ☐ Cologuard (*performed between Jan. 1, 2023 - Dec. 31, 2025*)
- ☐ Flexible Sigmoidoscopy or CT Colonography (*performed between Jan 1, 2021 - Dec. 31, 2025*)
- ☐ Colonoscopy (*performed between Jan. 1, 2016 - Dec. 31, 2025*)

Date: _____ Screening Provider: _____ ☐ Report is in PCP chart (required)

Requirement #5: Diabetic Retinal Eye Exam* *participants diagnosed with Diabetes Type 1 or Type 2* ☐ N/A

Date: _____ (*performed in 2025*) Screening Provider: _____ ☐ Report is in PCP chart (required)

**If you do not have a relationship with an eye care provider, you may you may contact navigator@crouse.org for assistance.*

PROVIDER COMPLETES

LEVEL 2 INCENTIVE – MEET HEALTH GOALS WITH "IN RANGE" OR "IMPROVED RESULT"

"Improved Result" = 5% improvement since prior year

Healthy Weight COMPLETE BOTH YEARS:
2025 Weight & BMI: _____ 2024 Weight & BMI: _____ ☐ Patient is a Healthy Weight
☐ Patient is NOT a Healthy Weight

LDL < 190 *If most recent result is out of date, provide most recent and prior results.*
Most Recent Result & Date: _____ / Prior Result & Date: _____

Non-diabetics: Fasting Glucose < 106 *If most recent result is out of date, provide most recent and prior results.*
Most Recent Result & Date: _____ / Prior Result & Date: _____

Diabetics: A1c < 8.0% *(fasting glucose result not required)*
2025 Result: _____ 2024 Result: _____ (*If 2025 is out of range, provide both years*)

BP < 140 systolic and < 90 diastolic
2025 Result: _____ 2024 Result: _____ (*If 2025 is out of range, provide both years*)

Tobacco Free ☐ Patient has not used tobacco or vaping products in last 6 months

REQUIRED

PCP VERIFICATION (REQUIRED FOR ALL FORMS)

By signing this form, PCP verifies that the information provided is accurate and consistent with the medical records on file for this patient.

Practice Name: _____ Provider Name (Print): _____

Date: _____ Provider Signature: _____

DO NOT
LEAVE
BLANK

Program Tips & Checklist

MAKE YOUR APPOINTMENTS NOW

- Use the below checklist to plan for your appointments (requirement details on program form).
- **Call your providers now** to set your appointments for the year. If you wait until the second half of the year to call, providers may not have available appointments to meet program deadlines.

HEALTH PLAN COVERAGE FOR SERVICES – CALENDAR YEAR COVERAGE

Crouse Health Plans offer “calendar year” coverage, meaning you do not need 365 days in between visits. For example, last year’s annual PCP visit on Dec. 1 → this year’s visit can be anytime, does not need to be on or after Dec. 2. Remind your provider(s) about the “calendar year” coverage (as needed).

Requirement	Guidance	Status/Appt Date:
Primary Care Visit <i>Calendar Year Coverage</i>	Need a PCP? Visit www.crouse.org/providers You are not required to have a Crouse PCP for this program.	____/____/____ <input type="checkbox"/> COMPLETED
Labwork	Fasting Cholesterol & Glucose A1c (Diabetics Only)	____/____/____ <input type="checkbox"/> COMPLETED
Breast Cancer Screening <i>Calendar Year Coverage</i>	Breast Centers may be scheduling 4-8 weeks out (or more) from the time you call to schedule. <u>Call now</u> to stay on your 12 month schedule, do not wait until you are “due” to call to schedule the appointment.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Cervical Cancer Screening “Pap Smear” <i>Calendar Year Coverage</i>	Make sure this is completed on your form. Your PCP may not have this on file, please complete this section <u>prior</u> to giving the form to your PCP. If this is left blank, the form will not be accepted.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Colorectal Cancer Screening <i>Various Coverage</i>	BEGINS AT AGE 45 Complete <u>either</u> colonoscopy or stool sample test. <u>Colonoscopy</u> : Specialists will typically schedule an initial appointment and then schedule the procedure. This process can take up to 3-5 months (or more) to complete. Call your PCP now to initiate process and discuss best option for you.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Diabetic Eye Exam <i>Medical & Vision Plan Coverage</i>	Tell your eye care provider that you have diabetes so the appropriate exam is performed. Give your medical <u>and</u> vision insurance cards to your eye care provider. Request the exam report be sent to your PCP. Visit www.crouse.org/diabetes for more information.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Spouse Bonus	Enrolled spouse can complete Level 1 for Bonus Incentive Obtain form at www.crouse.org/healthincentive <i>Employee must also complete Level 1 for spouse bonus to apply</i>	<input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
MEET DEADLINES	Services must be completed by December 31, 2025 FORM MUST BE SUBMITTED BY JANUARY 15, 2026	<input type="checkbox"/> COMPLETED