

Annual Wellness Exam

Your annual wellness exam is important for your health and well-being for early detection of preventable and potentially serious illnesses. Here is key information you need to know about your annual wellness exam:

Is an annual wellness exam covered under every State of South Dakota health plan?

Yes. No matter which health plan you have, an annual wellness exam is covered once per plan year (July 1– June 30) when performed by an in-network provider.

When could my exam result in additional charges?

Any discussions, tests and treatments not defined as ACA preventive care may be filed by your doctor as diagnostic care or as part of an office or medical visit, which may result in an additional charge.

For example, you may have a cost-share if:

- You discuss a specific symptom or health concern
- You discuss medications or prescriptions
- A diagnosis leads to additional tests or treatment
- Your exam is performed by an out-of-network provider
- Your exam happens more than once in your benefit period
- Your doctor files your services under anything other than preventive care

What's the difference between preventive and diagnostic care?

Preventive care and diagnostic care have different goals and outcomes:

- **Preventive care** is routine care as defined by the ACA that is intended to evaluate risk factors for preventable health conditions, leading to lifestyle changes and early diagnosis that may reduce overall risk and long-term medical costs.
- **Diagnostic care** involves specific tests and services intended to identify existing health conditions for the purpose of management and treatment. If your doctor discovers a new symptom or health concern during your annual wellness exam, they may perform or recommend additional tests or treatments. This may change the nature of your visit, leading to an additional charge.

Is an annual wellness exam required to earn my incentive for the LiveWellSD program?

Yes. You must receive your annual wellness exam, complete your Biometric Screening Form (including your doctor's signature) and complete the online health assessment through the LiveWellSD portal to qualify for your LiveWellSD incentive.

**REFERENCE THE CUSTOMER SERVICE NUMBER
ON YOUR INSURANCE CARD FOR QUESTIONS.**

State of SD Member Health Plan FY27 Biometric Screening Form

FORMS MUST BE RECEIVED BY APRIL 1, 2027

PLEASE NOTE: If your spouse is enrolled in one of the health plans, a Biometric Screening Form must be submitted by the employee for both the employee and spouse.

1. Complete all member information, including registration type, and sign the form.
2. Visit your primary care provider for your annual wellness exam between **4/2/2026** and **4/1/2027**. Ask your provider to complete the Biometric Screening information section, review the results with your provider, and have your provider sign the form.
3. All completed forms must be submitted via the LiveWellSD portal between **4/2/2026** and **4/1/2027** by uploading <https://livewellsd.sd.gov/en/home/incentive-rewards/> (preferred method) or fax to 615-377-0505. Forms received after the deadline will not be accepted.
4. Form submissions will be processed every business day from 8:00am to 4:00pm central standard time. Any forms submitted after 4:00pm will be processed the following business day. During periods of high volume, allow extra time for processing.
5. All fields on the form must be complete including signatures. **Avoid delays** by working with your provider to ensure the form is complete and keep a copy for your records.

MEMBER INFORMATION (All fields must be filled in and completed by the Member)

Select EE or SP under Registration Type. Then enter the first name, last name, and date of birth for the person associated with that selection.

Registration Type: Employee Spouse

Member First Name: _____ Member Last Name: _____

Member Date of Birth: (mm/dd/yyyy) _____ Male Female

Have you fasted for at least 9 hours? (No food. Only water permitted.) Yes No

Email: _____

 Member Signature (required): _____ Date Signed: _____

Preventive Care like the annual wellness exam is covered under the health plan. However, if a separate diagnosis or concern is identified, and additional testing is required, those tests will be paid at the normal plan benefits, subject to deductibles and/or copays.

BIOMETRIC SCREENING INFORMATION (To be completed by the Provider)

Date of Screening: (mm/dd/yyyy)

/ /

(Screening Range: 4/2/2026-4/1/2027)

Blood Pressure:

/

Systolic Diastolic

Height:

Inches

Weight:

Lbs.

Glucose (No A1C):

mg/dL

PROVIDER SIGNATURE

Provider Name: _____ Provider Phone Number: _____

 Provider Signature (required): _____ Date Signed: _____

Disclosure of Information. I understand that the information submitted on this form is used by Propel, Inc., the State's wellness program provider, to provide wellness program services to me. In the event that Propel's services are transitioned to another service provider, Propel may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives, Propel may provide my name/unique ID to my employer or its designated representative to notify them of the fact that I am eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to my employer for program administration purposes. Propel may also use my Personal Information as part of group statistical research and analysis, in a manner that does not identify me. I also understand that my Personal Information may be incorporated into my Health Assessment results by Propel. Except for these types of usage and the uses specified in the terms of use and Privacy Policy, available on the Live Well SD portal, my Personal Information will not be disclosed by Propel. Propel understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). Propel will comply with the HIPAA rules and regulations.

GINA Notice and Authorization. This screening is part of your employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The results of this screening may be considered information protected under GINA ("GINA Protected Information"). GINA requires that you receive this GINA Notice and Authorization prior to undergoing the screening. Your Employer Program uses GINA Protected Information to help you understand your potential health risks and to offer you other wellness program services. The Employer Program safeguards GINA protected information and will not disclose any GINA Protected Information, except as permitted by GINA and other applicable law. Your GINA Protected Information will be disclosed to you and to vendors of the Employer Program, for purposes of providing you with Employer Program services. Your GINA Protected Information will not be sold, exchanged, or transferred, except to the extent permitted by law to carry out activities related to the Employer Program. You will not be asked to waive the confidentiality of this information as a condition of participating in the Employer Program or as a condition of receiving any incentive. Your GINA Protected Information will only be disclosed to your employer in aggregate terms that do not disclose your specific identity.