



**2026**  
**WELLNESS REBATE**  
**CERTIFICATION FORM**  
**For Employees with**  
**WESTERN HEALTH ADVANTAGE**  
**(WHA)**  
**Medical Coverage**  
**(Payment Authorization and**  
**Wellness Consultation Information)**

**EGUSD USE ONLY**

Verified: \_\_\_\_\_

**Form due no later than October 1, 2026 by 5pm. Forms will be accepted starting November 1, 2025**

**1. Employee** EIN: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Confirmation Email: \_\_\_\_\_ Work Location: \_\_\_\_\_

**2. Glucose & Cholesterol Screening** Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Physician/Representative Signature

Contact your Primary Care Provider (PCP) to request a Wellness Consultation appointment and order your glucose and cholesterol screening lab work. Your PCP's office will direct you to the applicable laboratory for screening. There is no copay for this screening. A copayment may be required if your PCP decides you need more comprehensive labs. Fasting is recommended but not required. To show you have met this requirement, have your PCP sign the "Completed" field (above) at the end of your Wellness Consultation. Do not ask laboratory personnel to sign this form.

**3. Health Risk Assessment** Completion Date (per employee): \_\_\_\_\_

A health risk assessment is a series of questions to help employees become aware of any health risks. The District will not have access to your individual answers.

To complete this requirement, take the MyWHAWellness Personal Health Assessment (PHA) through Healthroads offered by Western Health Advantage by visiting <http://blogs.egusd.net/wellness/> and clicking on the health risk assessment logo. After finishing the personal health assessment, enter the date it was completed in the space above.

**4. Wellness Consultation** Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Including Blood Pressure & Body Mass Index (BMI)

Employee's Physician/Representative Signature

A Wellness Consultation is a clinical visit that includes information regarding recommended age-appropriate screenings and a review of your biometric screens (glucose and cholesterol screening), blood pressure screening, BMI, and health risk assessment. Blood pressure screening and BMI, which is a height and weight measurement, will be completed as part of your Wellness Consultation. One Wellness Consultation appointment every 12 months is a zero-copayment visit. If your Wellness Consultation becomes a more comprehensive appointment about matters outside the area of the Wellness Consultation, the visit may be subject to a copayment. You may contact WHA Member Services for any questions at (916) 563-2250.

**PROVIDER USE ONLY**

For billing/encounter reporting, use the appropriate CPT code from the following list along with the ICD10 code Z02.79:

This visit has \$0 member cost share: 99401 (Preventive counseling, 15 minutes) 99402 (Preventive counseling, 30 minutes)

**5. Employee Certification**

Before submitting this form, did you:

- ☐ Complete shaded items 1, 3, and 5?
- ☐ Obtain sign-off from your Primary Care Provider (PCP) for items 2 and 4?

I certify that I have completed the necessary requirements above and hereby authorize my Western Health medical provider to confirm that I have received an annual Wellness Consultation and have been informed of recommended age-appropriate screenings. I understand that completed forms are subject to verification. *No private health information is to be disclosed as part of the confirmation.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions on Completing Wellness Rebate Certification Form for Western Health Advantage (WHA) members:**

- ☐ Schedule an appointment with your Primary Care Provider (PCP) after May 31, 2025. Inform the staff that you are an EGUSD employee calling to schedule a wellness consultation and request labs for glucose and cholesterol screening. **APPOINTMENT MUST OCCUR WHEN BENEFIT ELIGIBLE WITH EGUSD**
- ☐ Complete labs at a facility designated by your PCP's office at least two days prior to the appointment.
- ☐ Complete the online health risk assessment (see Box 3 for more information).
- ☐ Complete the appointment with your PCP – **bring this form and ask the PCP to sign boxes 2 and 4 above.**
- ☐ Review the form to ensure items 1-5 are completed (employees are to complete shaded items), retain a copy of form for your records, and return the original form to EGUSD Compensation & Benefits office via intradistrict mail, email ([benefits@egusd.net](mailto:benefits@egusd.net)) or in person.

Retain a copy of completed form for your records and return the original completed form to  
District Compensation & Benefits office, Room 107, via intradistrict mail, in person or email to [benefits@egusd.net](mailto:benefits@egusd.net)