



IncentiCare Health Results Appeal Instructions

If you are appealing a deductible reward, you must submit your appeal and any applicable supporting documentation within thirty (30) days from the date that your BeniComp Health Screening results were released online.

Acceptable reasons to create an appeal:

- If you believe your test results are inaccurate or false
- If your test results are incomplete
- If you believe that it is medically inadvisable for you to attempt to achieve your company's goals or biomarker criteria

Follow these steps to submit your appeal:

1. Visit benicomp.com/appeals to download and print the "IncentiCare Health Results Appeal Form"
2. Review the appeal requirements below to accurately complete your appeal
3. Complete the "IncentiCare Health Results Appeal Form" with your Primary Care Provider
4. Submit the "IncentiCare Health Results Appeal Form" via the submission link at benicomp.com/appeals
5. Schedule a [Health Coaching session](#) to review your appeal. Your health coach will provide you with tools and next steps for your appeal.

Biomarker	Appeal Requirements
BMI	<p>Your Primary Care Provider (PCP) must provide measurements of your height, weight, and BMI calculation. Date of measurement must be within 30 days of your health screening.</p> <p>Other supporting measurements include: waist and hip circumference and or body fat percentage.</p> <p>If you have a muscular build, are pregnant, or have any other disability affecting your BMI measurement, please have your PCP provide a verification letter.</p>
Blood Pressure	<p>Provide a record of the last 3 readings (with dates) of your blood pressure from your PCP.</p> <p>If you are on blood pressure medication, your blood pressure must be controlled (<130/85) or within range for an appeal to be approved. Verification letter from PCP required.</p> <p>In order for your Blood Pressure appeal to be approved, your health screening results must indicate that you are nicotine/cotinine negative.</p>
Blood Glucose	<p>Please provide a re-test from a certified laboratory or laboratory results date marked within 30 days of your health results being released.</p> <p>*Fasted blood glucose required, additional A1c results preferred.</p>
LDL Cholesterol	<p>Please provide a re-test from a certified laboratory or laboratory results date marked within 30 days of your health results being released.</p> <p>Please provide your new triglyceride health result alongside your new LDL result.</p>
Nicotine/Cotinine	<p>This is not a smoking attestation.</p> <p>Please provide a re-test from a certified laboratory or laboratory results date marked within 30 days of your health results being released.</p> <p>If you are completing a smoking cessation program you are ineligible to earn the appeal until that program has been complete and you can provide updated results. Claims incurred prior to the date of retest will not be reimbursed.</p>