



## 2025 Wellness Rewards Program

EVRAZ encourages employees to lead a healthy and active lifestyle, and as such you have an opportunity to earn **\$300** in the 2025 calendar year. To receive your reward you must complete these steps by October 31st:

**1**

**Get your annual preventive care exam.**

This is covered at no cost through your medical insurance.

**2**

**Get your annual biometric screening.**

This includes a full lipid profile with cholesterol, blood sugar and blood pressure.

**3**

**Submit your screening results.**

Send the included form and lab results as instructed.

Results are not shared with EVRAZ.

### Deadlines

Payment will be made in December 2025.

Note: You must be an active employee at the time of payment (partial or early payments will not be provided).

Dear Participant,

Integrated Health 21 (IH21) is proud to partner with EVRAZ North America to facilitate programs for your health screening needs. This year EVRAZ North America is offering the opportunity for employees to obtain their biometric screening results directly from their primary care physicians. Any co-pay, deductible, or cost for form completion will be the employee's responsibility. The screening includes the following:

- Full lipid profile (Total cholesterol, HDL, LDL, and Triglycerides)
- Blood sugar
- Blood pressure

You will need to contact your health care provider so that you can complete the screening. If you have obtained all of the required results anytime since **November 1<sup>st</sup>, 2024**, then your provider may use that to complete the Screening Results form.

**In order to satisfy this component of your wellness program your screening results must be sent to Integrated Health 21 between the following dates:**

- **Beginning: November 1<sup>st</sup>, 2024**
- **Ending: October 31<sup>st</sup>, 2025**

**It is critical that your information is returned to Integrated Health 21 in a timely manner. Your results MUST BE returned by your physician by direct mail or fax.**

See the attached instruction sheet that is included in this letter for detailed instructions.

If you have further questions regarding The EVRAZ North America Wellness Program, please contact your Human Resources Representative. If you have questions regarding the screening process or results, please contact Integrated Health 21 at 1-800-451-6889.

### Participant Instructions

Included in this packet is a **Screening Results** form to take to your Health Care Provider.

**Step 1:** Contact your primary care physician to make a preventive visit appointment and to obtain your biometric results and fasting lipid panel test. To ensure accurate results, we recommend that you fast 9 to 12 hours prior to your testing; however, water and black decaffeinated coffee/tea are acceptable. You are encouraged to take medication as prescribed by your physician. Please note any copays, deductibles or cost of form preparation by your health care provider is your responsibility.

**Step 2:** Provide your health care provider with the **PDR Screening Results Form (see attached form)**. Your signed form must be completed and include:

- Blood Panels – with a copy of the actual lab report
- Blood pressure reading (systolic/diastolic)

**Step 3:** Ensure you have signed the Screening Results Form. Both you and your provider must sign the form. Forms without both signatures will NOT be accepted.

**In order to satisfy this component of your wellness program your screening results must be sent to Integrated Health 21 between the following dates:**

- **Beginning: November 1<sup>st</sup>, 2024**
- **Ending: October 31<sup>st</sup>, 2025**

### Physician Instructions

**Step 1:** Complete and sign the **PDR Screening Results Form**.

**Step 2:** Include a **copy of the actual lab results**.

**Step 3:** Return the PDR Screening Results Form and Lab Copy to IH21 Data Management by fax or mail to:

Integrated Health 21  
2403 Sidney Street, Suite 220 B  
Pittsburgh, PA 15203  
or  
Fax: 412-432-5714

If you have any questions, please contact IH21 at 1-800-451-6889 or [ih21office@integratedhealth21.com](mailto:ih21office@integratedhealth21.com)

**EVRAZ North America PDR SCREENING RESULTS FORM**

**TO BE COMPLETED BY PARTICIPANT:**

Participant Name	
Member ID as it appears on insurance card	
Home Address: Street City, State zip	
Date of Birth (mm/dd/yyyy)	____/____/____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone Number	(____) ____ - ____
Email	

I authorize my health care provider to release my results to Integrated Health 21 (IH21). I understand that per IH21's Notice of Privacy Practices, which was acknowledged and made available to me upon registering for this form and is available by calling IH21 at 800-451-6889, my health information may be disclosed by IH21 to the insurer/administrator of my health plan. I also understand that it is my responsibility to 1) direct questions regarding testing to those administering the tests and 2) follow up with my physician to discuss the results of these tests. PARTICIPANT SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Critical Dates:**

**Lab results may be from the period: November 1<sup>st</sup>, 2024**

**Lab results Due to IH21: October 31<sup>st</sup>, 2025**

**COMPLETED BY MEDICAL PROVIDER ONLY:**

	Value	Date of Test		Value	Date of Test
Total cholesterol (mg/dL) *			Glucose (mg/dL) *		
HDL (mg/dL) *			Fasting 9-12 Hours	Y	N
LDL (mg/dL) *			Blood pressure: If over <b>140/90</b> , repeat once If over <b>160/100</b> , repeat twice	_____ _____	
Triglycerides (mg/dL) *					

*\*Please also include a **copy of the actual lab results**. By signing below I certify results are correct.*

Facility Name \_\_\_\_\_ Facility Phone Required \_\_\_\_\_

Printed Name of Medical Provider \_\_\_\_\_ NPI Number \_\_\_\_\_

MEDICAL PROVIDER SIGNATURE \_\_\_\_\_ \*Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*If date is not supplied, received fax date or posted date on mailed envelope will be used as the screening date.*

**Please fax completed form and results to IH21 at 412-432-5714 by **10-31-2025**. Date faxed \_\_\_\_/\_\_\_\_/\_\_\_\_ Or mail to Integrated Health 21, 2403 Sidney Street, Suite 220B, Pittsburgh, PA 15203.**