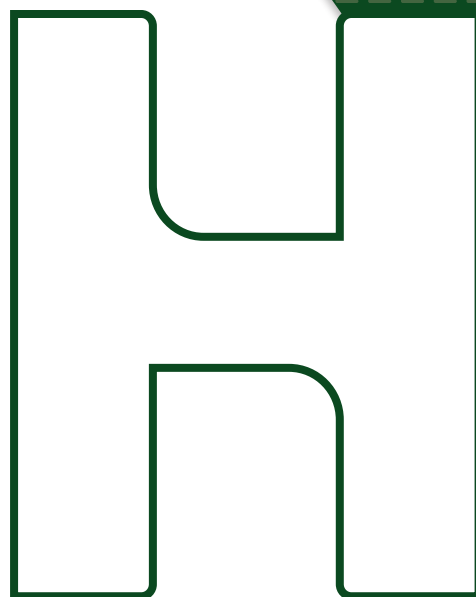


Annual Checkup

It's time to schedule your Annual Checkup

The Annual Checkup provides an opportunity to develop a tailored health management plan, discuss questions or concerns with your physician, review your health strategy, and receive recommendations for preventive care for the upcoming year.



Prepare for your visit

Complete your Annual Checkup checklist ahead of time.



A better health, no cost involved

Your Annual Checkup is covered at no additional cost under your Humana plan.



Complete visit, earn \$25 reward

Completing your Annual Checkup supports your health goals and qualifies you for \$25 in rewards* through Go365 by Humana®.



Scan this QR code

Scan this QR code with your mobile device or visit <https://communication.humana.com/annualcheckup/group>.

Schedule your appointment

Contact your primary care provider's office and request an appointment for a Medicare Annual Checkup.

Humana®

*Amounts shown represent the value of the reward, not actual dollars. Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same plan year. Any rewards not redeemed by December 31 will be forfeited.

Annual Wellness Visit checklist

Answer questions about your health

Here are questions you can review before your appointment. Check any that may apply to you and tell your doctor about any changes since your last visit.



Your physical health

Have you been in the:

- ___ hospital ___ emergency room or
- ___ urgent care center
- ___ Have you ___ fallen or ___ lost your balance

Do you have:

- ___ Joint pain or ___ stiffness
- ___ Bowel problems or ___ bladder/urinary problems
- ___ Shortness of breath or ___ chest pain
- ___ Headaches or ___ dizziness
- ___ Vision or ___ hearing loss
- ___ Skin changes
- ___ Memory concerns



Your medications

Are you:

- ___ Taking your medications as prescribed
- ___ Taking any new medications
- ___ Skipping medications because you don't have transportation, can't afford them or forget to take them
- ___ Taking any supplements (vitamins, minerals, etc.)
- ___ Taking any over-the-counter medications (used to treat pain, coughs, colds, flu, etc.)
- ___ Not taking any medications because of the side effects

Do you have any side effects with your current medications?



Your lifestyle

Are you:

- ___ Walking more or ___ walking less
- ___ Exercising more or ___ exercising less
- ___ Gaining or ___ losing weight
- ___ Eating more or ___ eating less
- ___ Drinking more alcohol
- ___ Smoking more or ___ smoking less
- ___ Using marijuana or ___ CBD
- ___ Sleeping more than usual or ___ unable to get a good night's sleep consistently



Your emotional health

Are you:

- ___ Lonely or ___ isolated
- ___ Sad or ___ depressed
- ___ Moody
- ___ Out of touch with family or ___ friends
- ___ Worried about your finances or ___ the future
- ___ Having regular mental health check-ins with programs and/or professionals



Your notes:
