



## INSTRUCTIONS COMPLETING THE MEMBER'S CHOICE ACTIVITY

To complete this activity, choose **ONE** of activities identified below. Any exam done during the 2021 calendar year counts towards completion of this activity.

- Medical Exam with your Primary Care Physician. The on-site biometric screening does not qualify.
- Dental Examination
- Flu Shot
- COVID-19 vaccine, If available
- Annual Vision Examination

**Upload and Submit the bar code form or documentation directly to Wellvibe:**

**If your physician did not complete the form at the time of your appointment, it is permissible to submit Explanation of Benefits statement, myChart document, or Appointment card with the barcode form in lieu of provider's signature.**

1. Create a digital file of your documentation. Either scan it to your email or take a picture of it and send it to yourself. Then, save the file on your computer to use in step #6.
2. Navigate to your message center using the link on the top navigation bar.
3. Click on the button [Send Barcode Scan Form](#).
4. Enter the Screening Date (a.k.a. Date of Service) into the appropriate field.
5. Enter the bar code number that appears on your form.
6. Click Browse, find your saved document file, then click OPEN.
7. Agree to the legal policy.
8. Click "Send Message".

If you need assistance submitting your barcode form for your Member Choice activity, you can contact our support team at [support@wellvibe.com](mailto:support@wellvibe.com) or 800-499-1286.

[www.wellvibelogin.com](http://www.wellvibelogin.com)  
Group key code: **JJM4Q7**