UT Benefits
The University of Texas System

Preventive Care Incentive Certification Form

Use this form if you meet the criteria in Section 2 or 3*

Effective May 2027 an additional $50 premium differential applies to each employee or spouse without a preventive care exam by February 28, 2027. Subsequent years will require a preventive care exam.

1.

SUBSCRIBER / DEPENDENT SPOUSE INFORMATION	
EMPLOYEE NAME (LAST, FIRST, MIDDLE)	BENEFITS ID (BID)
NAME OF SPOUSE (LAST, FIRST, MIDDLE)	PATIENT DATE OF BIRTH

PROVIDER INFORMATION	
PROVIDER NAME	
PROVIDER ADDRESS	CPT CODES (SEE LIST BELOW)
DESCRIPTION OF SERVICE	DATE OF PREVENTIVE CARE EXAM

TYPICAL CPT CODES	
Routine preventive physical exam in office setting	**99381–99387** (new patients); **99391–99397** (established patients)
Preventive physical exam in outpatient setting	**99381–99387, 99391–99397**
Preventive physical exam at retail clinic	**99381–99387, 99391–99397**
Preventive well-woman exam	**99384-99387** (new patients) **and 99394–99397** (established patients), depending on age

2.

REASON FOR SUBMITTING PREVENTIVE CARE INCENTIVE WAIVER (WITH DOCUMENTATION)

____ Preventive exam received from provider outside the US
____ Preventive exam received from the Veterans Administration
____ Coordination of Benefits with preventive exam received from another employer's insurance
____ New participant and preventive exam received prior to hire AND exam was performed SINCE February 1, 2026

OR

3. Due to extenuating circumstances when preventive exam documentation is unavailable, the physician / medical provider may sign to certify the performance of the preventive exam. Section 3 must be completed in its entirety to qualify.

ALTERNATIVE PROVIDER CERTIFICATION	
PROVIDER NAME (PRINTED)	
PROVIDER ADDRESS	CPT CODES (SEE LIST ABOVE)
DESCRIPTION OF SERVICE	DATE OF PREVENTIVE CARE EXAM

By submitting this form, I certify that the person named is my patient and has received a Preventive Exam as indicated by the procedure code provided.

ALTERNATIVE CERTIFICATION SIGNATURES	
Provider Signature	**Date**

4. Employee signature and submission instructions

EMPLOYEE SIGNATURE	
Employee Signature	**Date**

SUBMISSION INSTRUCTIONS

Email the completed PCIP form, along with the explanation of benefits or other supporting itemized documentation showing the preventive exam, to:

Blue Cross and Blue Shield of Texas

UTS_PCIPcertificationform@bcbstx.com

***Please note: If you are enrolled in UT SELECT medical coverage as an active employee and choose to visit a non-BCBSTX provider who is out of network, use the BCBSTX Claim Form at https://www.bcbstx.com/docs/forms/claim/tx/medical-claim-tx.pdf or contact a UT SELECT Concierge directly for assistance: 866-882-2034.**

Legal notices relating to the plan are available at Legal Notices | The University of Texas System.