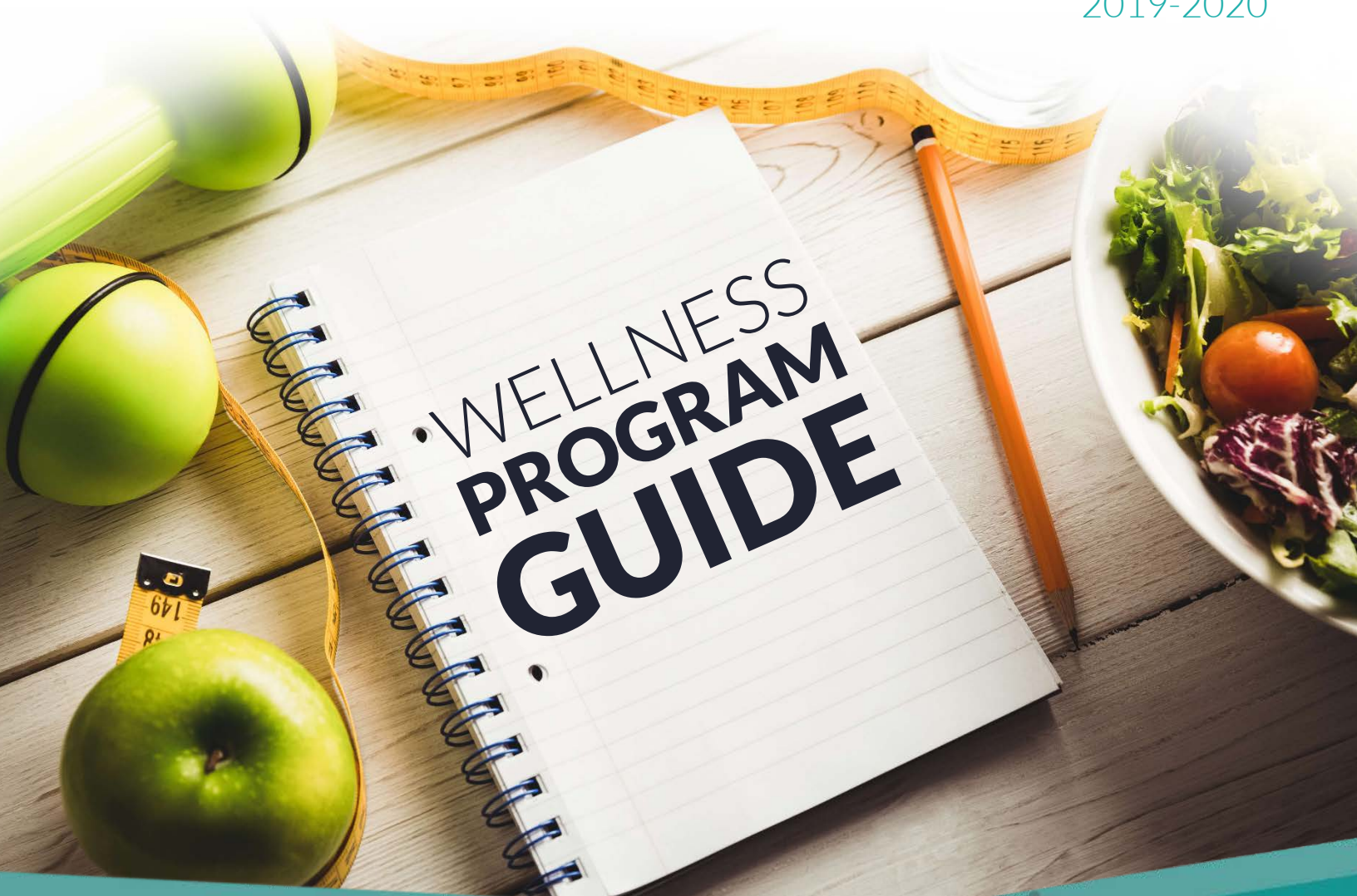




WELLNESS PROGRAM GUIDE

2019-2020



Wellworks ^{For You} 



800.425.4657
info@wellworksforyou.com
www.wellworksforyoulogin.com



1615 West Chester Pike
Suite 104
West Chester, PA 19382

WELCOME

Welcome to your 2019-2020 Wellness Program. Medically enrolled employees, retirees, spouses, and retiree spouses, if applicable, must complete Steps 1 – 3 below by **April 30, 2020** to **avoid a \$50 monthly surcharge per participant**.

STEPS TO AVOIDING A \$50 MONTHLY SURCHARGE PER PARTICIPANT

IMPORTANT! New Hire Requirements

If you are eligible for benefits **before January 1, 2020** you must complete the program in order to avoid the surcharge.

If you are eligible for benefits **on or after January 1, 2020** you do not need to complete the program in order to avoid the surcharge.



STEP 1: LOG INTO THE WELLNESS PORTAL

You must register on the Wellworks For You Wellness Portal prior to completing any activities this year. See page 3 for instructions on how to login. You will be required to change your password at login. Upon logging in for the first time, you will be prompted to read and accept the consent form and confirm your personal information.



STEP 2: PROOF OF ANNUAL PHYSICAL VISIT FORM

Complete an annual physical exam with your physician between **May 1, 2019** and **April 30, 2020**. Take this packet with you to your appointment and have your doctor complete and sign the Proof of Annual Physical Visit Form. It is the participant’s responsibility to return the form as part of the completed packet (see Step 3 below) by **April 30, 2020**.

- ✓ Have you already received your annual physical within the above timeframe? Take this packet to your physician’s office to have the Proof of Annual Physical Visit Form completed.

If you do not have a doctor, you can select a doctor within the SCEC Consortium health benefit plan network. If you need assistance in finding a physician, please go to www.myuhc.com.



STEP 3: SUBMIT YOUR PROOF OF ANNUAL PHYSICAL VISIT FORM BY APRIL 30, 2020

Submit your **Proof of Annual Physical Visit Form** one of the following ways:

- ✓ Upload via the Wellness Portal (see page 3)
- ✓ Scan or take picture via smartphone and email to: forms@wellworksforyou.com
- ✓ Mail to: **1615 West Chester Pike, Suite 104, West Chester, PA 19382, Attention: Forms Department**



VERIFY YOUR COMPLETION ON THE WELLNESS PORTAL

Please allow **7-10 business days** for Wellworks For You to receive and process each form submission. You can view your progress on the Wellness Portal under **ResultsNow**. (see page 3)

PLEASE NOTE: Keep a copy of all forms for your files. **Questions?** Please contact **Wellworks For You** at **800.425.4657**.



**Avoid \$50 Monthly Surcharge
Per Participant**

WELLNESS PORTAL

Please follow the instructions below to log into your confidential Wellness Portal account.

Log into the Wellness Portal

Your account credentials have already been generated for you. You do not need to create a new account. Use the username and password formats below to log into the Wellness Portal.

1. Go to www.wellworksforyoulogin.com
2. Your account credentials are listed below.

Member Type	Username Format	Password Format	Example (See formats below)
Employee	SchoolDistrictUsername_FirstnameLastname (See Format Below)	Date of birth: MMDDYYYY	UN: BowlingGreenR-I_JohnSmith PW: 11201980
Spouse	SchoolDistrictUsername_FirstnameLastname (See Format Below)	Date of birth: MMDDYYYY	UN: BowlingGreenR-I_JaneSmith PW: 08191985

Having Trouble Logging into the Wellness Portal?

You will be required to change your password at login. This requires confirmation of personal information. You can contact **800.425.4657** for assistance logging into your Wellness Portal account. If you have an active email on file you can reset your password from the login page or contact Wellworks For You to have a temporary password set.

View and Download Documents via Wellness Portal

All required forms are located on the Wellness Portal under the **Wellness Toolbox**. Participants can download and print all PDF forms for completion.

Upload Documents via Wellness Portal

Upload to Portal: Click **Contact Us** on the main menu bar of the Portal and use the **Attach File** button to select a file from your computer. Users can only upload one document at a time.

View your Participation on the Wellness Portal

1. Log into your Wellness Portal
2. Go to **ResultsNow**

School District Username Formats

BowlingGreenR-I	NewHaven
CharlestonR-I	NewburgR-II
CrawfordCountyR-I	PikeCountyR-III
CrawfordCountyR-II	RallsCountyR-II
ElsberryR-I	SalemR-80
EminenceR-I	SouthIronCountyR-I
FestusR-VI	SouthernReynoldsCountyR-II
Hillsboro	StClairRX-III
JeffersonRV-II	StJamesR-I
LousianaR-II	StateTech
MontgomeryCountyR-II	Sullivan

PROOF OF ANNUAL PHYSICAL VISIT FORM

Take this form with you to your scheduled annual preventative exam to be completed and signed by your primary care physician. It is the participant's responsibility to submit the Proof of Annual Physical Form to Wellworks For You by **April 30, 2020**.

CONTACT INFORMATION

COMPANY NAME: SCEC Consortium

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

DATE OF VISIT: _____

This **Proof of Annual Physical Visit Form** confirms that the participant named above received the following preventative care between **May 1, 2019** and **April 30, 2020**.

- Annual Preventative Exam** - (physical performed by Primary Care Physician)
- Preventative Screening** - **The following Preventative Screenings are included for all ages and genders: Blood Pressure, Height, Waist, Weight, and BMI.**
The following Preventative Screenings are included if ages 40-70/75: Total Cholesterol, LDL, HDL, and Glucose.

PLEASE NOTE: If your physician orders screenings not listed above you may be responsible for paying out of pocket costs. Not all screenings are covered 100% by the health plan.

Physician

I certify that the patient listed above received the tests indicated on this form on: ____/____/____

Physician Signature: _____ Date Signed: _____

Submit completed Annual Physical Visit Form one of the following ways by **April 30, 2020** to avoid a monthly surcharge for plan year 7.1.2020 – 6.30.2021.

- Upload via the Wellness Portal (see page 3)
- Scan or take picture via smartphone and email to: forms@wellworksforyou.com
- Mail to: **1615 West Chester Pike, Suite 104, West Chester, PA 19382, Attention: Forms Department**

SUBMIT YOUR FORM

Once you have completed all of the requirements for the wellness program, submit the completed Proof of Annual Physical Visit Form to Wellworks For You.

Choose one of the submission methods below:

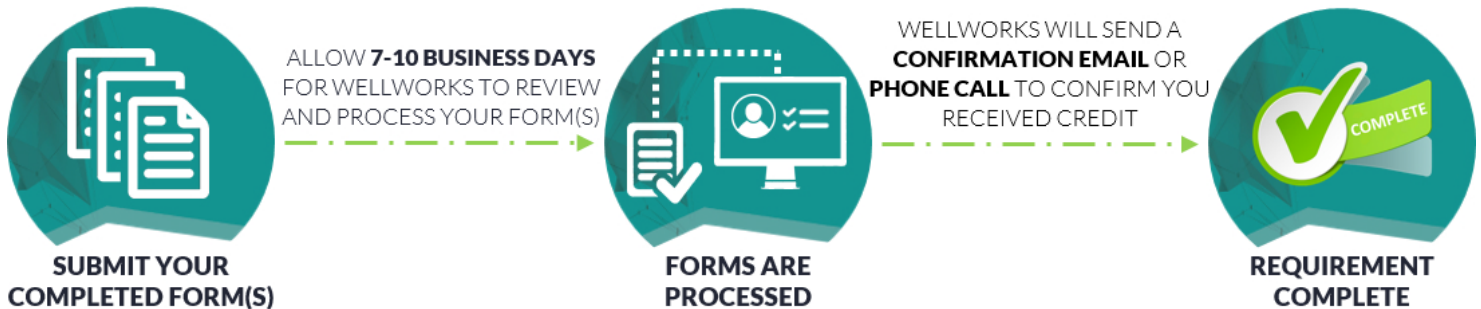
- ✓ Upload via the Wellness Portal (See page 3)
- ✓ Scan or take picture via smartphone and email to: forms@wellworksforyou.com
- ✓ Mail to: **1615 West Chester Pike, Suite 104, West Chester, PA 19382, Attention: Forms Department**

Keep a copy of all forms for your files. We will notify you when your packet has been processed. **Please allow 7-10 business days for processing.**



QUESTIONS? Please contact **Wellworks For You** at **800.425.4657**.

UNDERSTANDING THE FORM SUBMISSION PROCESS



THE FINE PRINT

SCEC Consortium's Wellness Program is a voluntary wellness program available to all employees and spouses covered by the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a Proof of Annual Physical Visit Form. You are not required to participate in the medical examination. However, employees and spouses covered by the medical plan who choose to participate in the wellness program will avoid a \$50 monthly surcharge per participant for completing and submitting the Proof of Annual Physical Visit Form.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Wellworks For You at 800-425-4657.

The information from your exam will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SCEC Consortium may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks For You will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the Wellworks For You team in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Wellworks For You at 800-425-4657.