



2020 WELLNESS PROGRAM GUIDE

JANUARY 15, 2020 – DECEMBER 17, 2020

CITY OF MOBERLY

Participate in your Wellness Program this year to earn the incentive to not pay \$50 a month.



Welcome to your 2020 Wellness Program. All employees covered by the medical plan will have opportunities to participate and complete the wellness program by **December 17, 2020** to earn the **incentive to not pay \$50 a month**. Your new program details are outlined in this guide.

STEPS TO EARN THE INCENTIVE TO NOT PAY \$50 A MONTH



STEP 1: REGISTRATION AND CONSENT FORM

Complete the Registration and Consent Form in its entirety and submit it to forms@wellworksforyou.com to earn credit for this step.



STEP 2: PHYSICIAN RESULTS FORM

Complete an annual physical exam with your physician between **January 1, 2020** and **December 17, 2020**. Take this packet with you to your appointment and have your doctor complete and sign the Physician Results Form. It is the participant's responsibility to return the form as part of the completed packet (see Step 3 below) by **December 17, 2020**.

- Have you already received your annual physical within the above timeframe? Take this packet to your physician's office to have the Physician Results Form completed.

If you do not have a doctor, you can select a doctor within the City of Moberly health benefit plan network. If you need assistance in finding a physician, please go to www.umar.com. Little clinics and minute clinics do not qualify as Primary Care Visit completion.



STEP 3: SUBMIT YOUR COMPLETED PACKET BY DECEMBER 17, 2020

Submit your **completed packet in its entirety** one of the following ways:

- Upload via the **Wellness Portal**
- Scan and email to forms@wellworksforyou.com
- Mail to **70 East Lancaster Ave, Frazer, PA 19355, Attention: Forms Department**

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



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**Incentive to
not pay \$50 a
month**

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
Employee	COM_LastnameEmployeeID	Date of Birth: MMDDYYYYY	UN: COM_Smith0877 PW: 03271990

Forgot Your Username or Password?

1. Go to www.wellworksforyoulogin.com
2. Select the **Forgot Username** or **Forgot Password** link
3. Enter your email address to initiate the password reset process or retrieve your username

View and Download Documents for Completion

All forms are located in your Wellness Portal within the Wellness Toolbox accessed via the Portal **MENU** or homepage section. Download and/or print PDF forms for completion.

View your Participation on the Wellness Portal

Wondering what you have completed to date?

1. Log into your Wellness Portal (www.wellworksforyoulogin.com)
2. View your program status right on the homepage!
3. For more details, click an icon within the **Results/Now** section of the homepage or use the Portal **MENU** to access the **Results/Now** page
4. A large green check mark will display over the icon once the component's requirements are complete
5. Click an icon or select **Click For Details** to view a list of available options for each program component
6. A small green check mark will be visible in the Completed column once an event is complete

PLEASE NOTE: Wellworks For You requires at least **7-10 business days** for processing and participation to be updated in the Wellness Portal.

REGISTRATION AND CONSENT FORM

Complete the information below to register for participation in the wellness program. Your signature is required at the bottom of the form to confirm you have read and understand what is involved in participating in the wellness program.

PLEASE PRINT CLEARLY

Contact Information

Company Name: City of Moberly

First Name: _____ Last Name: _____

Previous/Maiden Name (if changed in the last 12 months): _____

Date of Birth: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Participation Acknowledgement

I understand that initiating a follow-up examination to confirm results of any physical screening and obtaining professional medical assistance is my responsibility alone and not that of my health plan, employer or Wellworks For You.

Wellworks For You will disclose to my employer that I had a physical and underwent laboratory testing. Wellworks For You will make this disclosure in order for my employer to determine eligibility for incentives.

My employer will not have access to any of my specific medical information provided through the Wellness Program. My employer and/or health plan - will have access only to aggregate data to assess population trends ("Aggregate data" does not personally identify me but combines my individually identifiable medical information with those of other participants in the wellness program for review). Through my participation in the program, I consent to all of the following:

- ✓ Receipt of aggregate data as described in the previous paragraph by my health plan's/employer's
- ✓ Receipt of such aggregate data by my health plan/employer - wellness advisor, USI Insurance Services LLC, and USI Holdings Corporation ("USI")

I affirm that I have read, understand, and agree to the terms set forth above, and I wish to participate in the Wellness Program on the terms specified.

Signature of Participant (Required)

Date

Please submit your completed form to forms@wellworksforyou.com
or via [Contact Us](#) on the Wellness Portal by
December 17, 2020 to receive credit.

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the complete packet to be returned to Wellworks For You. Little clinics and minute clinics do not qualify as Primary Care Visit completion.

Patient Contact Information

Company Name: City of Moberly

First Name: _____ Last Name: _____

Previous/Maiden Name (if changed in the last 12 months): _____

Date of Birth: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Physician Information

Physician Office/ Name: _____

Office Phone/Address: _____

This **Results Form** confirms that the patient named above received the following preventative care between **January 1, 2020** and **December 17, 2020**. The primary care physician needs to complete the information below and return the completed form to the patient named above. It is the participant's responsibility to submit the form to Wellworks For You by **December 17, 2020**.

SCREENING	RESULTS
Blood Pressure (Systolic)	
Blood Pressure (Diastolic)	
Height (in inches)	
Waist Circumference	
Weight (in pounds)	
BMI (Body Mass Index)	
Total Cholesterol	

SCREENING	RESULTS
Low Density Lipoprotein (LDL)	
High Density Lipoprotein (HDL)	
Triglycerides	
TC/HDL Ratio	
Glucose (fasting)	
HbA1c (if physician recommended)	
Pulse (Heart Rate)	

Does your patient have a history of coronary artery disease (MI, CABG, PTCA)? Yes No

Does your patient have a history of diabetes? Yes No

If no, does your patient have pre-diabetes? Yes No

Do you, the physician, plan on following up with the patient about their results, medication adherence, or retesting? Yes No

Physician

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

Physician Signature: _____ Date Signed: _____

Please submit your completed form to forms@wellworksforyou.com
or via [Contact Us](#) on the Wellness Portal by
December 17, 2020 to receive credit.

SUBMIT YOUR FORMS

Once you have completed all of the requirements for the wellness program, submit the completed packet to Wellworks For You.

Submit your completed packet in its entirety one of the following ways:

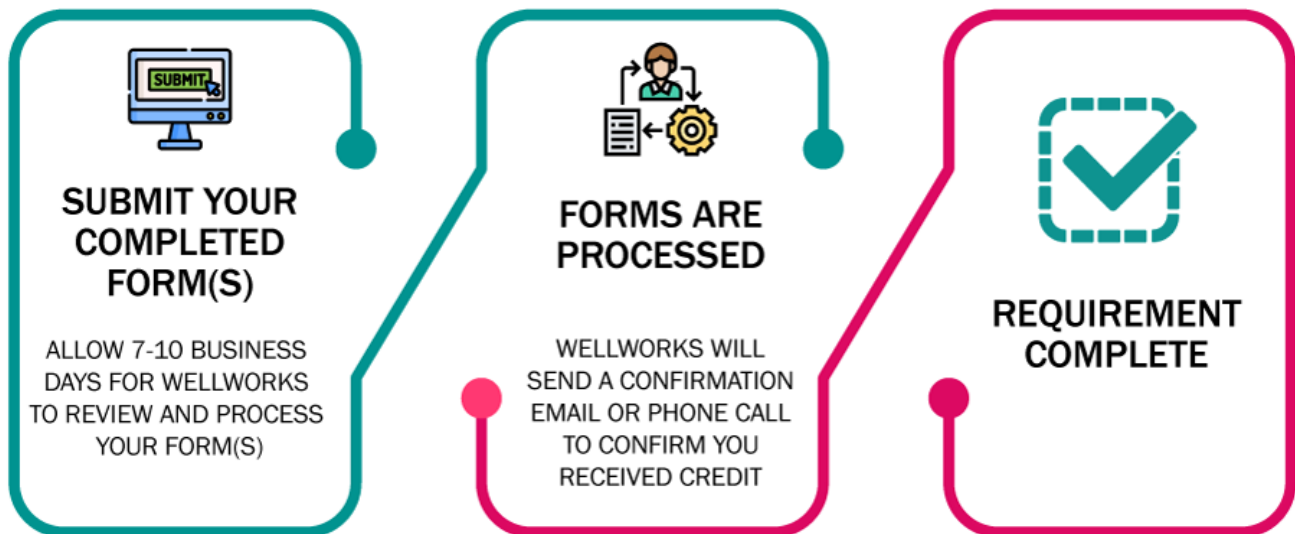
- Upload via the **Wellness Portal**
- Scan and email to forms@wellworksforyou.com
- Mail to 70 East Lancaster Ave, Frazer, PA 19355, Attention: Forms Department

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](tel:800.425.4657).

UNDERSTANDING THE FORM SUBMISSION PROCESS



THE FINE PRINT

The City of Moberly wellness program is a voluntary wellness program available to all employees 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 Physician Results Form, which will include a blood test for blood pressure, height, weight, waist circumference, BMI, lipid panel and glucose. You are not required to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program will avoid paying \$50 per month for completing the program requirements by December 17, 2020.

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 results will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. 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 City of Moberly 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.



QUESTIONS ABOUT YOUR WELLNESS PROGRAM?

Contact your Wellness Team

All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your Wellness Team via the Wellworks For You Portal.

Simply select **Contact Us** from the Portal homepage or Wellworks For You mobile app. You can also call Wellworks For You at **800.425.4657**.



800.425.4657

www.wellworksforyoulogin.com