



# 2023 WELLNESS PROGRAM



## CITY OF KETTERING

Participate in your 2023 wellness program to earn an HSA, HRA, or cash deposit (depending on your medical plan) in 2024!



# Welcome to your 2023 Wellness Program!

All full-time employees have the opportunity to participate in various wellness activities to earn an incentive. Your new program requirements are listed below. Complete **steps 1 & 2** to be eligible for the HSA, HRA, or cash deposit incentive in 2024!



## STEP 1: EARN 100 POINTS BY DECEMBER 15, 2023

<p><b>2022 BIOMETRIC SCREENING &amp; CITY OF KETTERING HEALTH RISK ASSESSMENT</b> If both activities were completed in 2022, this credit will be automatically rewarded to you.</p>	<p><b>25 POINTS</b></p>
<p><b>2023 PHYSICIAN RESULTS FORM</b> <b>DEADLINE: DECEMBER 15, 2023</b> <b>Option 1:</b> Participate in the City of Kettering’s <b>2023 Onsite Biometric Screening</b> and your results will automatically be updated on the Wellworks Portal. More details to be announced later in the year. <b>Option 2:</b> Visit your Primary Care Physician (PCP) for an annual physical with lab work. Print out the <b>Physician Results Form</b> located within the <b>Wellness Locker</b> on the portal homepage. All required metrics must be collected between <b>January 1, 2022 and December 15, 2023</b> and submitted to Wellworks for You to receive credit.</p>	<p><b>50 POINTS</b></p>
<p><b>ANNUAL PHYSICAL</b> <b>DEADLINE: DECEMBER 15, 2023</b> <b>Option 1:</b> Participation will be provided through your medical provider. Wellworks For You will update your participation quarterly. <b>Option 2:</b> Print out the <b>Preventative Screening Form</b> located within the <b>Wellness Locker</b> and submit to Wellworks For You to receive credit. All exams must take place between <b>January 1, 2023 and December 15, 2023</b>. <i>Emergency visits do not apply.</i></p>	<p><b>25 POINTS</b></p>
<p><b>2023 CITY OF KETTERING HEALTH RISK ASSESSMENT</b> <b>DEADLINE: DECEMBER 15, 2023</b> This credit will be automatically rewarded to you, if applicable, on a monthly basis for assessments that are completed between <b>January 1, 2022 and December 15, 2023</b>.</p>	<p><b>25 POINTS</b></p>
<p><b>REAL APPEAL</b> <b>DEADLINE: DECEMBER 15, 2023</b> This credit will be automatically rewarded to you, if applicable, on a quarterly basis for programs that are completed between <b>January 1, 2023 and December 15, 2023</b>.</p>	<p><b>25 POINTS</b></p>
<p><b>WELLNESS CHALLENGES</b> <b>DATES TO BE ANNOUNCED</b> Participate in any (or all) of the four challenges offered throughout the year to have fun and work toward your wellness goals! Challenge topics include mental, physical, financial, and nutritional wellbeing. More details including how to sign up for each challenge will be announced throughout the wellness year.</p>	<p><b>10 POINTS EACH</b></p>

**AGE/GENDER SCREENINGS**

**DEADLINE: DECEMBER 15, 2023**

**Option 1:** Participation will be provided through your medical provider. Wellworks For You will update your participation quarterly.

**Option 2:** Print out the *Preventative Screening Form* located within the **Wellness Locker** and submit to Wellworks For You to receive credit.

All exams must take place between **January 1, 2023 and December 15, 2023**. *Emergency visits do not apply.*

**Only 2023 exams will be applicable for both options**

25 POINTS

**ADDITIONAL EXAMS**

**DEADLINE: DECEMBER 15, 2023**

**Option 1:** Participation will be provided through your medical provider. Wellworks For You will update your participation quarterly.

**Option 2:** Print out the *Preventative Screening Form* located within the **Wellness Locker** to Wellworks For You to receive credit.

All exams must take place between **January 1, 2023 and December 15, 2023**. *Emergency visits do not apply.*

10 POINTS EACH

Applicable exams include: Vision, Dental, Dermatology, Cholesterol Screening, A1c Test, Osteoporosis Screening, Seasonal Flu Vaccination.

**Disclaimer:** Wellness program regulations may be enacted subsequent to this form's creation which could impact the required content of this form and the wellness program. Whether particular tests, exams, or services will be considered preventative and 100% paid for by the plan is dependent on your plan coverage, your particular provider's documentation, and coding for the applicable services. Please reach out to your specific insurance carrier with any questions regarding coverage of a service prior to your appointment.

**Wellworks For You** FOR NW OFFICE USE ONLY: 0004\_AF\_12006

### FEMALE - PREVENTIVE SCREENING FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the Female - Preventive Screening Form as part of the wellness program to be returned to Wellworks For You as outlined below, by December 15, 2023.

**PATIENT CONTACT INFORMATION**

COMPANY NAME: City of Kettering

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

AGE AS OF 1/1/23: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PHYSICIAN INFORMATION**

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

This Preventive Screening Form certifies that the patient named above received the following preventative care between January 1, 2023 and December 15, 2023. Please check the exam/s that apply:

Date of Exam _____ Annual Physical (25 points)	Date of Exam _____ Pap Smear (25 points)	Date of Exam _____ Dermatology (10 points)
Date of Exam _____ Colonoscopy (25 points)	Date of Exam _____ Pap Smear/HPV Co-Testing (25 points)	Date of Exam _____ A1C Test (10 points)
Date of Exam _____ Sigmoidoscopy (25 points)	Date of Exam _____ Mammogram (25 points)	Date of Exam _____ Osteoporosis Screening (10 points)
Date of Exam _____ Fecal Occult Blood Test (25 points)	Date of Exam _____ Vision (10 points)	Date of Exam _____ Cholesterol Screening (10 points)
	Date of Exam _____ Dental (10 points)	Date of Exam _____ Seasonal Flu Vaccination (10 points)

Physician Signature/Stamp: \_\_\_\_\_

I certify that the patient listed above received the tests indicated on this form.

Date Signed: \_\_\_\_\_

**SUBMIT YOUR COMPLETED FORMS BY DECEMBER 15, 2023**

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways:

- Upload to Portal: Click the Upload a Form tile from the homepage or via the menu page, select the event tile from the dropdown and upload your form to the portal. This will be securely emailed for processing. Users are limited to one (1) file per email.
- Upload to Mobile App: Take a photo of your form using your smartphone, and upload it to the Wellworks For You Mobile App via the Contact Us/Send a Form tab.

**PLEASE NOTE:** Wellworks For You requires at least **three (3) to five (5) business days** for processing and participation to be updated in the Wellness Portal.

For additional support, chat with us live on the wellness portal, or available on the mobile app  
Phone: (937) 425-4657  
Email: info@wellworksforyou.com

**Wellworks For You** FOR NW OFFICE USE ONLY: 0004\_AF\_12006

### MALE - PREVENTIVE SCREENING FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the Male - Preventive Screening Form as part of the wellness program to be returned to Wellworks For You as outlined below, by December 15, 2023.

**PATIENT CONTACT INFORMATION**

COMPANY NAME: City of Kettering

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

AGE AS OF 1/1/23: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PHYSICIAN INFORMATION**

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

This Preventive Screening Form certifies that the patient named above received the following preventative care between January 1, 2023 and December 15, 2023. Please check the exam/s that apply:

Date of Exam _____ Annual Physical (25 points)	Date of Exam _____ Prostate (25 points)	Date of Exam _____ A1C Test (10 points)
Date of Exam _____ Colonoscopy (25 points)	Date of Exam _____ Vision (10 points)	Date of Exam _____ Osteoporosis Screening (10 points)
Date of Exam _____ Sigmoidoscopy (25 points)	Date of Exam _____ Dental (10 points)	Date of Exam _____ Cholesterol Screening (10 points)
Date of Exam _____ Fecal Occult Blood Test (25 points)	Date of Exam _____ Dermatology (10 points)	Date of Exam _____ Seasonal Flu Vaccination (10 points)

Physician Signature/Stamp: \_\_\_\_\_

I certify that the patient listed above received the tests indicated on this form.

Date Signed: \_\_\_\_\_

**SUBMIT YOUR COMPLETED FORMS BY DECEMBER 15, 2023**

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways:

- Upload to Portal: Click the Upload a Form tile from the homepage or via the menu page, select the event tile from the dropdown and upload your form to the portal. This will be securely emailed for processing. Users are limited to one (1) file per email.
- Upload to Mobile App: Take a photo of your form using your smartphone, and upload it to the Wellworks For You Mobile App via the Contact Us/Send a Form tab.

**PLEASE NOTE:** Wellworks For You requires at least **three (3) to five (5) business days** for processing and participation to be updated in the Wellness Portal.

For additional support, chat with us live on the wellness portal, or available on the mobile app  
Phone: (937) 425-4657  
Email: info@wellworksforyou.com

**STEP 2: COMPLETE 1.5 MILLION STEPS OR 150 EXERCISES BY DECEMBER 15, 2023**

**1.5 MILLION STEPS**

**DEADLINE: DECEMBER 15, 2023**

Log a minimum of 1,500,000 steps between **January 1, 2023 and December 15, 2023** to receive credit for this activity.

**Option 1:** Sync a device/app under **My Fitness and Nutrition Dashboard > Sync Device > Device/App Connect >** Select your device and click **+Connect** (Log as steps).  
 Instructions on how to sync your device can also be found within your **Wellness Locker** under **Device/App Sync Guide**.

**Option 2:** Manually Track your steps under **My Fitness and Nutrition Dashboard > + Track Steps >** Enter the number of steps (no spaces or commas) and click **ADD STEPS**.

**OR**

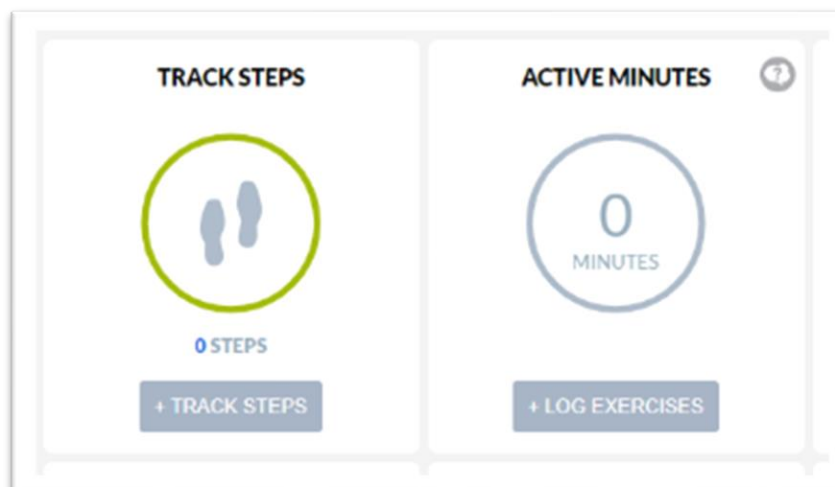
**150 EXERCISES**

**DEADLINE: DECEMBER 15, 2023**

Log a minimum of 150 exercises (minimum duration of 30 minutes each) between **January 1, 2023 and December 15, 2023** to receive credit for this activity.

**Option 1:** Sync a device/app under **My Fitness and Nutrition Dashboard > Sync Device > Device/App Connect >** Select your device and click **+Connect** (Log as active minutes).  
 Instructions on how to sync your device can also be found within your **Wellness Locker** under **Device/App Sync Guide**.

**Option 2:** Manually Track your exercises under **My Fitness and Nutrition Dashboard > + Log Exercises >** Enter the exercises & duration performed and click **ADD EXERCISE**.



## INCENTIVES

You must complete **steps 1 and 2** to be eligible for an incentive, as noted below, based on your medical enrollment status.

MEDICAL ENROLLMENT COVERAGE PLAN	INCENTIVE
Platinum Medical Plan - Single	\$350.00 deposit into HSA or HRA
Platinum Medical Plan - Family	\$700.00 deposit into HSA or HRA
Silver or Bronze Plan - Single	\$350.00 taxable cash deposit
Silver or Bronze Plan - Family	\$700.00 taxable cash deposit
City's Medical Waived - Single	\$250.00 taxable cash deposit

## OPTIONAL ADDITIONAL ACTIVITIES

All employees have the opportunity to continue working on their wellness by participating in educational learning series offered on the Wellness Portal or Mobile App! Select the e-Learning tab on the portal homepage or mobile app menu to view all available topics!



# WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the **City of Kettering Wellness Portal**. Please follow the steps below to log into your Wellworks For You account. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.**

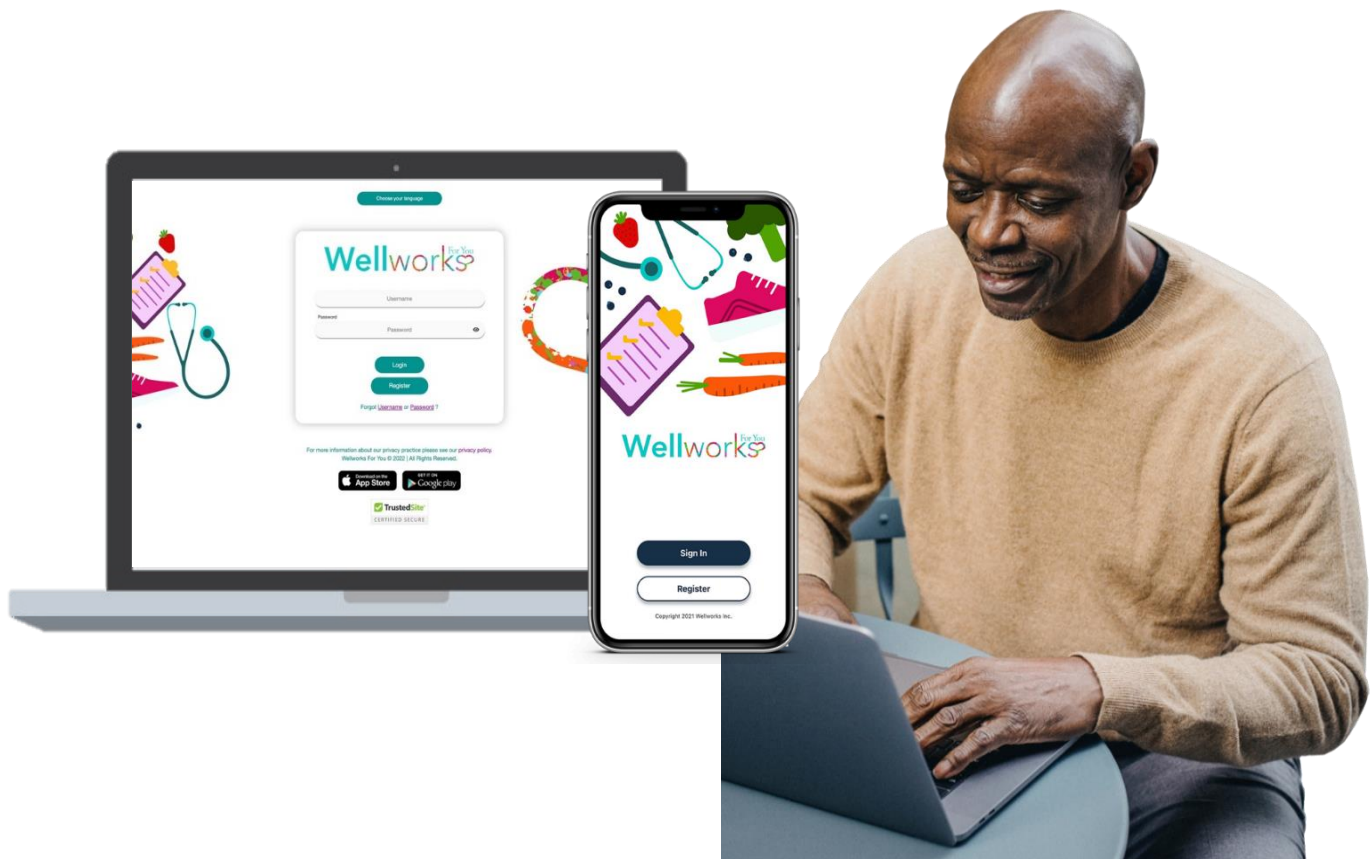
## LOG INTO THE WELLNESS PORTAL

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Your username will be: **Employee ID + COK**
  - Example: E01234COK (no spaces, dashes, or other punctuation)
3. Your temporary password\* will be: **DOB in MMDDYYYY**
  - Example: 05121994
4. Accept the terms of the Consent Form
5. Fill in the required information

**\*PLEASE NOTE:** The temporary password is only for the first time you access the Wellness Portal and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.

## FORGOT YOUR USERNAME OR PASSWORD?

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Click the link **Forgot Username** or **Forgot Password**
3. Follow the instructions to retrieve your username or reset your password
4. If issues persist, please contact Wellworks For You at **800.425.4657**




# ADDITIONAL INFORMATION

## SMARTPHONE APP

The Wellworks For You Portal App includes all of your favorite features from the Portal including programs and events listings, incentive tracking, and more! Simply search for **Wellworks For You** in the Play Store or App Store to download the free App.



## NOTIFICATIONS INBOX

View your Wellness Program reminders in the **Notifications Inbox** located on the right side of your Wellness Portal homepage. Click on  above the **Notifications Inbox** to view your Wellness Program reminders in detail.

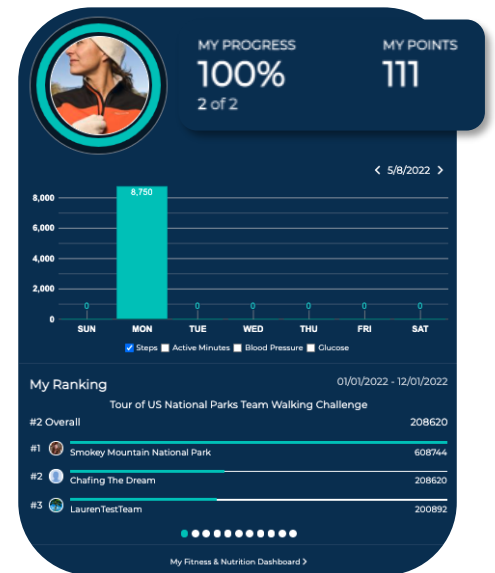
## VIEW DETAILS FOR PROGRAMS, EVENTS, AND ACTIVITIES

Events are listed on your personal Wellness Portal within **My Next Steps**. You can access this via the **My Next Steps** section on the homepage. To view more details about a program component, select **Get Started**. If there are sub-events associated with a component, they will display in the pop-up. Wondering what you have completed to date? The component under **My Next Steps** will be marked as **COMPLETED** in blue once the requirements are met. On the Portal homepage under **My Next Steps**, the status of each component will be displayed next to each program requirement (*Get Started, In Progress, or Completed*).

## VIEW YOUR INCENTIVE PROGRESS



Looking for an overview of your progress to date?

- Log into your Wellness Portal ([www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)).
- View your program status right on the homepage in the top right-hand section.
- My Progress will show completion of required program components.
- For more details, click on any event title in the **My Next Steps** section. Selecting an event title will open a pop-up with detailed information.
- Once a component is complete, it will be marked as **COMPLETED**.



### My Next Steps

0 Tasks Remaining

-  **Biometric Screening**  
 Complete this step by either attending the Onsite Biometric Screening, submitting the Physician Results Form, or utilizing a Voucher ★ COMPLETED
-  **Know Your Number Assessment**  
 Complete the assessment by selecting the Know Your Number Assessment event title from the homepage or via the menu page. Complete all questions, except for the Health Metrics section. Wellworks will upload your screening results once you... ★ COMPLETED

# ADDITIONAL INFORMATION

## VIEW AND DOWNLOAD DOCUMENTS FOR COMPLETION

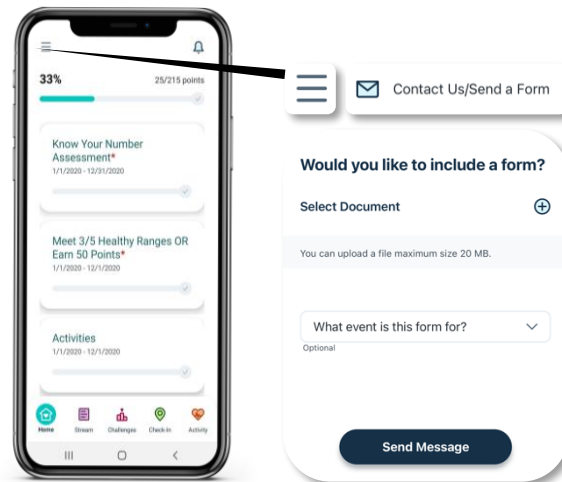
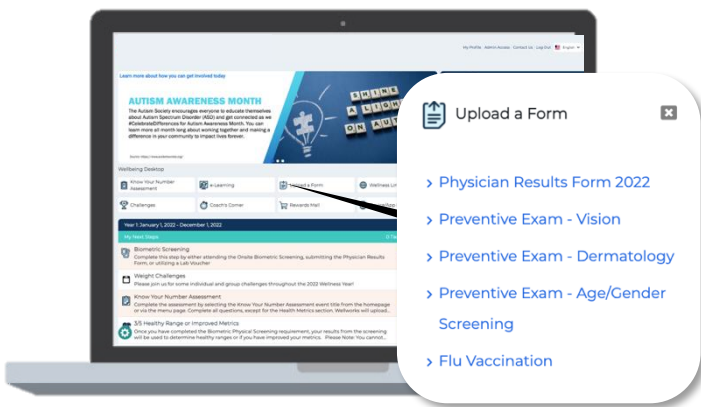
All forms, guides, and applicable documents are located in your Wellness Portal within the Wellness Locker accessed via the Portal **MENU** or homepage section. Download and/or print PDF forms for completion.

## SUBMIT YOUR COMPLETED DOCUMENTS BY DECEMBER 15, 2023

All completed documents should be submitted to the Wellworks Forms Department in one (1) of the following ways:

**Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.

**Upload to Mobile App:** Take a photo of your form using your Smartphone. Next, upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab in the **menu**, located in the top left corner of the home screen. Select the event listed under **What event is this form for?** Users are limited to **one (1)** file per submission.



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

## FOR ADDITIONAL SUPPORT, CHAT WITH US LIVE ON THE WELLNESS PORTAL

(not available on the mobile app)



Our “Chat Live” feature will give you access to chat with one of our helpful representatives during our regular business hours (*Monday to Friday 8:00am EST to 7:00pm EST*) to answer any questions and guide you on a path towards wellness.



# THE FINE PRINT

The City of Kettering wellness program is a voluntary wellness program available to all full-time employees. 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 various activities to earn 100 points as well as a physical requirement of 1.5 million steps or 150 exercises. You are not required to complete these components. However, employees who choose to participate in the wellness program will receive an HSA, HRA or taxable cash deposit, based on your medical enrollment plan, in 2024. The City of Kettering is also offering optional additional activities that can be completed such as educational videos, these are not a part of the program incentive.

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 HRA and the results from your biometric screening 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 Kettering 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.**

**NOTICE REGARDING WELLNESS PROGRAM**

City of Kettering's Wellness Program is a voluntary wellness program. 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, please refer to the wellness program guide to receive more information on program requirements and incentives.

Participation in the wellness program is not required. However, employees who choose to complete the wellness program will receive an HRA, HSA or taxable cash deposit, based on your medical enrollment plan in 2024.

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 the Human Resources Department at 937-296-2446

The results from your participation 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 City of Kettering may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks For You and any wellness platform vendor associated with the wellness program 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 is the Kettering Health Network Outreach Program, or Mount Carmel (should you choose to have your biometric screening conducted onsite at a City of Kettering location or at Kettering Health Network.), Wellworks For You and their selected platform vendor team in order to provide you with services under the wellness program. Your information may also be provided to a third-party analytics vendor, to be aggregated and reviewed for the purpose of improving the health and welfare offerings provided by City of Kettering.

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 the Human Resources Department at 937-296-2446



## 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 City of Kettering department's **Wellness Committee Representative**.

If further assistance is needed, you can contact Wellworks For You by simply selecting **Contact Us** from the Portal homepage or mobile app. You can also call Wellworks For You at **800.425.4657**. Our regular business hours are Monday to Friday 9:00am EST to 5:00pm EST. Should you contact us outside of business hours, we will be sure to contact you the following business day!

