



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>2022 BIOMETRIC SCREENING & CITY OF KETTERING HEALTH RISK ASSESSMENT If both activities were completed in 2022, this credit will be automatically rewarded to you.</p>	<p>25 POINTS</p>
<p>2023 PHYSICIAN RESULTS FORM DEADLINE: DECEMBER 15, 2023 Option 1: Participate in the City of Kettering’s 2023 Onsite Biometric Screening and your results will automatically be updated on the Wellworks Portal. More details to be announced later in the year. Option 2: Visit your Primary Care Physician (PCP) for an annual physical with lab work. Print out the Physician Results Form located within the Wellness Locker on the portal homepage. All required metrics must be collected between January 1, 2022 and December 15, 2023 and submitted to Wellworks for You to receive credit.</p>	<p>50 POINTS</p>
<p>ANNUAL PHYSICAL 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. <i>Emergency visits do not apply.</i></p>	<p>25 POINTS</p>
<p>2023 CITY OF KETTERING HEALTH RISK ASSESSMENT DEADLINE: DECEMBER 15, 2023 This credit will be automatically rewarded to you, if applicable, on a monthly basis for assessments that are completed between January 1, 2022 and December 15, 2023.</p>	<p>25 POINTS</p>
<p>REAL APPEAL DEADLINE: DECEMBER 15, 2023 This credit will be automatically rewarded to you, if applicable, on a quarterly basis for programs that are completed between January 1, 2023 and December 15, 2023.</p>	<p>25 POINTS</p>
<p>WELLNESS CHALLENGES DATES TO BE ANNOUNCED 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>10 POINTS EACH</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.
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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
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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

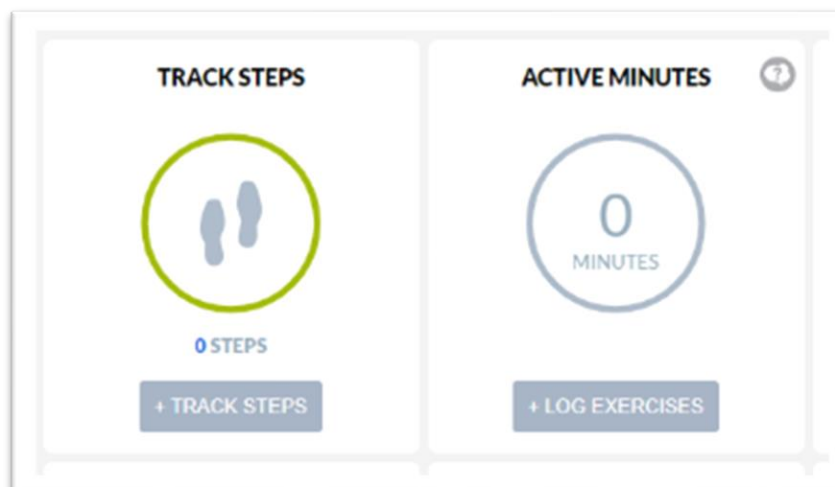
150 EXERCISES

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!

