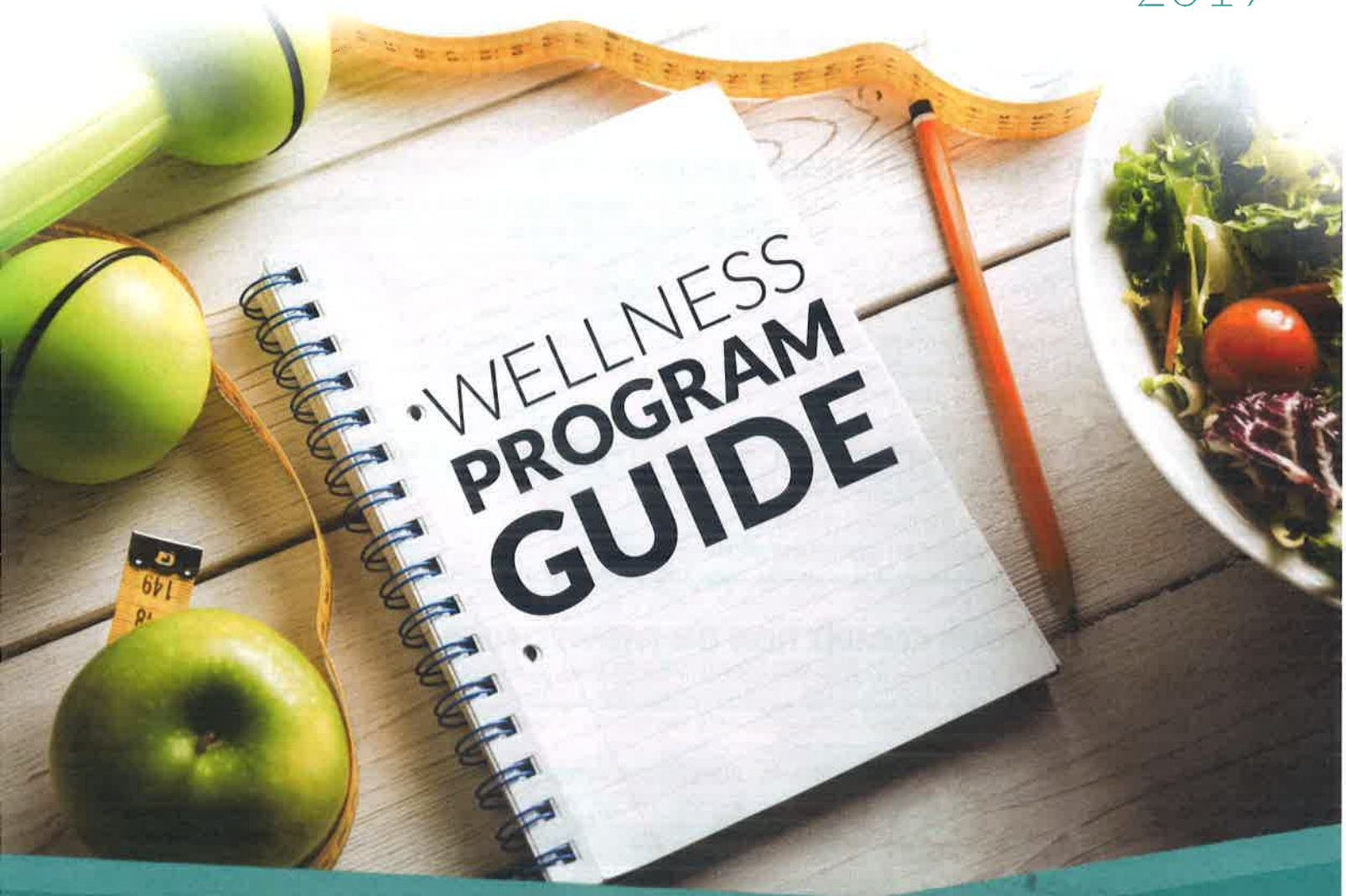
Diocese of Wilmington

Serving God's people in Delaware and Maryland's Eastern Shore

WELLNESS
PROGRAM GUIDE
2019



Wellworks For You

800.425.4657
info@wellworksforyou.com
www.wellworksforyoulogin.com

1615 West Chester Pike
Suite 104
West Chester, PA 19382

FOR WW OFFICE USE ONLY: 002BF_AP_CR_11619

WELCOME

*Welcome to your 2019 Wellness Program. Employees and spouses eligible for the medical plan must complete Steps 1 – 3 below by **March 31, 2020** to **receive a Wellness Premium Rate**.*

STEPS TO RECEIVE A WELLNESS PREMIUM RATE

IMPORTANT! New Hire Requirements

If you are eligible for benefits **before July 1, 2019**, you must complete the requirements to earn the incentive.
If you are eligible for benefits **on or after July 1, 2019**, you will automatically receive the wellness rate.

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 **April 1, 2019** and **March 31, 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 by **March 31, 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 Catholic Diocese of Wilmington health benefit plan network. If you need assistance in finding a physician, please go to **www.highmarkbcbsde.com**. Little clinics and minute clinics do not qualify as Primary Care Visit completion.

STEP 3: SUBMIT YOUR COMPLETED PACKET BY MARCH 31, 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: **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 **My Profile>ResultsNow**.

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

FOR WW OFFICE USE ONLY: 002BF_AP_CR_11619

REGISTRATION AND CONSENT FORM

Complete the information below to register for participation in the wellness program. ***If both the employee and spouse are eligible and choose to participate, a separate form must be completed for each.*** 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: Catholic Diocese of Wilmington

First Name: _____ **Last Name:** _____

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

Date of Birth: _____ ☐ **Male** ☐ **Female**

Select One: I am the: ☐ **Employee** ☐ **Spouse**

If you chose "Employee" above, type spouse's name here: _____

If you chose "Spouse" above, type employee's name here: _____

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 spouse's employer/health plan) or Wellworks For You.

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

My (or my spouse's) employer will not have access to any of my specific medical information provided through the Wellness Program. My employer and/or health plan - or my spouse's employer/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 or my spouse's employer/health plan
- ✓ Receipt of such aggregate data by my health plan/employer - or my spouse's health plan/employer - wellness advisor, USI Insurance Services LLC, and USI Holdings Corporation ("USI")
- ✓ Disclosure of my personally identifiable biometric data/report by Wellworks For You to the third-party data analytic vendor specified by my health plan/employer - or my spouse's health plan/employer - in order for such vendor to determine my eligibility for medical insurance premium discounts and/or for data aggregation as described above in this form

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**

800.425.4657 | forms@wellworksforyou.com | 1615 West Chester Pike, Suite 104 | West Chester, PA 19382

FOR WW OFFICE USE ONLY: 002BF_AP_CR_11619

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	CDOW_FirstNameLastNameYYYY	Date of Birth: MMDDYYYY	**UN:** CDOW_JohnSmith1975 **PW:** 01241975
Spouse	CDOW_FIrstNameLastNameYYYY	Date of Birth: MMDDYYYY	**UN:** CDOW_SusieSmith1975 **PW:** 10031975

Having Trouble Logging into the Wellness Portal?

You can contact **800.425.4657** for assistance logging into your Wellness Portal account. You can also reset your password from the login page or contact Wellworks For You to have a temporary password set.

View and Download Documents for Completion

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

View your Participation on the Wellness Portal

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

800.425.4657 | forms@wellworksforyou.com | 1615 West Chester Pike, Suite 104 | West Chester, PA 19382

FOR WW OFFICE USE ONLY: 002BF_AP_CR_11619

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 as outlined below. Little clinics and minute clinics do not qualify as Primary Care Visit completion.

Patient Contact Information

Company Name: Catholic Diocese of Wilmington

First Name: _____ **Last Name:** _____

Date of Birth: _____ ☐ Male ☐ Female

Phone: _____ **Email:** _____

Physician Information

Physician Office/ Name: _____

Office Phone/Address: _____

Date of Visit: _____

This **Results Form** confirms that the patient named above received the following preventative care between **April 1, 2019** and **March 31, 2020**. The primary care physician needs to complete the information below and return the completed form to the patient named above.

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

SCREENING	RESULTS
Total Cholesterol	
Low Density Lipoprotein (LDL)	
High Density Lipoprotein (HDL)	
Triglycerides	
T. Cholesterol / HDL Ratio	
Glucose (fasting)	
HbA1c *(if physician recommended)*	

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:** _____

800.425.4657 | forms@wellworksforyou.com | 1615 West Chester Pike, Suite 104 | West Chester, PA 19382

FOR WW OFFICE USE ONLY: 002BF_AP_CR_11619

SUBMIT YOUR FORMS

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

Choose one of the submission methods below:

- ✓ Upload via the Wellness Portal
- ✓ Scan 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.**

Wellness Premium Rate

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

UNDERSTANDING THE FORM SUBMISSION PROCESS

THE FINE PRINT

The Catholic Diocese of Wilmington 2019 Wellness Program is a voluntary wellness program available to all employees and spouses eligible for 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, eligible employees and spouses covered by the medical plan who choose to participate in the wellness program will receive a wellness premium rate for completing the Registration and Consent Form and Physician Results 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 results form 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 Catholic Diocese of Wilmington 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.