



2023 WELLNESS PROGRAM



West Ohio Conference
The United Methodist Church

**WEST OHIO CONFERENCE
THE UNITED METHODIST CHURCH**

Participate in your Wellness Program this year to
earn a \$100 check.

Wellworks For You

Welcome to your 2023 Wellness Program!

Medically enrolled employees and covered spouses, can complete steps 1-2 below by **DECEMBER 31, 2023** to earn a **\$100 CHECK**. Your new program details are outlined in this guide.



STEP 1 – PHYSICIAN RESULTS FORM

DEADLINE: DECEMBER 31, 2023

Complete an annual physical exam with your physician between **JANUARY 1, 2023** and **DECEMBER 31, 2023**. 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.

- **Have you already received your annual physical within the above timeframe?** Take or send the Physician Results Form to your physician's office to have it signed and completed.

If you **do not** have a doctor, you can select a doctor within the West Ohio Conference UMC health benefit plan network. If you need assistance in finding a physician, please go to **www.umc.com**. Little clinics and minute clinics do not qualify as Primary Care Visit completion.



STEP 2 – SUBMIT YOUR COMPLETED FORM BY DECEMBER 31, 2023

For submission requirements, please refer to page 6 of this guide.

PLEASE NOTE: Submission via Wellness Portal or Wellworks For You mobile app, will result in an immediate confirmation that your form was received. Any other means of submission requires you to log into your Wellness Portal or Wellworks For You mobile app to confirm your form was processed.

WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the **West Ohio Conference UMC 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 or Smartphone App.

LOG INTO THE WELLNESS PORTAL

1. Go to **www.wellworksforyoulogin.com** or **Wellworks For You** mobile app
2. Your account credentials are listed below:

MEMBER TYPE	USERNAME FORMAT	PASSWORD FORMAT	EXAMPLE
Employee	WO_ + First Initial + Last Name + Birth Year	Birthdate in MMDDYYYY	UN: WO_JSmith1980 PW: 10141980
Spouse	WO_ + First Initial + Last Name + Birth Year	Birthdate in MMDDYYYY	UN: WO_ESmith1981 PW: 12131981

PHYSICIAN RESULTS FORM

FOR WW OFFICE USE ONLY: 001CW_AP_11246

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 wellness program to Wellworks For You, as outlined below, by **DECEMBER 31, 2023**. **Please retain a copy for your own records and submission to Wellworks For You.**

To provide participants with faster updates, an automated process may be used to extract the data on this form. **Please ensure this form is filled out accurately, legibly, and text is aligned before submitting.**

PATIENT CONTACT INFORMATION

COMPANY NAME: West Ohio Conference UMC

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the Employee Spouse *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN NAME: _____

OFFICE PHONE NUMBER: _____

This **Physician Results Form** confirms that the patient named above received the following preventive care between **JANUARY 1, 2023** and **DECEMBER 31, 2023**. The primary care physician needs to complete the information in the section below and return the completed form to the patient named above.

SCREENING	RESULTS	SCREENING	RESULTS	
Blood Pressure: Systolic		Total Cholesterol		Does your patient have a history of coronary artery disease (MI, CABG, PTCA)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Blood Pressure: Diastolic		Low Density Lipoprotein 'LDL'		
Height in inches		High Density Lipoprotein 'HDL'		Does your patient have a history of diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Waist Circumference in inches		Triglycerides		If no, does your patient have pre-diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Weight in pounds		TC/HDL Ratio		Do you, the physician, plan on following up with the patient about their results, medication adherence, or retesting? <input type="checkbox"/> YES <input type="checkbox"/> NO
Body Mass Index 'BMI'		Fasting Glucose		
Pulse or Heart Rate		HbA1c (if physician recommended)		

Physician

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

Physician Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORM BY DECEMBER 31, 2023

Follow submission instructions found on page 6 of your Wellness Guide

ADDITIONAL INFORMATION

SUBMIT YOUR COMPLETED DOCUMENT BY DECEMBER 31, 2023

Submit your form on the Portal or mobile app to receive credit within minutes.

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 and select the event title from the dropdown and upload your form to the portal or select **Get Started>Attach File** under **My Next Steps**.

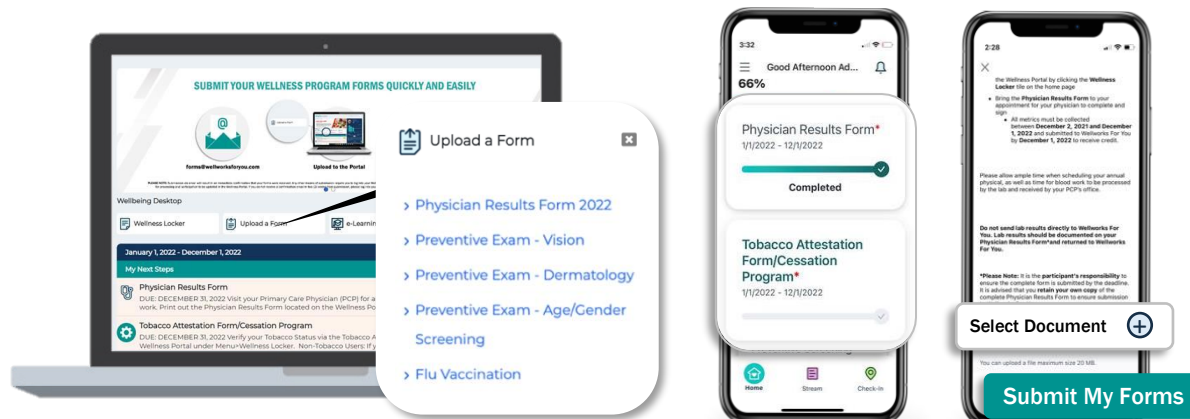
Confirm that all information is accurate in the OCR pop-up box, and then select **Submit**.

Users are limited to **one (1) file per submission**.

Upload to Mobile App: Tap the event that you are submitting a form for under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, review that the information is correct and then tap **Send My Forms**.

Users are limited to **one (1) file per submission**.

IMPORTANT: Upon upload, you will be required to review all information included on your form to confirm accuracy. You will be prompted to change any information as needed. Once reviewed, you must select **SUBMIT/SEND MY FORMS** as needed in order for your form to be processed.



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

- OCR is unable to accurately read your form, you must select **Send Email** for manual processing.

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 West Ohio Conference UMC wellness program is a voluntary wellness program available to all employees and spouses, if applicable, 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, eligible employees and spouses who choose to participate in the wellness program will receive an incentive of a \$100 check for completing and submitting the Physician Results Form by December 31, 2023.

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 West Ohio Conference UMC 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

ASK A QUESTION FROM THE PORTAL OR SMARTPHONE APP: Select Contact Us from the Portal homepage or Wellworks For You Smartphone App and submit your question and a member of our Team will be able to assist you.

ASK A QUESTION VIA EMAIL: For any questions about your Wellness Program, please email info@wellworksforyou.com and a member of our Team will be able to assist you.

