

# Manhattan-Ogden USD 383 Wellness Program

Letter of Understanding, Article XII requires that those who are enrolled in the District's health insurance plan for 2018-19 will need to meet certain expectations in order to receive the full amount of the District's premium contribution for 2019-20. These expectations are outlined in Article XII.

Forms for providing documentation for the four requirements are included.  
The documentation forms are to be returned to the Human Resources office where they will be recorded.

## Letter of Understanding Article XII: Health Insurance

### Section A: Wellness Incentive

In order to qualify for the full amount of the health insurance premium to be funded by the District for the 2019-20 plan year, health insurance enrollees will be required to:

1. **Provide documentation of a physical examination with a physician or physician's assistant.**
2. **Provide documentation of completing a Health Risk Assessment.**
3. **Provide documentation of completing a Bio-metric blood screening.**
4. **Certify that you are tobacco free or provide documentation of completing a tobacco cessation program.**

**These four requirements must be completed between July 1, 2018 and June 30, 2019 and between July 1 and June 30 in each subsequent year.**

**THE ENTIRE PACKET SHOULD BE TURNED IN TOGETHER. PLEASE EMAIL THE PACKET TO: [HRemail@usd383.org](mailto:HRemail@usd383.org)**

Health insurance participants who fail to meet these requirements by the established deadline will contribute **\$25/month** towards their health insurance premium beginning with the new plan year and continuing throughout the plan year.

# **PREVENTIVE PHYSICAL EXAMINATION**

## **(As per Affordable Care Act regulations)**

### **Manhattan-Ogden USD 383 Wellness Program**

Your patient is participating in the worksite wellness program at Manhattan-Ogden USD 383. Employees are encouraged to complete a routine physical examination with their primary care physician between July 1, 2018 and June 30, 2019.

Employee Name (Print) \_\_\_\_\_

Physician" Name (Print) \_\_\_\_\_

Physician's Address \_\_\_\_\_

Please verify with your signatures that the patient completed his/her routine physical examination on the date signed.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your health plan is committed to helping you achieve your best health. Incentives for participating in a wellness program are available to all employees eligible for health insurance coverage. If you think you might be unable to meet a standard (requirement) for an incentive under this wellness program, you might qualify for an opportunity to earn the same incentive by different means. Contact the Human Resources Department at 587-2000 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for your in light of your health status.*

# **PREVENTIVE CARE BIOMETRIC SCREENING**

## **(As per Affordable Care Act regulations)**

### **Manhattan-Ogden USD 383 Wellness Program**

As a means to help employees adopt and maintain healthy behaviors as a way of life and increase awareness of personal health, employees enrolled in the district's health plan are encouraged to participate in a Biometric Screening between July 1, 2018 and June 30, 2019.

The **PREVENTIVE** screening should include:

Body Composition  
Blood Pressure  
Cholesterol  
Triglycerides  
Blood Glucose  
PSA for men over 50 years of age

The screening may be conducted by the employee's personal physician or by the screening sponsored by the school district.

If the screening is conducted by a medical facility other than the district sponsored screening, signatures of the individual conducting the screening and the employee's signature and date need to be provided.

Screening Technician' Name (Print) \_\_\_\_\_

Employee's Name \_\_\_\_\_

Screening Technician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Do not provide screening results to HR as part of this process.

*Your health plan is committed to helping you achieve your best health. Incentives for participating in a wellness program are available to all employees eligible for health insurance coverage. If you think you might be unable to meet a standard (requirement) for an incentive under this wellness program, you might qualify for an opportunity to earn the same incentive by different means. Contact the Human Resources Department at 587-2000 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for your in light of your health status.*

DATE HEALTH ASSESSEMENT WAS COMPLETED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FINAL PAGE OF SURVEY OR EMAIL CONFIRMATION ATTACHED \_\_\_\_\_

NAME: \_\_\_\_\_

## HEALTH RISK ASSESSMENT

### Manhattan-Ogden USD 383 Wellness Program

An online Health Risk Assessment is provided by Blue Cross/Blue Shield. The Health Risk Assessment must be completed by June 30, 2019. The Health Risk Assessment can be accessed through [www.bcbsks.com](http://www.bcbsks.com). You must "Register" or have a "BlueAccess Login" before completing the Health Assessment.

**If you have completed a Health Assessment Survey with Blue Cross/Blue Shield before, follow the steps below to review and make changes for the 2018-2019 benefit period.**

Go to [www.bcbsks.com](http://www.bcbsks.com)

Log in to BlueAccess.

In the bottom left hand corner under "Healthy Options" click on "More Details"

Click on "Healthy Living"

Click on "Health Assessment"

Click on "Update Score"

Click on "OK" to update your health score

Make sure you click all the tabs below the Health Assessment heading. Example "The Basics" and "The Specifics."

Also to the right make sure you click on each section including Lifestyle, Well-being, Conditions, Lab Tests, Screenings and Finalize. Some of these pages may have several tabs under the Health Assessment heading also.

You will be able to tell you have completed and saved everything by the score. It will have a new date completed.

**If you have NEVER completed a Health Assessment Survey with Blue Cross/Blue Shield, follow the steps below.**

The Health Risk Assessment can be accessed through [www.bcbsks.com](http://www.bcbsks.com).

Step 1: If you have not registered for an account with Blue Cross/Blue Shield previously, click on the "Register" link that is below the "BlueAccess Login" button. Once you have registered, Blue Cross/Blue Shield will either email or mail you a password to use to log into "BlueAccess". Once you receive the password, log back into [www.bcbsks.com](http://www.bcbsks.com).

If you have previously registered you can skip to step #2.

Step 2: Click on "BluesAccess Login". On the bottom left side of the page that opens after logging in, you will see "Healthy Options". Under "Healthy Options" you will see "Health Assessment". Click on "More Details" and answer the questions as they pertain to you personally. It is best to have the results from your Biometric Screening available to you while answering some of the questions.

# Tobacco Free/Tobacco Cessation

## Manhattan-Ogden USD 383 Wellness Program

Employee's Name (Print) \_\_\_\_\_

\_\_\_ I certify that I do not use tobacco products of any kind.

\_\_\_ I certify that I have completed or am actively participating in the tobacco cessation program listed below.

Program Name: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

A recommended smoking cessation program: [www.kanquit.org/](http://www.kanquit.org/)