

2022

WELLNESS PROGRAM



CAYUGA COUNTY CONSORTIUM

Participate in your Wellness Program this year to earn \$252 per year for single / \$504 per year if spouse participates, effective January 2023.

WELCOME TO YOUR 2022 WELLNESS PROGRAM!

Medically enrolled employees and covered spouses can complete steps 1-2 below by **NOVEMBER 15, 2022** to earn **\$252 PER YEAR FOR SINGLE / \$504 PER YEAR IF SPOUSE PARTICIPATES** **EFFECTIVE JANUARY 2023.**

Reward payments will be applied incrementally during payroll deductions/premium payments in 2023.
Your new program details are outlined in this guide.

STEPS TO EARN \$252 PER YEAR FOR SINGLE / \$504 PER YEAR IF SPOUSE PARTICIPATES



STEP 1: PHYSICIAN RESULTS FORM

Complete an annual physical exam with your physician between **NOVEMBER 1, 2021** and **OCTOBER 30, 2022**. 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 **NOVEMBER 15, 2022**.

- **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 Cayuga County Consortium health benefit plan network. If you need assistance in finding a physician, please go to www.excellusbcbs.com. Little clinics and minute clinics do not qualify as Primary Care Visit completion.



STEP 2: SUBMIT YOUR COMPLETED FORM BY NOVEMBER 15, 2022

For submission requirements, please refer to page 5 of this guide.

PLEASE NOTE: Submission via email (forms@wellworksforyou.com), Wellness Portal or Smartphone 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 Smartphone App to confirm your form was processed.



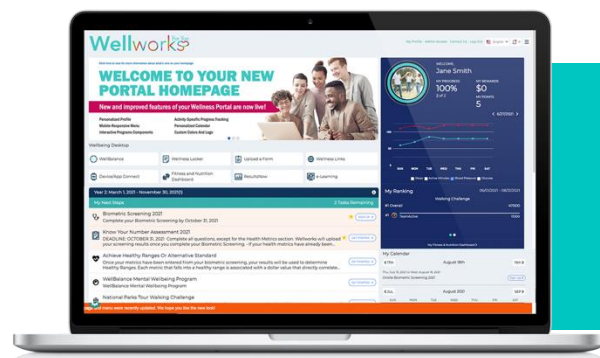


LOG INTO YOUR WELLNESS PORTAL OR SMARTPHONE APP

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 Smartphone App
2. Your account credentials are listed below



MEMBER TYPE	USERNAME FORMAT	PASSWORD FORMAT	EXAMPLE
Employee	CCC_ + First Name + Last Name + Birth Year (YYYY)	Birthdate in MMDDYYYY	UN: CCC_JohnSmith1980 PW: 01021980
Spouse	CCC_ + First Name + Last Name + Birth Year (YYYY)	Birthdate in MMDDYYYY	UN: CCC_JaneSmith1981 PW: 04121981

PLEASE NOTE: The temporary password is only for the first time you access the Portal or Smartphone App 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.wellworksforyou.com or open the **Smartphone App**
2. Select the **Forgot Username** or **Forgot Password** link
3. Enter your email address to initiate the password reset process or retrieve your username
4. If issues persist, please contact Wellworks For You at **800.425.4657**

DOWNLOAD THE WELLWORKS FOR YOU SMARTPHONE APP TODAY!

The Wellworks For You Smartphone App includes all of your favorite features from the Portal including, programs and events listings, **ResultsNow** incentive tracking, and more! Simply search for **Wellworks For You** in the Play Store or App Store to download the free App, or take a picture of the QR codes below!



WELLNESS PROGRAM

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 wellness program to Wellworks For You, as outlined below, by **NOVEMBER 15, 2022**. Please retain a copy for your own records and submission to Wellworks For You.

PATIENT CONTACT INFORMATION

COMPANY NAME: Cayuga County Consortium

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 OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Physician Results Form** confirms that the patient named above received the following preventive care between **NOVEMBER 1, 2021** and **OCTOBER 30, 2022**. The primary care physician needs to complete the information below with an * in front of it 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)		Does your patient have a history of diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO
*Height (in inches)		*High Density Lipoprotein (HDL)		If no, does your patient have pre-diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO
*Waist Circumference (may be self-reported)		*Triglycerides		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
*Weight (in pounds)		*TC/HDL Ratio		
BMI (Body Mass Index)		*Glucose (fasting)		
Pulse (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 NOVEMBER 15, 2022

Follow submission instructions found on page 5 of your Wellness Guide

PLEASE NOTE: Submission via email (forms@wellworksforyou.com), Wellness Portal or Smartphone 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 Smartphone App to confirm your form was processed.



SUBMIT YOUR COMPLETED FORM

SUBMIT YOUR COMPLETED DOCUMENT BY: NOVEMBER 15, 2022

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

- **Scan and email:** forms@wellworksforyou.com
- **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. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
 - Click **Contact Us** within the top header of the portal or via the portal menu, and use the **Attach File** button to select a file from your computer. Users are limited to **one (1)** file per email.
 - Select the component title from the homepage to open all details and associated events. Click **Attach Document** within the event details and select a file from your computer. Users are limited to **one (1)** file per email.
- **Mail:** 70 E Lancaster Ave, Frazer, PA 19355, Attention: Forms Department
- **Smartphone App:** Take a photo of your document on your Smartphone, open your Wellworks For You App, select **Contact Us/Send a Form**, and upload your file

PLEASE NOTE: Submission via email, Wellness Portal or Smartphone App will result in an immediate confirmation that your forms were received. Any other means of submission require you to log into your Wellness Portal to confirm your forms were processed. Wellworks For You requires at least **7-10 business days** for processing and participation to be updated in the Wellness Portal. If you do not receive a confirmation email in two (2) weeks from submission, please log into your Wellness Portal account to confirm incentive progress. Please keep a copy of all forms for your files.

ADDITIONAL INFORMATION

NAVIGATING THE WELLNESS PORTAL AND SMARTPHONE APP

PROGRAM DETAILS

Program components are listed on your personal Wellness Portal or Smartphone App on the homepage. To view more details about a program component, select the event title to open a description. If there are sub-events associated with a component, they will display in the pop-up. Click the event titles to expand or minimize the details of the sub-events.

RESULTS NOW

Events are listed on your personal Wellness Portal and Smartphone App within **ResultsNow**. You can access this via the **ResultsNow** section on the homepage or from the menu. To view more details about a program component, select **Click for Details**. If there are sub-events associated with a component, they will display in the pop-up. Click the **+** and **-** buttons to expand or minimize the details of the sub-events.

WELLNESS LOCKER

All forms are located in your Wellness Portal and Smartphone App within the **Wellness Locker**. To access, log into your Wellness Portal or Smartphone App and select **Wellness Locker** from the menu. Download and/or print PDF forms for completion.

NOTIFICATIONS INBOX

View your wellness program messages in the **Notifications Inbox**. Click on the notification bell at the top right of the portal header or Smartphone App homepage to view text-only, video, and/or image messages in full detail.

CONTACT US / SEND US A FORM

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 Core Team will be able to assist you.

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

THE FINE PRINT

The Cayuga County Consortium 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 \$252 per year for single / \$504 per year if spouse participates effective January 2023 for completing and submitting a Physician Results Form by November 15, 2022.

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 Cayuga County Consortium 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.