

Wellness Incentive Program

New Hires or Newly Benefited Associates

As a newly hired or newly benefit eligible associate with a benefit effective date between Jan.1 and May 1, 2014 you are eligible to earn wellness incentives to reduce your medical plan premiums for both the current 2013-2014 plan year and the upcoming 2014-2015 plan year. To earn the incentives for both the current 2013-2014 plan year and the upcoming 2014-2015 plan year, you will need to complete an online health assessment and biometric screening, which includes a cotinine test for tobacco use. You will receive the lowest medical plan rate for 60 days following your benefit effective date; however, if you do not earn your wellness incentives, your medical plan premium will increase.

- You can earn up to \$680* in incentives for the current 2013-2014 plan year by completing an online health assessment and attesting to being tobacco free. The incentives include up to \$200* in wellness incentives and up to \$480* tobacco free incentives.
**The \$680 annual incentive is prorated based upon your benefit effective date.*
- You can earn up to \$1,000 in incentives for the upcoming 2014-2015 plan year by completing the health assessment and biometric screening. Please note that your online health assessment completion within 60 days of your benefit effective date will apply to both the current 2013-2014 plan year and the upcoming 2014-2015 plan year. The incentive includes \$400 in wellness incentives and \$600 in tobacco free incentives for testing negative for cotinine/tobacco as part of the biometric screening.
- In addition, if you enroll your eligible spouse in the Centura Health medical plan, they are also eligible to earn up to \$1,000 in incentives for the upcoming 2014-2015 plan year.

New Hires or Newly Benefited Wellness Incentive Summary Table

Activity	Centura Health 2013-2014 Plan Year	Centura Health 2014-2015 Plan Year
Health Assessment	Complete the Health Assessment at www.CafeWell.com/code/wellbeing within 60 days of your benefit effective date.	
How the Health Assessment Completion is Applied	Completion of the Health Assessment and your answer to the tobacco questions will be applied to your 2013-2014 plan year incentive.	Completion of the Health Assessment is one of two (the second is the biometric screening) new hire requirements to earn the maximum wellness incentive toward the 2014-2015 plan year.
Biometric Screening	The biometric screening is waived for the 2013-2014 plan year.	You have 90 days from your benefit effective date to complete and submit the New Hire Health Care Provider Form with lab values. (Lab results will be accepted within 12 months prior to your benefit effective date).

Instructions for Creating a CaféWell Account

CaféWell is the platform that Centura Health has partnered with to provide you with enhanced online health programs and incentive tracking tools for our Wellness Incentive Program! To get started earning your wellness incentives register at www.CafeWell.com/code/wellbeing.

How to Register

- Create an account by visiting www.cafewell.com/code/wellbeing
- Click "Sign Up" in the top right hand corner of the home page.
- Sign up using your email address.
 - We recommend that you create your user name that is not your first and last name.
- Fill out all fields on the "Account Info" page to create your CaféWell account.

Your WELLNESS. Your WELLBEING.

- Spouses on the Centura Health Medical Plan must create their own account. Multiple members cannot use one account.
5. CaféWell provides a secure and private experience - no one knows you are on CaféWell but you! Confirm your eligibility with the last four digits of your Social Security Number and your date of birth.
- Spouses, who are on the Centura Health Medical Plan, must use the Social Security Number of the Centura Health associate, but their own date of birth. This includes Centura Health associates who are listed as a spouse on another associate's health plan.

Instructions for Completing the Health Assessment

Take the Health Assessment after you register on our Wellness Incentive portal at www.CafeWell.com/code/wellbeing. Click on the "Take your online health assessment" button.

Instructions for Completing the Biometric Screening

The biometric screening includes tests for blood pressure, body mass index (BMI), and a venipuncture blood draw to assess cholesterol and glucose levels and a cotinine (tobacco) test.

- Schedule an annual wellness visit with your health care provider and complete the Healthcare Screening Results Form within 90 days of your benefit eligible date. Lab results taken within 12 months of your benefit eligible date will be accepted. Download the Health Screening Results Form at www.CafeWell.com/code/wellbeing. Forms should be faxed to 401-398-1708.
- Our selected biometric screening vendor has a partnership with Lab Corp. You may register at www.CafeWell.com/code/wellbeing for an appointment at a Lab Corp location. After you register, an instruction kit along with the Lab Corp locations that are closest to you will be emailed to you. There is no cost to you for using the Lab Corp option, but you must register and have the paperwork provided from the vendor in the instruction packet before you go to a Lab Corp location.

Centura Health is committed to helping you achieve your best health. Rewards for participating in the wellness incentive program are available to all participants. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by a different means. Contact us at CodeYou@centura.org and we will work with you or if you wish your doctor to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions, email CodeYou@Centura.org or call the Centura Health Benefits Service Center at 1-888-622-1111.

Health Screening Results

Please Note: This form is NOT a physician order.

Participant: Please fill out and sign Section 1 Healthcare Provider: Please fill out and sign Section 2	Submit Form to: Fax: (401) 398-1708 Mail: Provant Attention: Data Department PO Box 901 East Greenwich, RI 02818 Email: participate@provanthealth.com	IMPORTANT: 1. All information is required to process this form. 2. The form must be received by Provant no later than April 30, 2014. 3. Customer Service: 877-BEWELL-7
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Section 1: Completed by participant

Name: _____
(First) (MI) (Last)

Age: _____ **Date of Birth:** ____/____/____ **Last 4 digits of Associate's SSN:** _____

Gender:
 Male Female
 Employee Spouse/Domestic Partner

Status:

If you are a spouse, please list the employee name: _____

Email Address: _____ **Phone Number:** (____) _____

By signing below I give permission for my healthcare provider to send my results to Provant. I understand that some of my data may be personally identifiable information (for example, information such as name, address, and health information). While this information will not be shared with my employer, it may be shared with a third party, such as another wellness vendor, health consultant or health insurer for the sole purpose of offering me or completing for me other wellness programming or incentive administration. By signing this document, I certify that the information provided by me and/or my representative is true, correct, and complete. I understand that if I and/or my representative provides any false, incorrect, and/or misleading information, I could be subject to disciplinary action up to and including termination of employment and/or loss of any and all wellness incentives.

 Signature Required _____
Date

Section 2: Completed by healthcare provider—Please only provide results from March 16, 2013, through April 1, 2014.

Date of Wellness Exam: ____/____/____

Total Cholesterol (TC): _____	Glucose or A1C: _____
HDL: _____	Blood Pressure: ____/____
TC/HDL Ratio: _____	Body Mass Index: _____
LDL: _____	Height: _____
Triglycerides: _____	Weight: _____

Cotinine: Positive Negative

_____ Healthcare Provider's Name (Please Print)	_____ Phone
_____ Office Address	_____ City/State/Zip
_____ Healthcare Provider's Signature	_____ Date

If you have an office stamp, please apply here:



Do not submit this request form to your Human Resources department. All information provided is kept strictly confidential, is protected by law, and is not disclosed to your employer. Results provided do not preclude eligibility in any benefit program.