



# 2025

## WELLNESS PROGRAM



### **CITY OF WILMINGTON**

Participate in your Wellness Program this year to earn a 2% reduction on employee contribution for the healthcare premium in 2025.

Wellworks<sup>For You</sup>



# Welcome to your 2025 Wellness Program!

Medically enrolled employees can complete steps 1-2 below by **MARCH 31, 2025** to earn a **2% REDUCTION ON EMPLOYEE CONTRIBUTION FOR THE HEALTHCARE PREMIUM IN 2025**. Your new program details are outlined in this guide.

## STEP 1

### PHYSICIAN RESULTS FORM

DEADLINE: **MARCH 31, 2025**

Complete an annual physical exam with your physician between **APRIL 1, 2024** and **MARCH 31, 2025**. 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, 2025**.

- **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 City of Wilmington health benefit plan network. If you need assistance in finding a physician, please go to [www.highmarkbcbs.com](http://www.highmarkbcbs.com). Little clinics and minute clinics do not qualify as Primary Care Visit completion.

## STEP 2

### SUBMIT YOUR COMPLETED FORM BY **MARCH 31, 2025**

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

#### PLEASE NOTE:

Submission via the 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 City of Wilmington Portal. Please follow the steps below to log into your Wellworks For You account or create an account if you do not have one. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.**

## EXISTING USERS: LOG INTO THE WELLNESS PORTAL

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

MEMBER TYPE	USERNAME FORMAT	PASSWORD FORMAT	EXAMPLE
Employee	City of Wilmington Email Address	Birthdate in MMDDYYYY	UN: sample@wilmingtonde.gov PW: 04031986

2. Accept the terms of the Consent Form
3. Fill in the required information

### \*PLEASE NOTE:

The temporary password is only for the first time you access the Wellness Portal 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.

## NEW HIRES AFTER 08/07/2024: REGISTER ON THE WELLNESS PORTAL

1. Go to [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)
2. Click the **register** link and create an account
3. Enter your Company ID: **11440**
4. Complete the registration process  
(When creating username please use format listed above)

## FORGOT YOUR USERNAME OR PASSWORD?

1. Click the link **Forgot Username** or **Forgot Password**
2. Follow the instructions to retrieve your username or reset your password
3. If issues persist, please contact Wellworks For You at **800.425.4657**





# 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 be returned to Wellworks For You as outlined below, by **MARCH 31, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

The form you are filling out will be scanned by a machine. To ensure that your data is uploaded accurately,

- Use a high-quality printer to print the form.
- Use black ink and fine-point pen.
- Please make sure that the text on the form is clear, aligned, and legible, preferably in block letters.
- Do not use fax or xerox copy. Do not fold or crease the form. **Check the form carefully before submitting.**

## PATIENT CONTACT INFORMATION

COMPANY NAME: City of Wilmington

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

This **Results Form** confirms that the patient named above received the following preventive care between **APRIL 1, 2024** and **MARCH 31, 2025**. 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
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
*TC/HDL Ratio	
*Glucose (fasting)	
HbA1c (if physician recommended)	
Pulse (Heart Rate)	

### 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 MARCH 31, 2025

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

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or select **Get Started>Attach File** under My Next Steps and then select **Submit**.
- **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 and then tap **Send My Forms**.

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




# ADDITIONAL INFORMATION

## MOBILE APP

The Wellworks For You mobile app includes all of your favorite features from the Portal including programs and events listings, incentive tracking, and more! Simply search for **Wellworks For You** in the Play Store or App Store to download the free App.

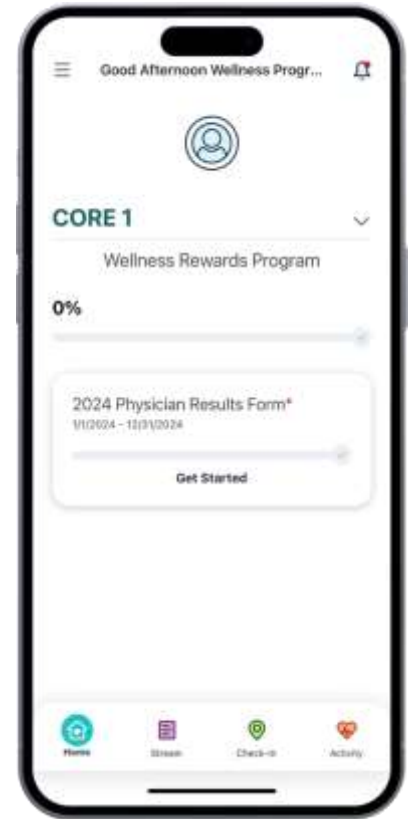


## NOTIFICATIONS INBOX

View your Wellness Program reminders in the **Notifications Inbox** located on the right side of your Wellness Portal homepage. Click on  above the **Notifications Inbox** to view your Wellness Program reminders in detail.

## VIEW DETAILS FOR PROGRAMS, EVENTS, AND ACTIVITIES

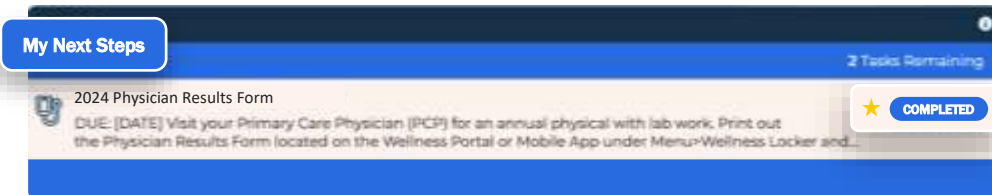
Events are listed on your personal Wellness Portal within **My Next Steps**. You can access this via the **My Next Steps** section on the homepage. To view more details about a program component, select **Get Started**. If there are sub-events associated with a component, they will display in the pop-up. Wondering what you have completed to date? The component under **My Next Steps** will be marked as **COMPLETED** in blue once the requirements are met. On the Portal homepage under **My Next Steps**, the status of each component will be displayed next to each program requirement (*Get Started, In Progress, or Completed*).



## VIEW YOUR INCENTIVE PROGRESS

Looking for an overview of your progress to date?

- Log into your Wellness Portal ([www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)).
- View your program status right on the homepage in the top right-hand section.
- My Progress will show completion of required program components.
- For more details, click on any event title in the **My Next Steps** section. Selecting an event title will open a pop-up with detailed information.
- Once a component is complete, it will be marked as **COMPLETED**.





# ADDITIONAL INFORMATION

## SUBMIT YOUR COMPLETED FORM BY MARCH 31, 2025

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

All completed documents should be submitted to the Wellworks Form Department in one (1) of the following ways:

### UPLOAD TO THE WEB PORTAL:

Click the **Upload a Form** tile on the Portal. Select the form title from the dropdown to upload your form to the Portal.

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



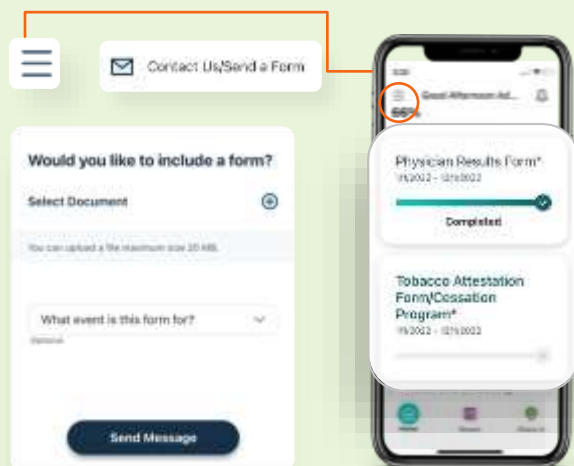
### IMPORTANT:

It is the **participant's responsibility** to submit their forms as part of the wellness program to be returned to Wellworks For You. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

### UPLOAD VIA THE MOBILE APP:

Take a photo of your form using your Smartphone. Upload it to the **Wellworks For You Mobile App** via the **Contact Us/Send a Form** tile in the **Menu**, located in the top left corner of the home screen. Select the event listed under **What event is this form for?**

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



### PLEASE NOTE:

Wellworks For You requires **at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.

## FOR ADDITIONAL SUPPORT, CHAT WITH US LIVE ON THE WELLNESS PORTAL

(This feature is only available on the web)



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 City of Wilmington wellness program is a voluntary wellness program available to all employees 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 who choose to participate in the wellness program will earn a 2% reduction on employee contribution for the healthcare premium in 2025 for completing and submitting a Physician Results Form to Wellworks For You by March 31, 2025.

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 City 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.



# Questions about your Wellness Program?



## CONTACT YOUR WELLNESS TEAM

All questions regarding your Wellness Program can be directed to your **Wellness Team** via your **Wellness Portal**.



## CONTACT US

Simply select **Contact Us** from the Portal homepage or Wellworks For You mobile app. You can also call Wellworks For You at **800.425.4657**.

