

Verified Wellness Activities for Points

OVERVIEW & INSTRUCTIONS

As a part of the Wellness Incentive Program with the School District of Osceola County, employees are required to complete approved wellness activities for points in order to earn the 2022 wellness incentive discount. Employees must earn a total of 100-points for activities completed between August 1, 2020-July 31, 2021 to qualify for the incentive. At least 50 points of the 100-point total must be made up of verified wellness activities.

Verified wellness activities cannot be self-reported by an employee on the MyHealics Dashboard. Points for verified activities will be automatically awarded to your MyHealics Dashboard based on information received from your health services plan. No further action is needed by the employee.

NOTE: Points will not be awarded until approximately 30-60 days following the service date when the information from the health services plan is made available.

SUBMITTING DOCUMENTATION FOR VERIFIED WELLNESS ACTIVITIES

If you do not see the points applied to your MyHealics Dashboard after 60 days following your date of service, you can submit the Activities Verification Form along with documentation via the Secure Documents Center on the MyHealics Dashboard.

1. Complete the *MyHealics Wellness Exams & Activities Verification Form*. If submitting documentation for multiple activities, only one verification form is necessary.
2. Log-in to www.myhealics.com and click **Documents Center** in the top right corner of the homepage.
3. Click the **Choose File** button to locate the *MyHealics Wellness Exams & Activities Verification Form* on your device.
4. Under Document Type, select **Wellness Program Points**.
5. Click **Upload**.
6. Repeat step 3-5, but include your documentation/proof of activity rather than the verification form.

Valid documentation should include full name, service date, and should indicate the service completed (ex. preventive physical exam).

Activities must be completed between August 1, 2020-July 31, 2021 to be accepted.

LIST OF VERIFIED WELLNESS ACTIVITIES FOR SUBMISSION

- Lab Work
 - must include: blood pressure, cholesterol, blood sugar, and BMI screening
- Annual Physical
 - Follow-up appointments do not qualify; Visit must be coded by healthcare provider as a preventive exam to receive credit
- Annual Flu Shot
- Colon Cancer Screening
- Prostate Cancer Screening
- Mammogram Screening
- Well-Woman Exam
- Cervical Cancer Screening



MyHealics Wellness Exams &-Activities Verification Form
School District of Osceola County

Participant Name _____ Participant DOB _____

Documentation

To receive credit for the activities you have completed in the 2020-2021 wellness program, complete this form and provide the appropriate corresponding documentation no later than July 31, 2021.

Send your documentation via the Secure Documents Center on the MyHealics Dashboard or by mailing to Healics, Inc., 8919 W. Heather Avenue, Milwaukee, WI 53224.

All points will be updated within 72 business hours (3 business days) of receipt of valid documentation. It is your responsibility to ensure that this form and your documentation was received by Healics by logging into your MyHealics Dashboard at www.myhealics.com and checking point status in the Rewards section of your dashboard. If you have questions regarding your point status, email our team at rewards@healics.com and we will be happy to assist you.

Valid documentation examples: attendance logs, official schedules, official certificates of participation, EOB, invoice or certificates/claim forms showing the date of service, PCP preventive care documentation, etc.

Exams and Activities

Only provide documentation for the activities you are submitting to receive credit for.

Table with 3 columns: Activity Name, Date Completed, Documentation Included. Rows include Annual Flu Shot, Annual Physical, Mammogram (F), Cervical Cancer Screening (F), Colon Cancer Screening (M/F), Prostate Screening (M), Well-Woman Exam (F), and Lab Work (Required: blood pressure, cholesterol, blood sugar, body mass index screening).

I hereby state that to the best of my knowledge, the information provided is true and correct.

Participant Signature: _____ Date: _____