



FBP Wellness Program

During the 2020 Open Enrollment process, you were prompted by BeneSolv to update and/or confirm the best contact phone number for you and your spouse, if applicable. If you completed this action, your medical premium cost share remained at the Wellness Rate of 20% for the 2020 benefit plan year.

We are excited to announce that everyone completed this task and remains at the lower cost for 2020!

Below is what you need to do to keep the lowest cost share for 2021:

2020 Wellness Program - January 1, 2020-October 31, 2020

Participation in the Wellness program is optional; however, if you choose not to participate your premium cost share will increase to 25% for 2021.

If you are enrolled in the Medical Mutual of Ohio plan in 2020 and participate in the Wellness Program (complete the required tasks), you will continue to earn the 20% Wellness rate for 2021.

*Note: Premiums always increase in total cost.

Required Tasks:

- Create an account with WellRight (www.fbp.wellright.com), if you don't already have one
- Complete the "AgeGage" online Health Risk Assessment
- Complete the "SayAah" preventative annual physical exam (Exams completed between Nov. 1, 2019-Oct. 30, 2020)
 - Form for physician authorization is available in WellRight (also included in this packet) To download the form hover the cursor over the "Say Aah" challenge, click the "i" icon, select download document
 - On-site medical facility annual physicals not eligible for program credit. Must use your Primary Care Physician (PCP)
 - Form MUST be uploaded after completion to your WellRight account by **Oct. 31, 2020** to receive credit.

By participating in the program, you are not only improving your health and lowering your premiums, but also have the potential to earn up to \$200 in e-gift cards.



WELLNESS



Participants are eligible to earn up to \$200 in e-gift cards for earning points in the wellness program as listed on the WellRight site. This platform is intended to support you in reaching your health goals. Activities include challenges in the areas of nutrition and fitness as well as financial and emotional health. A library of health courses are also available on the fbp.wellright.com site. Points for e-gift cards must be redeemed by November 30, 2020.

Rewards Mall

Max Spend= \$200

656 total points possible. 1 pt=\$1

**e-gift cards are taxable per IRS guidelines.*

Here are the Activities and Points for our Wellness Program for January 1, 2020 through October 31, 2020.

Baseline Activities - Minimum Required	Points
AgeGage - Health Risk Assessment	40
Say Aah - Annual Physical	40
• Physician form with approval	
Preventive Health	Points
Prevent It - Complete up to 4 preventative exams (Does not include annual physical since that is a separate challenge.; Does include: dental, eye, mammogram, prostate exam, pap smear, colonoscopy, flu shot, other age recommended exams, etc.) Preventative exams that take place in November and December of 2019 are eligible for this challenge. Each exam must be uploaded individually to receive full credit.	60
*Pre-employment and onsite medical facility annual physicals and screenings are not eligible for program credit	15/ea
**Onsite flu shots are the only onsite visit eligible	
**Physician form with approval	
Annual Challenges	Points
Move it - 1 point for each day you walk 5,000 steps, up to 150 total	150
Bucket List - Check an item off your bucket list	30
Five K - Complete a 5k or other organized race	30
Right Weigh - Weigh yourself monthly	36
	3/mo
Credit Report - Check your credit score	30
Pay It Forward - Volunteer in a community event	30
Quarter 1 Challenges - Nutrition Focus	Points
Food Tracker - Track your food for one month (February)	30
Nutrition Healthy U - Complete up to 3 nutrition courses in the University	15
	5/ea
Quarter 2 Challenges - Financial Focus	Points
Brown Bag - Pack your own lunch for one month (May)	30
Financial Healthy U - Complete up to 3 financial courses in the University	15
	5/ea
Quarter 3 Challenges - Fitness Focus	Points
Heavy Metal - Strength train for 250 minutes during the month (August)	30
Fitness Healthy U - Complete up to 3 physical activity courses in the University	15
	5/ea
Step It Up - Aim for an average of 5,000 steps a day for a total of 150,000 steps during the month of September	30
Quarter 4 Challenges - Emotional Health Focus	Points
Chill Pill - Relax for 500 minutes; whatever relaxation means to you (October)	30
Emotional Healthy U - Complete up to 3 emotional health courses in the University	15
	5/ea

fbp.wellright.com Company Code: fbp support@wellright.com

How to Register:

1. Go to fbp.wellright.com.
2. Click Register and then "I am the employee."
3. Complete all fields ensuring your employee ID is accurate.
4. If you have an issue registering, contact support@wellright.com.
5. Click the link sent to your email to verify your email address.
6. Bookmark the URL and login to start participating!



I'm Registered. Now What?

- Check out the banners at the top of the home page for a general overview.
- Then browse the available options and customize the program to you.
- After completing AgeGage, you'll see recommended university courses to help educate you on your personal health concerns. In addition, you'll see recommended Personal Challenges that you can sign up for to help you make changes to improve your health.



- Plan on participating in walking challenges? Connect your wearable device from the top navigation bar and let your device do the tracking for you!
- On the go and can't login on the web daily? Add your mobile number to your profile and sign up for text reminders in any challenge you sign up for. This will allow you to track by simply responding to a text message.

There are tons of ways to earn points and participate in this program, so choose those that make sense for you and your personal journey. Remember, though, you must complete the requirement(s) before you can receive any incentive.

Physician Visit Form

PROOF OF VISIT FORM

Patient's Name: _____
(Please Print)

Patient Employee No.: _____

Physician Office/Name: _____

Date of Visit: _____

This **Proof of Visit** confirms that the patient above received the following preventative care
(Please check all that apply):

GENERAL

- ☐ **Annual Preventative Exam** (Nov. 1, 2019-Oct. 30, 2020
(performed by Primary Care Physician))
- ☐ **Dental Exam**
(routine cleaning)
- ☐ **Eye Exam**
- ☐ **Other:** _____

WOMAN

- ☐ **Annual OB/GYN Exam (pap)**
- ☐ **Mammogram**

MAN

- ☐ **Prostate Exam**

PHYSICIAN

- ☐ Yes
 - ☐ No
- I certify that the patient listed above received the exam(s) indicated on this form.

Physician Signature: _____ **Date:** _____