

2021 WELLNESS PROGRAM GUIDE

**Make yourself
a priority.**

CLIENT LOGO

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Welcome to Company Name's Wellness Program

POWERED BY BRAVO

We are excited to introduce you to Company Name's wellness program.

This program is a voluntary wellness program for colleagues and spouses enrolled in the medical plan that can help you better understand your current health. There are two elements of the program:

- 1. Primary Care Provider (PCP) Screening:** Establishing a relationship with your primary care provider is an essential part of Company Name's wellness program. Your provider is the best person to identify your personal health risks and develop an action plan if there are areas he/she feels you should address. You will receive an incentive for participating in this screening and submitting your completed form to Bravo. Together, you and your provider will determine how to best improve your overall well-being.
- 2. Program Incentive:** Earn an incentive by completing an annual physical between **Month Day, 2020 and Month Day, 2021** to better understand your health. By participating in the program you are eligible to earn up to \$XX in medical insurance premium reimbursement. You will receive your incentive Month Day, Year.

Please note, Company Name will not have any access to specific protected health information (PHI). Your data will be stored by Bravo and Company Name will only know if your form was received and processed for the purpose of administering the incentive.

Your personal health and well-being are critical to our strength as a company. Join us as we work together towards improving our health!

How to earn the incentive.

Bravo's program is voluntary. However, if you enroll in the medical plan but choose not to participate, you may miss out on significant financial rewards. This program is available to all currently enrolled Company Name colleagues hired prior to Month Day, Year and their enrolled spouses.

The following items are required to earn an incentive:

- Complete registration at www.bravowell.com/companyname.
- Take the online health assessment at www.bravowell.com/companyname.
- Download your provider form from www.bravowell.com/companyname or obtain a copy from your HR representative.
- Schedule an annual physical with your PCP.
 - Primary care providers include the following: internal medicine, family practice, general medicine, or OB-GYN's. If you do not have a doctor, you can select a doctor within the health benefit plan network. Minute clinics do not qualify as primary care visit completion.
 - Your physical must occur between **Month Day, 2020 and Month Day, 2021**. Take your provider form with you to your appointment and have your provider complete and sign the form.
 - Have you already had your annual physical within the above timeframe? Take your provider form to your provider's office to have the form completed.
- If you did not attest to negative tobacco/nicotine use during registration on the portal, complete the tobacco cessation course listed below.
- Visit www.bravowell.com/companyname or download the Bravo app to submit your completed form with your signature, your provider's signature, the date of your exam, and your provider's license number by Month Day, 2021. **No exceptions. No late forms will be accepted.**

Unable to earn the tobacco/nicotine incentive?

Take part in the tobacco cessation course! Register with Bravo by calling 844.275.6698. Once you earn your certificate of completion, Bravo will receive a notification and will update your incentive status.

Looking for ways to improve your health?

Visit www.bravowell.com/companyname to check out the tools and resources available to you throughout the year.

If you have questions about the program, contact Bravo at 844.275.6698 or visit your company portal.

Registration is open.

Month Day – Month Day, 2021

All users need to create an account at www.bravowell.com/companyname and follow the steps below to begin the program.



Create an Account

Complete the required criteria to begin (first name, last name, date of birth and SSN) and select “Continue.”



Account Information

- ▶ Enter your email/username, and create a password.
- ▶ Choose and answer a security question.
- ▶ Click “Continue.”

After completing this step, you will need to **click the verification link that you will receive in an email** to finish registration and download your provider form.

Create an account

Step 1 of 2: Participant Information
Complete the following information to begin the process of creating your account.

First Name
Use your legal name

Please omit any hyphens, apostrophes, or punctuation

Last Name

Please omit any hyphens, apostrophes, or punctuation

Date of Birth

SSN
This is required to match you with information provided by your employer.

CONTINUE

Create an account

Step 2 of 2: Account Information
All fields are required
Need an email address? [Click here](#) to setup a Gmail account in seconds.

Email Address

You must use either a valid email address or your username.

Confirm Email/Username

Enter a Password

Confirm Password

Password must contain:

- Minimum of 8 characters
- One uppercase letter
- One lowercase letter
- One number
- None of these: ' / % &

Choose a Security Question

Answer to Security Question

Confirm Time Zone
Time zone accuracy is important for appointment scheduling

[Click here to view Bravo's Privacy Statement](#) We are committed to protecting your information. Read more about the steps we take with your employer and our partners.

CONTINUE

Get your questions answered about annual physicals.

I recently had an annual physical Can I submit those results?

Bravo will accept results from health screenings that took place on or after Month Day, Year.

Since a blood test is required, what type should I request?

Your provider's office should perform a standard lipid panel blood test for you. For the most accurate results, fasting nine to 12 hours prior to your health screening is recommended, but not required.

What should I bring with me to the appointment?

Do not forget to bring your provider form. Your provider is required to fill this out and sign it. This form can be obtained through your portal.

Who is permitted to sign the form or complete the screening?

Your provider must be a primary care provider. Primary care providers include the following: internal medicine, family practice, general medicine, or OB-GYN's. Please remember that a participant signature is also required to process the form. If you are pregnant, a midwife (CNM) is also considered an approved provider.

Once completed and signed, can my provider submit my form?

Your provider can fax the form and lab work results to Bravo on your behalf. As the participant, it is ultimately your responsibility to ensure the completed form is sent to Bravo or uploaded to the portal on or before Month Day, Year. Bravo recommends that you submit your results personally and retain a record of your submission.

How will I know my form was received?

You will receive email confirmation within five business days of form receipt. If you do not hear from Bravo, please contact us at 844.275.6698.

What's in your wellness toolkit?

Visit your Bravo portal to discover the right wellness resources for you.



Health Assessment



Device Sync



Exercise Videos



Articles



Online Courses



Wellness Challenges

Have a smooth screening.

DON'T FORGET!

Carefully read and sign your provider form.

Follow these steps to ensure a successful screening experience:



Bring a Photo ID

Arrive 5 minutes early with your ID. This is required to properly verify your identity.



Avoid Tobacco & Caffeine Beforehand

For an accurate blood pressure result, do not consume tobacco or caffeine 30 – 60 minutes prior to screening.



Fast From Food (Not Required)

Fast for 9 – 12 hours prior to your screening for accurate cholesterol and glucose results. You may have water and black coffee/tea. Take all medications as prescribed.



Avoid Exercise & Stress Beforehand

For an accurate blood pressure result, no strenuous activity 30 minutes prior to screening and try to be as relaxed as possible at least 5 minutes before.



Stay Hydrated & Warm

Drinking 6 – 8 oz. of water before your screening and making sure you aren't cold helps make your blood draw easier.



Wear Short Sleeves

If you can, wear a shirt that allows you to have the blood pressure cuff directly on your skin.

Understand the story behind the numbers.

BMI | Your body's check engine light

Your weight to height distribution, or BMI, gives you a glimpse of your overall health. It's not a perfect measure, but if your BMI is out of the healthy range and you're not a bodybuilder, your weight may be putting you at risk for a number of health problems.

Blood Pressure | The traffic in your arteries

Like on a highway, too much traffic in your arteries causes delays. When your blood pressure is high, your body must work harder to get its blood through rigid, often damaged vessels. The amount of blood that needs to pass through is the same, and it still gets there, but a few blocked lanes will make it harder for it to reach its destination.

Cholesterol | The trash truck

Bad cholesterol can clog your arteries. But a balanced diet, healthy weight and increased activity can increase your good cholesterol, which scoops up the bad cholesterol and dumps it into your liver so that it can be removed from your body.

Glucose | Brain food

Your brain and many other cells need glucose for energy. But problems can occur when there is more glucose in the blood than your body can handle. Too much over time can impact your body's ability to regulate blood sugar and can cause harm to your blood vessels.

Tobacco/Nicotine | The rude guest

No matter how you consume tobacco, it's not kind to your body. Tobacco smoke is full of more than 7,000 chemicals, including nicotine and others linked to cancer. Because nicotine is also highly addictive it can be tough, but not impossible, to quit.

EEOC Privacy Notice

Federal law requires employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. The notice below fulfills these requirements.

Notice Regarding Wellness Program

Company Name has contracted with Bravo Wellness, LLC to administer all or part of its voluntary employee wellness program. 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 (ADA) of 1990, the Genetic Information Nondiscrimination Act (GINA) of 2008, the Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or other examinations, which may include a blood test for cholesterol levels (Total, HDL, LDL), triglycerides, serum cotinine (nicotine) and glucose as well as a blood pressure reading(s), height, weight, waist measurements and your pulse. When possible, your blood specimen will be confidentially processed by a laboratory that provides a panel of common preventive wellness measures provided solely for your information.

The information from your HRA and the results from your biometric screening 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, such as targeted health education, online and telephonic health coaching and health challenges. You also are encouraged to share your results or concerns with your own provider. You are not required to complete the HRA or to participate in the screening or other medical examinations.

However, if you choose to participate in the wellness program you may receive an incentive for participating. More specific details regarding the wellness program, including how incentives are earned can be found in the Program Guide.

As noted in the Program Guide, a portion of the incentives available may be linked to certain health-related activities or to the achievement of certain health outcomes. 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. You may request a reasonable accommodation or an alternative standard by contacting Bravo Wellness at 844.275.6698. See the Program Guide for more details concerning reasonable alternatives. Additional information will be provided to you in your results summary as well.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your protected health information (PHI). Although the wellness program and your employer may use aggregate information collected to design a program based on identified health risks in the workplace, Bravo Wellness and its contracted partners will never disclose any of your personal medical 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, as necessary to support health plan or wellness program administration or as permitted by law. In no event will medical information that personally identifies you that is provided in connection with the wellness program 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.

In addition, all medical information obtained through the wellness program is required to be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program may 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 can ask to see or get a copy of the health information we have about you. We may charge a reasonable cost-based fee.

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 are a member of your employer-sponsored health plan, the provisions of the health plan privacy notice may also apply. Please contact your health plan administrator for a copy of the notice. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, or if you would like a paper copy of this notice or a copy of Bravo's Privacy Statement mailed to you, please contact Bravo Participant Services at 844.275.6698. Bravo's Privacy Statement is also located on the Bravo website at <http://www.bravowell.com/privacy-statement/>.