



ELANCO Employee Wellness is ELANCO School District's voluntary employee wellness program. It is designed to encourage your engagement in healthy behaviors such as preventive screenings, physical activity, good nutrition, healthy weight management, and stress management throughout the year. Eligible employees can earn **10% to 40%** premium share contribution discount. If an employee chooses to participate, their covered spouse must also participate in order to receive the discount on the premium contribution.

How to qualify for rewards:

A. Participate in a Biometric Screening (April 8th - April 17th)

- Lipid panel (total cholesterol, HDL, LDL, triglycerides), blood glucose, blood pressure, Body Mass Index (BMI) and waist circumference
- At your work site or with your personal physician
- Earn carrots based on LDL, Blood Pressure & BMI (see pg. 2)

B. Complete the Health Assessment (April 8th - May 31st)

- Assess your current health status and receive a personalized wellness report with recommendations for improving your health
- Champions will be at each location to assist in completing the online Health Assessment
- Directions on the BNYU website under Company Communications > Download Forms; Earn a carrot for completing by 5/31/15

C. Tobacco Statement (April 8th - May 31th)

- Reported in the Health Assessment
- Earn carrots for Tobacco Free for last 12 months

D. Earn Rewards!

- Receive your premium share contribution discount on your first pay after July 1
- After completing the Screenings AND/OR Health Assessment, you are also eligible for Fitness Reimbursements

ELANCO School District is committed to helping you achieve your best health. Rewards for participating in the School District's wellness program are available to all covered employees. If you think that you might be unable to meet a standard for a reward under the School District's wellness program, you might qualify for an opportunity to earn the same wellness reward by different means. Please contact Cathy Newkirk at LG Health Wellness Center (717-544-3143 or canewkir@lghealth.org) and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Body Mass Index (BMI)

Clinical standard for measuring healthy body weight
Goals

- Years 1 & 2 ↓ 29.9
- Years 3 & 4 ↓ 27.5

Rewards

-  at goal
-  improvement by 2 or more toward goal over previous year

BMI	WEIGHT STATUS
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and above	Obese



Source: Centers for Disease Control & Prevention

Cholesterol

LDL Cholesterol is the main source of buildup and blockage in the arteries.

Goals

- Years 1 & 2 ↓ 130
- Years 3 & 4 ↓ 115

Rewards

-  at goal
-  improvement by 10% or more toward goal over previous year

LDL CHOLESTEROL	CATEGORY
less than 100 mg/dL	Optimal
100 – 129 mg/dL	Near Optimal
130 – 159 mg/dL	Borderline High
160 – 189 mg/dL	High
190 mg/dL and above	Very High



Source: National Institutes of Health

Health Assessment

- Receive immediate feedback on your health status
- Helps you to set goals to improve your health and prevent chronic conditions
- Identify current and potential health issues
- Provides valuable resources
- Sets a path for you to maintain health for a lifetime



Complete April 8 – May 31st

Source: National Institutes of Health

Blood Pressure

Clinical standard for measuring healthy body weight
Goals

- Years 1 & 2 ↓ 130/85
- Years 3 & 4 ↓ 125/80

Rewards

-  at goal
-  improvement by 1 or more category toward goal over previous year

BLOOD PRESSURE	CATEGORY
less than 120/80	Normal
120-139/80-89	Prehypertension
140-149/90-99	Stage 1 Hypertension
160+/100+	Stage 2 Hypertension



Source: Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

Tobacco Free

- No tobacco
- Cigarette
- Cigars
- Snuff
- Reported in the Health Assessment
-  Tobacco Free for last 12 months



Source: National Institutes of Health

Employee Contribution Reduction

	Carrots	Reduction	Annual Savings
Individual	8 – 9	40%	\$224.42
	6 – 7	30%	\$168.31
	2 – 5	20%	\$112.21
	1	10%	\$56.10
Individual +	16 – 18	40%	\$368.69
	12 – 15	30%	276.52
	4 – 11	20%	\$184.35
	1 – 3	10%	\$92.17
Family	16 – 18	40%	\$534.32
	12 – 15	30%	\$400.74
	4 – 11	20%	\$267.16
	1 – 3	10%	\$133.58



A. Biometric Screening FAQ's:

1. Who may participate in the screenings?

All covered employees and covered spouses

2. Where do I complete a biometric screening?

You may participate in the biometric screening at your work site or with your physician.

If the screening at your location is not convenient, you may go to a different school. Please register according to where you plan to be screened.

3. What will be measured at the biometric screenings?

- Fasting Lipid Panel (total cholesterol, HDL, LDL, triglycerides)*
- Fasting Glucose*
- Height
- Weight
- Blood Pressure
- BMI and waist circumference

**Denotes a venipuncture blood draw*

4. What do I need to do to participate in the worksite biometric screenings?

The only thing you need to do is register online or call 1-800-LGH-INFO. Appointments are scheduled on a first come, first served basis, so please schedule at your earliest convenience. As a courtesy, please reserve the first hour of screening for teachers who need to be in the classroom at a specific time and allow the 2nd hour for employees who have a more flexible schedule.

If you schedule online please follow the following steps:

Step 1: Go to www.lghealth.org/classes

Step 2: Under the heading of Search Classes, use the drop down menu to find ELANCO locations and click on the one you want-then click the "Search" button. *This page can be slow*

Step 3: The search will list the location you selected and you will click on the heading [ELANCO Screening- Location](#)

Step 4: On the next screen it should say the location you selected at the top. Click on the "Register" button on the right side

Step 5: After clicking on the registration link, the registration page will show. On this page, click the time desired for the screening and fill in all the demographic information in the spaces below.

Step 6: Once screening time is chosen and demographic information is filled in, click the register button and the registration process is complete. A confirmation email will be sent confirming the time and location to the email provided within the registration.

5. What do I need to do to prepare for the screenings?

These tests require that you fast for 10-12 hours. That means no food or beverages, other than water, for a period of at least 10 hours but not more than 12 hours. Please remember to take any regularly scheduled medications during this time and please drink water as often as possible during the fasting period.

6. What if I had blood tests performed by my doctor?

If you have these tests performed between July 1, 2014 and May 15, 2015, there is a Physician Screening Form available for your doctor to complete located on the [Bnyu website \(https://www.bnyu.com/elanco\)](https://www.bnyu.com/elanco) under **Company Communications > Download Forms**. Please submit the Physician Screening Form to LG Health by May 15, 2015.

7. If I am pregnant or just had a baby should I still sign up for a screening?

A Pregnancy Exception form can be found on the [Bnyu website \(https://www.bnyu.com/elanco\)](https://www.bnyu.com/elanco) under **Company Communications > Download Forms** that can be submitted in place of the Biometric screening.

8. How will I get my results?

Your results will be posted to your MyLGHealth account within 3 days after your blood is drawn and your results will be mailed to your home within 2 weeks. If you don't have a MyLGHealth account you can create one for free by going to www.mylghealth.org

9. I know my screening values – will it count if I just enter them into my Health Risk Assessment without turning in a Physician Screening Form?

In order to be awarded carrots for your values based on the biometric screenings, you must participate in the onsite screenings or submit a form from your doctor. Putting data directly into the HRA will not provide credit toward the incentive.

10. What if I have health risks that are identified through the wellness screenings?

You will be encouraged to follow up with your primary care provider. Health Coaching will also be offered to wellness program participants for support in reaching your goals.

11. Are my results confidential?

Your employer will not see any individual results. LG Health will only report how many carrots participants earn in order for the incentives to be awarded. ELANCO School District will only receive group data based on the screenings which will allow for future planning.

B. Health Risk Assessment (HRA) FAQ's

1. What is a Health Risk Assessment (HRA) and why should I take it?

- a. The Succeed® Health Risk Assessment (HRA) is a tool that gives you a better understanding of your health status and motivation levels. The Succeed® questionnaire is completely confidential, it takes only 20 minutes to complete, and you'll come away with tailored tips and advice that is just for you. After you take the HRA, you will receive a report that lets you know what steps to take next. Taking an HRA is the first step toward a healthier new you!

2. How do I complete the HRA?

Specific directions will be posted on the [Bnyu website \(https://www.bnyu.com/elanco\)](https://www.bnyu.com/elanco) under **Company Communications > Download Forms**

- a. It is recommended that you wait to complete the HRA until you have your biometric screening results in hand. You will need to enter that data as part of the questionnaire.
- b. Wellness Champions will be available at each site, 2-3 weeks after the screenings, to assist with completion of the HRA.

C. Additional Information

1. How do I complete the tobacco statement?

The tobacco statement is part of the Health Assessment so be sure to complete in order to receive credit.

2. What if I don't earn any carrots or I want to earn more?

ELANCO School District is committed to helping you achieve your best health. Rewards for participating in the School District's wellness program are available to all covered employees. If you think that you might be unable to meet a standard for a reward under the School District's wellness program, you might qualify for an opportunity to earn the same wellness reward by different means. Please contact Cathy Newkirk at LG Health Wellness Center (717-544-3143 or canewkir@lghealth.org) and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

3. Can I get partial credit if I have made progress toward a goal?

In Year 2 of the program, you can earn carrots by improving your numbers even if your numbers are outside of the goal range. Take advantage of Health Coaching and other programs that can help you demonstrate progress in achieving your goals.

4. Can I get money back for going to the gym?

After completing the Screenings AND/OR Health Assessment, you are eligible for Fitness Reimbursements. If your spouse is covered, they must also participate in the wellness program in order for you and/or your spouse to be eligible for the Fitness Reimbursements. Look for the form on the [Bnyu website \(https://www.bnyu.com/elanco\)](https://www.bnyu.com/elanco) under **Company Communications > Download Forms**

Biometric Screening Form- ELANCO

Employee/Covered Spouse completes the following information: (Please Print)

NAME: _____
(Last) (First) (MI)

BIRTH DATE: _____ GENDER: Female___ Male___ EMPLOYEE___ SPOUSE___

ADDRESS: _____

PHONE: _____ EMAIL: _____

CONSENT FOR RELEASE OF WELLNESS INFORMATION

I hereby consent to the release of my screening results and Health Risk Assessment (HRA) results to Lancaster General Health. By authorizing releases of this information, I hereby release Lancaster General Health, and any other organizations associated with this wellness program, their affiliates, directors, officers, employees, successors and assigns, from any and all liability arising from or in any way connected with this program or from the information derived there from. I understand that upon release of my HRA results to the Lancaster General Health, my personal information will remain protected by HIPAA regulations.

SIGNATURE: _____ DATE: _____

Physician completes the following information:

I declare I have examined this individual and to the best of my knowledge and belief, the results provided are true and correct.

Physician's Signature: _____ DATE: _____

Print Name: _____

RESULTS: BP _____/_____ **Height** _____.____ inches
(rounded to nearest quarter inch) **Weight** _____.____ lbs
(rounded to nearest ounce)

Total Cholesterol _____ **HDL** _____ **LDL** _____

Triglycerides _____ **Glucose** _____ **Waist Circumference** _____ inches

Please return this form by May 15, 2015 to:
Cathy Newkirk, RN, MPH, Wellness Educator
canewkir@lghealth.org

Lancaster General Health Wellness Center
2100 Harrisburg Pike, Lancaster PA 17604
Phone: (717) 544-3143
Secure Fax: (717) 544-3139



Pregnancy Exception Form

If you are currently pregnant or have delivered a baby since April 1, 2014, you may submit this form to the Wellness Center at LG Health instead of completing a wellness screening.

1. PLEASE COMPLETE THE TOP OF THIS FORM

I am a(n): **Employee** **Spouse**
(Please circle)

FIRST NAME	LAST NAME	Last 4 of SSN	BIRTHDATE
			/ /

Write your ELANCO spouse's name here: _____

2. TO BE COMPLETED BY A PHYSICIAN OR CERTIFIED NURSE MIDWIFE:

I hereby confirm that the above named is either currently pregnant or has given birth since April 1, 2014 and is eligible for the Pregnancy Exception provided under the ELANCO Employee Wellness Program.

Signature: _____ Date: _____

3. IF YOU NO LONGER SEE YOUR PHYSICIAN OR MIDWIFE, OTHER ACCEPTABLE FORMS OF PROOF INCLUDE:

- a. A copy of the baby's birth certificate
- b. Proof of hospital stay
- c. A copy of a pregnancy related test performed during the timeframe

4. EMPLOYEES/SPOUSES ARE RESPONSIBLE FOR RETURNING THIS FORM TO:

Cathy Newkirk, RN, MPH
LG Health Wellness Center
2100 Harrisburg Pike, Lancaster, PA 17604
Secure Fax: (717) 544-3139
Email: canewkir@LGHealth.org
Phone: (717)544-3143



Medical Exception Form

If you are currently on a leave of absence, you may submit this form to the Wellness Center at LG Health instead of completing a wellness screening. This should be submitted if it is unreasonably difficult due to a medical condition or is medically inadvisable for an individual to meet the goals of the wellness program.

1. PLEASE COMPLETE THE TOP OF THIS FORM

I am a(n): Employee Spouse
(Please circle)

FIRST NAME	LAST NAME	ID NUMBER	BIRTHDATE
			/ /

Write your ELANCO-employed spouse's name here: _____

Employee/Spouse Signature _____ Date: _____

2. TO BE COMPLETED BY A PHYSICIAN, NP or PA:

I hereby confirm that the above named is under my care and that it would be unreasonably difficult or medically inadvisable for them to participate in the ELANCO Employee Wellness Program. The Outcomes Based Wellness Program involves measurement of fractionated cholesterol, blood sugar, blood pressure and BMI/waist circumference.

Signature: _____ Date: _____

3. EMPLOYEES/SPOUSES ARE RESPONSIBLE FOR RETURNING THIS FORM BY MAY 15, 2015 TO:

Cathy Newkirk, RN, MPH
LG Health Wellness Center
2100 Harrisburg Pike, Lancaster, PA 17604
Secure Fax: (717) 544-3139
Email: canewkir@LGHealth.org
Phone: (717)544-3143

ELANCO Health Coaching

Health Coaching Request Form

Name:	Employee ID: (not required)
Preferred Email Address:	Phone Number Cell: _____ Home: _____ Work: _____

Preferred method of contact (please check only one):

☐ Cell phone ☐ Home phone ☐ Work phone ☐ Email

Preferred time of day and days for coaching (coaches are available 7 AM – 7 PM, Monday-Friday):

What specific area of your health are you most willing to explore at this time? (Check all that apply)

☐ Diet and nutrition ☐ Physical activity ☐ Stress management
☐ General well-being/Healthy Criteria ☐ Tobacco use

ELANCO's Wellness Program is designed to help employees and their spouses understand their health risks and begin to take action towards better health. Health Coaching is a way for individuals to begin to define their own personal wellness goals and start making lifestyle changes to meet those goals.

Once you submit this completed intake form via email to canewkir@lghealth.org or fax it to 717-544-3139, we will assign you to a health coach. Your coach will make an initial contact with you to set up your first appointment. Most appointments will be conducted over the telephone, although there will be the opportunity for a limited number of face-to-face coaching sessions in a private office.

You should expect that your first coaching session will last approximately 30 - 45 minutes, with each additional session lasting approximately 20 minutes. Between sessions, you and your coach can decide how to stay in touch.

To request coaching for 2015, please save and submit this form to canewkir@lghealth.org

(please see page two on reverse)

Profile of the Successful Coaching Participant

Having a positive attitude and being an active participant in your coaching experience greatly increases success. The following are expectations that the coaching team has of you.

To be a successful coaching participant:	I agree with this	I do not agree with this
I will schedule and commit to keeping regular appointments with my coach.	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to actively participate in my own healthy lifestyle by implementing new behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
I will create small, measurable and achievable goals to work toward every day.	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to follow up with my healthcare provider, if indicated, to support my lifestyle changes to improve biometric numbers.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to be held accountable for the agreed upon steps towards reaching my goals.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that if I should take a step backward I will not abandon hope. I will immediately get back on track, and I will stick with my future coaching sessions.	<input type="checkbox"/>	<input type="checkbox"/>

If you agree with these terms, here is what you can expect from your coach:

- Respect for you and your time; your coach will make every attempt to accommodate your mutual schedules and will be there for your scheduled appointments.
- Assistance in helping you to determine and set your personal wellness goals.
- Suggestions and referrals to resources available to you through LGH and the community.
- Support and encouragement! Your coach is here to help you become accountable for the goals you set for yourself; not to punish you or tell you what to do or how to do it.
- Celebration of your accomplishments along the way!



Eastern Lancaster County School District Fitness Reimbursement Request Form

Fitness Reimbursement Requests can be submitted two times each year.
All requests must be received within 12 months of request period end date.
Reimbursement requests that are incomplete may be delayed.

1 Member Name: _____

2 Member ID: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

3 Fitness Facility Name: _____

Address: _____

- | | | |
|-----------------------------|--|--|
| 4 Member Attendance: | <input type="checkbox"/> January – December (Annual)
<i>Reimbursement requests must be received by
December 31st of the following year.</i> | <input type="checkbox"/> 6-Month (Semi-Annual)
<i>Reimbursement requests must be received by
December 31st of the following year.</i> |
| | <input type="checkbox"/> 150+ Visits*
100% of 12 month membership cost or
\$450, whichever is less. | <input type="checkbox"/> 75+ Visits*
100% of 6 month membership cost or
\$225, whichever is less. |
| | <input type="checkbox"/> 100 – 149 Visits*
50% of 12 month membership cost or
\$300, whichever is less. | <input type="checkbox"/> 50 – 74 Visits*
50% of 6 month membership cost or
\$150, whichever is less. |
| | <input type="checkbox"/> 50 – 99 Visits*
25% of 12 month membership cost or
\$100, whichever is less. | <input type="checkbox"/> 25 – 49 Visits*
25% of 6 month membership cost or
\$50, whichever is less. |

**Please include proof of visits to the fitness facility.*

5 I verify that the member named above has visited the fitness facility at least the number of times indicated.

Fitness Facility Representative Signature*

Date

Instructor verification is required to receive reimbursement

**Fitness Facility Representative's signature above constitutes agreement that the facility promotes cardiorespiratory wellness for members, and confirms that the member listed above participated in cardiovascular fitness sessions.*

6 Total Expected Reimbursement (up to \$450 per employee and covered spouse per calendar year): \$ _____
Proof of payment (copy of receipt, cancelled check, or credit card statement) is required **Attach proof of payment**
to process reimbursement request.

7 All reimbursements for gym memberships will be subject to income taxes.

8 My signature below affirms that all of the information listed above is full, complete and true to the best of my knowledge. False statements will result in the denial of reimbursement.

Member Signature: _____ Date: _____

9 Mail completed request to:
HealthAmerica
PO Box 7089
London, KY 40742

Eastern Lancaster County School District Fitness Reimbursement Request Form

To take advantage of the Eastern Lancaster County School District Fitness Reimbursement program, complete the following steps:

1. **Select a fitness facility.** Choose a fitness facility that promotes cardiovascular wellness for adults. Register and pay the membership fee. Keep a copy of your receipt. You will need it to submit with your request for reimbursement.
2. **Obtain an ELANCO Fitness Reimbursement Request Form.**
You can obtain an ELANCO Fitness Reimbursement Request Form from one of the following:
 - Your human resources department
 - Download from the district portal
3. **Visit the Fitness Facility to enhance cardiorespiratory fitness level.** Fitness Facility reimbursement levels are summarized below.

Annual Reimbursement

150+ Visits	100% reimbursement of annual membership fee or \$450, whichever is less.
100 – 149 Visits	50% reimbursement of annual membership fee or \$300, whichever is less.
50 – 99 Visits	25% reimbursement of annual membership fee or \$100, whichever is less.

Semi-Annual Reimbursement

75+ Visits	100% reimbursement of annual membership fee or \$225, whichever is less.
50 – 74 Visits	50% reimbursement of annual membership fee or \$150, whichever is less.
25 – 49 Visits	25% reimbursement of annual membership fee or \$50, whichever is less.

4. **Complete the form.**
 - Print all information clearly and legibly.
 - Verify your HealthAmerica ID number, group number, and your name and address.
 - Identify the Fitness Facility you attended, location, and the amount of reimbursement requested.

Provide proof of payment. You must submit proof of payment with the Fitness Reimbursement Request to verify the amount paid. Acceptable forms of proof of payment are: provider receipt, cash receipt signed by the provider, copy of pay stub showing total payroll deduction, copy of cancelled check made out to the fitness facility, copy of credit card statement.

5. **Obtain Fitness Facility Representative signature.** At the end of the time period for which you are requesting reimbursement, have a fitness facility representative sign the form in the appropriate space, verifying your attendance.

Obtain attendance verification. At the conclusion of the time period, obtain proof of attendance from the fitness facility.

6. **Sign the form.**
7. **Mail your request.** Mail the completed form, a copy of your receipt, and other program documents to the appropriate address (*located on the front of this form*). Keep a copy of everything for your records.

All reimbursement forms for services received this year must be postmarked within one year of the end of the time period to be eligible for reimbursement. Please include the required documentation for each eligible service. Reimbursement is coordinated directly with Coventry HealthAmerica. The program is subject to change at any time.

Acknowledgement

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

