

2024 Wellness Works at Woods Rewards Program



Woods Services truly cares about the **well-being** of our employees, which is why we are working to promote programs to **encourage, educate, and support** employees in making healthy lifestyle choices on a daily basis.



Earn Prizes!

To show your commitment to your own well-being, if you complete any of the items listed on the attached tracking form to reach 125 points, **\$100 will be added to your Pulse account.**

Earn additional prizes when you achieve a higher points level!

| POINTS | PRIZE OPTIONS |
|--------|----------------------------------------------------------|
| 125 | \$100 added to your Pulse account |
| 150 | \$125 added to your Pulse account + custom Woods t-shirt |
| 175 | \$150 added to your Pulse account + custom Woods t-shirt |

Participating in the program is easy!

Complete any combination of the choices on the attached tracking form to reach at least 125 points. Once you reach your final goal, turn in the tracking form with **all supporting documents** to the Benefits Department by email (wellness@woods.org) or Fax (**215-891-8751**).

All submissions must be received by December 31, 2024. Pulse account credits and other prizes will be awarded at the end of January 2025.

*If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, please contact the Member Advocacy team, provided by Conner Strong & Buckelew, at **800.563.9929** and we will work with you and your doctor to develop another way to qualify for the reward.*



2024 Wellness Rewards



Complete any of the following activities between **January 1 – December 31, 2024** to reach **at least 125 points**.

| ✓ | PROGRAM DESCRIPTION | POINT VALUE |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> | Online Health Risk Assessment (HRA) through Homestead (visit www.mymedwellness.com or call 800.977.6337) (Can complete with other carriers, however, you will be required to submit proof of completion) | 30 |
| <input type="checkbox"/> | Walk at least 30 minutes 50 times or go to a gym/fitness class 50 times (Provide gym printout or complete attached self-reported log.) | 30 |
| <input type="checkbox"/> | Completion of one of the following tobacco cessation programs (certificate of completion required): quitSTART App https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quitstart-app/index.html EasyQuit - Stop Smoking https://apps.apple.com/us/app/easyquit-stop-smoking/id1508110799?platform=iphone Quit smoking easily with Kwit! https://kwit.app/en | 30 |
| <input type="checkbox"/> | An annual preventive physical with your health care provider including standard bloodwork/labs or participate in an onsite screening at Woods (complete proof of visitation form) * Receive a preventive colonoscopy, mammogram, pap smear, dental exam (limit 1 per year), vision exam or skin cancer screening. (Complete proof of visitation forms: screening must have occurred January 1 – December 31, 2024. Limit 3, maximum 60 pts.) | 20 |
| <input type="checkbox"/> | Visit with a Dietitian or Wellness Coach at least 2 times or complete a weight loss program (i.e. Weight Watchers, Jenny Craig, Approved Hospital Program, etc. Attach proof of enrollment/completion) | 20 |
| <input type="checkbox"/> | Participate in a local race or Run for Woods (Minimum distance 5K, attach proof of participation. Limit 2, maximum 30 pts.) Name of race: _____ Date: _____ Name of race: _____ Date: _____ | 15 |
| <input type="checkbox"/> | Volunteer for a local charity or a Woods Event, such as the Run for Woods, for a minimum of two hours (Complete attached verification form. Limit 2, maximum 30 pts.) | 15 |
| <input type="checkbox"/> | Take your Blood Pressure once a month for at least 3 months (At the Woods Medical Center or monitors available at most pharmacies. Record on self-reported log provided – must contain at least 3 readings) | 15 |
| <input type="checkbox"/> | Join a health management website or app such as SparkPeople, Lose It, My Fitness Pal, Noom, etc. Name of app: _____ Provide a brief review: _____ | 10 |
| <input type="checkbox"/> | Get a vaccine (January 1 – December 31, 2024). You can earn 10 points for each vaccine/booster, up to a maximum of 20 points. Type: _____ Where received: _____ Date: _____ Type: _____ Where received: _____ Date: _____ | 10 |
| <input type="checkbox"/> | Complete a mindfulness activity (Meditation, stress reduction seminar/counseling, mental health, yoga class at least 3 times. Complete and return attached self-reported log) | 10 |
| <input type="checkbox"/> | Attend at least one Financial Wellness Seminar Title of seminar: _____ Date: _____ | 10 |
| <input type="checkbox"/> | Donate blood for 10 points per donation with a maximum of 20 points. Date: _____ Date: _____ | 10 |

By signing this form, you acknowledge that you have accurately reported completion of the items indicated above and are eligible for the reward. **Note:** Late entries will not be honored.

Employee Name: _____ **Total Points:** _____

Employee Signature: _____ **Date:** _____

* Health Screening and HRA data is 100% confidential and personal results will not be shared with Woods. For all of the activities above, only your participation is being verified.