

2018

Auglaize County

Wellness Initiative

Together we are working towards a healthier County!

Welcome to the 2018 Auglaize County Wellness Initiative!

**It is our mission to help everyone understand their health, how to improve it,
and how to keep it affordable.**

In this packet, you will find several pieces of information including:

- 1. Health Scorecard**
- 2. Health Screening Information**
- 3. Introductions to Challenges**
- 4. Steps 30 Day Challenge Information**
- 5. Water 30 Day Challenge Information**
- 6. Maintain Don't Gain 5 Week Challenge Information**
- 7. 5K Participation Challenge Information**
- 8. Gym Membership Participation Challenge Information**
- 9. Grand Lake Health Challenge Information**

The mandatory screening will help us to control next year premium costs!

**The optional challenges will help you to build up your Health Savings Account
(HSA) up to \$100!**



2018 Auglaize County Health Scorecard

we are working towards a healthier County

PART I - MUST BE COMPLETED BY **JUNE 30, 2018**

Requirements:

Single Coverage

Blood Draw and Biometric Screening Proved by Auglaize County

OR

Have your Family Doctor complete the Biometric screening and sign the waiver of completion.

Family Coverage

Blood Draw and Biometric Screening Proved by Auglaize County

You and Your Spouse

OR

Must Participate

Have your Family Doctor complete the Biometric screening and sign the waiver of completion.

PART II

Each Employee has the option to participate in 6 different challenges involving fitness, nutrition, and health. For each challenge completed (maximum of 4 challenges) you will receive \$25 deposited into your Health Savings Account on a quarterly basis.

These challenges may be completed by you and your spouse if you are on a Family Coverage Plan. The maximum is still \$100. (Example: You can do three challenges, and your spouse can do one) Dependents are not eligible to participate for the incentive, however are encouraged to participate with their parents!

2018 Auglaize County Screening Information

This year you must receive a Blood Draw and Biometric Screening as a requirement to reduce the increase on the health insurance premiums.

Auglaize County is giving these screenings to you at no charge and are done during the work day on May 22nd and May 23rd from 6 a.m.—10 a.m.

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You do have the option to see your Primary Care Physician to have the blood draw and Biometric screening completed. There is a form that is required by your Physician to be completed.

Please note if you are on a family plan, you and your spouse must have these completed. If one does not do it, you will see your premiums change in August of 2018.



Members:

*Douglas A. Spencer
John N. Bergman
Don Regula*

*Board of County Commissioners
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April 12, 2018

To: All Employees of Auglaize County, Ohio

Re: Auglaize County Wellness Initiative 2018

We are excited to continue our wellness initiatives in an effort to help control the rising health care costs among all of our employees. Last year, \$6,250 was placed into Health Savings Accounts for our employees.

For 2018, Auglaize County is offering a two part wellness initiative available to all employees. 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 of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will 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 will also be asked to complete a biometric screening, which will include a blood test and biometric screening. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness programs will receive an incentive of no extra premium increase. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the discounted premium.

Additional incentives of up to \$25 per activity completed (maximum of 4 activities) may be available for employees who participate in certain health-related activities. The way we are doing this is by offering you the choice of 6 different challenges involving fitness, nutrition, and health. For each challenge completed (maximum of 4 challenges) you will receive \$25 deposited into your Health Savings Account. There will be specific attachments for each challenge and requirements that you must meet to receive the incentive. 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 or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Erica Preston at (419) 739-6710.

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 heart health management. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Auglaize County may use aggregate information it collects to design a program based on identified health risks in the workplace, Auglaize County will never disclose any of your personal information publicly, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never 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. The only individual(s) who will receive your personally identifiable health information is (are) Joint Township District Memorial Hospital in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will 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 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 have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Erica Preston at (419) 739-6710.

Sincerely,



Erica Preston
Auglaize County Administrator

30 DAY STEP CHALLENGE

Please remember to increase your steps through the 30 days.

Day	Date	Goal (Beginner)	Goal (Advanced)	Number of Steps Taken
1		2,000	6,000	
2		2,320	6,500	
3		2,640	7,000	
4		2,960	7,500	
5		3,280	8,000	
6		3,600	8,500	
7		Rest Day	Rest Day	
8		3,920	9,050	
9		4,240	9,600	
10		4,560	10,150	
11		4,880	10,700	
12		5,200	11,275	
13		5,520	11,850	
14		Rest Day	Rest Day	
15		5,840	12,425	
16		6,160	13,000	
17		6,480	13,575	
18		6,800	14,175	
19		7,120	14,775	
20		7,440	15,375	
21		Rest Day	Rest Day	
22		7,760	15,975	
23		8,080	16,575	
24		8,400	17,175	
25		8,720	17,800	
26		9,040	18,425	
27		9,360	19,050	
28		Rest Day	Rest Day	
29		9,680	19,675	
30		10,000	20,000	

Welcome to the
30 Day Water Challenge
#64ozchallenge

Goal: The goal of this challenge is drink at least 64 ounces of water per day.

Requirements: You will need to shade in the number of glasses to match your water consumption.

Please remember to list your start and end dates as well.

Incentive: Each Challenge you complete (maximum of 4) will earn you \$25 per challenge into your Health Savings Account.

Per the CDC, you should take your weight and divide by two, to get the recommend number of ounces of water.

Deadline: November 30, 2018

Participant Name: _____

Employee Name: _____

Start Date: _____

End Date: _____



30 DAY WATER CHALLENGE

#64ozchallenge



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Day 1 

Day 2 

Day 3 

Day 4 

Day 5 

Day 6 

Day 7 

Day 8 

Day 9 

Day 10 

Day 11 

Day 12 

Day 13 

Day 14 

Day 15 

Day 16 

Day 17 

Day 18 

Day 19 

Day 20 

Day 21 

Day 22 

Day 23 

Day 24 

Day 25 

Day 26 

Day 27 

Day 28 

Day 29 

Day 30 

Welcome to the
Maintain Don't Gain
5-Week Challenge

Goal: The goal of this challenge is to maintain your weight for a consecutive five weeks.

Requirements: You will weigh yourself every Monday morning for a consecutive five weeks and document your weight. Once your challenge is complete, you will turn your completed form into the Commissioners Office.

Incentive: Each Challenge you complete (maximum of 4) will earn you \$25 per challenge into your Health Savings Account.

Deadline: November 30, 2018

You Can Totally Do This

MAINTAIN DON'T GAIN CHALLENGE

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Weigh-In Date: _____

Beginning Weight: _____

Participant Name: _____ Employee Name: _____

Week 1	Week 2	Week 3	Week 4	Week 5
Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:

Please remember to weigh in every Monday Morning.

5K Participation Challenge

Goal: The goal of this challenge is to condition and complete a 5K.

Requirements: You will need to write down 4 practice times (these do not need to be for the full 3.1 miles).

You will also need to attach a copy of your registration and copy of your entry number.

If you and your spouse do the 5K Participation Challenge you both need to meet the requirements.

Incentive: Each Challenge you complete (maximum of 4) will earn you \$25 per challenge into your Health Savings Account.

Deadline November 30, 2018

Participant Name: _____

Employee Name: _____

5K Event Name: _____

5K Date: _____

5K Participation Challenge

Practice 1	Date:	Activity: ◇ Run ◇ Walk ◇ Jog ◇ Other: _____	Time Spent:
Practice 2	Date:	Activity: ◇ Run ◇ Walk ◇ Jog ◇ Other: _____	Time Spent:
Practice 3	Date:	Activity: ◇ Run ◇ Walk ◇ Jog ◇ Other: _____	Time Spent:
Practice 4	Date:	Activity: ◇ Run ◇ Walk ◇ Jog ◇ Other: _____	Time Spent:

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a healthier County!*

Gym Membership 30 Day Challenge

Goal: The goal of this challenge is to utilize a membership you may already be paying for (such as Anytime Fitness, YMCA, Snap Fitness, etc.) The goal is to go to the gym, exercise for 2.5 hours a week, and get healthy.

Requirements: You will need to complete the chart on the back of this sheet.

You will be responsible for obtaining a print out or verification from your fitness facility showing proof of attendance. You can have up to 5 rest days.

Incentive: Each Challenge you complete (maximum of 4) will earn you \$25 per challenge into your Health Savings Account.

Deadline: November 30, 2018

Participant Name: _____

Employee Name: _____

Fitness Facility: _____

Start Date: _____

Gym Membership 30 Day Challenge

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Day	Date	Start Time	End Time	Activity Walk, Run, Weights, Swim Basketball, Other: _____
1				
2				
3				
4				
5				
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10				
11				
12				
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30				

Grand Lake Health Challenge 2018

Grand Health Challenge - "The Choice Is Yours"

12th year of this Award Winning Program

Entry deadline was January 5, 2018

(Various Locations Celina, St. Marys, Wapakoneta & Minster)

Kick-Off Event was held on January 23rd at 6:30 p.m. at St. Marys

Memorial High School Auditorium w/ keynote speakers

Prizes will be awarded: Teams, Individuals, and people that meet their goals each month will also go into a monthly door prize raffle.

Goal: The goal is to complete the challenge and be healthier for life.

Requirements: Must complete the program without disqualification.

Incentive: Each Challenge you complete (maximum of 4) will earn you \$25 per challenge into your Health Savings Account.

Participant Name: _____

Employee Name: _____

Team Name: _____

Location: _____

Start Date: _____