



Be Well

Where workplace wellness works for you

Did you know you can reduce your risk for a chronic illness, such as heart disease, diabetes and cancer? These illnesses can often be controlled through lifestyle changes such as a healthy diet and regular physical activity. These tools and resources can help you live a healthier life.

Tier	Criteria
Tier 1	<ul style="list-style-type: none">• Body Mass Index (BMI)• Blood Pressure• Cholesterol• Glucose• Annual wellness assessment
Tier 2	<ul style="list-style-type: none">• Complete all tier one criteria AND• 3 healthy activities*

*Approved healthy activities listed on page 2

Your program at Bucknell University

BMI and blood pressure options

- Attend a screening at your workplace on **November 1, 2022 or March 30, 2023**
- Submit height, weight, and blood pressure results collected from **June 1, 2022** and forward via:
 - **Mail:** Geisinger Health and Wellness
100 N Academy Ave. Danville, PA 17822-3232
 - **Fax:** 570-214-7742
 - **Email:** wellness@geisinger.edu

Glucose and cholesterol options

- Attend a lab screening at your workplace on **November 1, 2022 or March 30, 2023**
- Use your lab voucher between **November 1, 2022- November 30, 2022 or March 1, 2023- March 31, 2023**
- Submit cholesterol and blood sugar (or A1C) results collected from **September 1, 2021** and forward via:
 - **Mail:** Geisinger Health and Wellness
100 N Academy Ave. Danville, PA 17822-3232
 - **Fax:** 570-214-7742
 - **Email:** wellness@geisinger.edu

Annual wellness assessment

- Complete your annual wellness assessment by **April 30, 2023** by logging into wellness.geisinger.org

Healthy activities


- Complete three healthy activities by **April 30, 2023**
 - March Mayhem Challenge*
 - Maintain Don't Gain Challenge*
 - Livongo program participation
 - GI THRIVE program participation
 - Wise@Work learning series completion
 - Wellness workshop*
 - Four Health Coaching sessions
 - Call 1-866-415-7138 to get started with a coach



*Use the QR code or visit <https://forms.office.com/r/ukCacBPbgA> to register for the healthy activity challenges and workshops

Deadline

- Meet all program criteria by **April 30, 2023**



Program information and FAQs

Participant Declaration

This is a voluntary wellness program and is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. By choosing to participate, you will be required to verify your results by participating in the on-site screening, providing documentation of recent lab work or providing documentation from a physician, if required. If documentation has not been provided and/or required health screenings have not been completed by the submission date outlined in the program summary, you will not be eligible to receive the incentive.

In accordance with the Genetic Information Nondiscrimination Act of 2008 (GINA), GHP will not ask for genetic information. If you and/or your spouse/domestic partner, as applicable, voluntarily provide genetic information, such information will not be used in conjunction with any earned incentive determinations.

Your personally identifiable 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. By participating in this program, you acknowledge your understanding of the eligibility requirements and agree to the terms outlined above.

Why should I participate in this program?

This program focuses on preventing chronic conditions and improving overall health and wellness. This can often lead to more energy, less stress and fewer visits to the doctor's office. Knowing your health numbers is the best way to identify and prevent serious health conditions.

How do I submit results?

Mail, email, fax or bring them to your workplace wellness screening staff. Use the medical results form or print a copy of your medical record — and be sure to submit all results by the listed deadlines.

How do I use my lab voucher?

Your lab voucher is valid during the dates listed on the front. Valid lab locations, times and phone numbers are listed on the back. Vouchers can only be used at listed lab locations. If you use a lab that is not on the list, you will be responsible for full payment.

How do I prep for a wellness blood draw?

This lab requires an 8-hour fast. When fasting, avoid eating or drinking anything other than water, plain tea, or black coffee. Take any needed medications as normal.

How can I check my program status?

Log onto the portal at wellness.geisinger.org or call 866-415-7138 with questions.

What options do I have if I feel I cannot meet the program requirements?

If it is unreasonably difficult for you to meet the program requirements (due to a medical condition) or if it is medically inadvisable to attempt to meet the program requirements, call 866-415-7138 for a list of alternative ways to qualify. Note that these alternatives need to be requested and completed before your program's criteria deadline. Reasonable alternatives typically take at least four weeks to complete, so get started as soon as possible.

How can I contact the health and wellness department?

Phone: 866-415-7138

Fax: 570-214-7742

Email: wellness@geisinger.edu

Mail: Geisinger Health Plan
Health and Wellness Department
100 N. Academy Ave.
Danville, PA 17822-3232

Medical results form

Dear Provider:

Your patient is voluntarily participating in a health and wellness incentive program through their employer. The incentive program encourages participants to make wellness part of their daily routine. Your patient has indicated that they recently had or will have the following measures taken. There are deadlines for participants to submit results. If we can help or answer any questions, call 866-415-7138.

Sincerely,
Nichole Hossler, MD
Medical Director, Geisinger Health Plan

Section 1	Participant Information (to be completed by participant)	Employer:	Company Name: Bucknell
Participant name (last, first, middle initial):		Participant date of birth:	Member ID # (If applicable):
Participant home address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Participant phone #:
The information that I have supplied to my physician is complete and accurate. If applicable, I agree to follow my physician's recommendations. I am solely responsible for seeking medical attention in follow-up for results that are outside normal ranges and may require investigation and treatment with my physician. I authorize GHP to release to my employer, the fact that I participated in the screenings indicated for the purposes of my employer's wellness program.			
Participant signature:			Date:
Section 2	Results Section (to be completed by the physician's office)		
Current tobacco use:		Current diagnosed conditions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Heart disease	
Date of results:		Date of results:	
Height:		LDL:	
Weight:		Tot chol/HDL ratio:	
Blood pressure:		Fasting glucose:	
Hip/waist ratio:		HbA1c:	
Section 3	Signatures (to be completed by the physician's office)		
Provider name (please print):		NPI#:	
Provider signature:			Date:
Provider address:			

This form may be faxed, mailed or emailed directly to:

Geisinger Health and Wellness
100 N Academy Ave. Danville, PA 17822-3232
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Geisinger

