

2023-2024

✓ HealthCheck360

WELLNESS PROGRAM GUIDE



WELCOME

New Castle County is continuing to expand your benefits package to include a wellness program through HealthCheck360. Starting on **October 1st, 2023**, you will have the opportunity to start earning points to earn wellness rewards!

HealthCheck360 is a wellness company devoted to improving health and overall wellbeing. HealthCheck360 provides you with the tools, motivation, and support to assist you along your journey to a healthier you. You will receive a personalized, confidential report of your health status after your wellness screening. HealthCheck360 uses the same confidentiality standards as your doctor. From there, you will have access to health coaches who can help you learn more about your results and set personal goals. Keep an eye out for wellness challenges, recipes, webinars, and more to make focusing on your health fun and easy.

We understand everyone starts in a different spot, so we are here to meet you wherever you are. If you'd like to get some healthy hacks right away, check out the HealthCheck360 blog.

Wellness Rewards

In addition to gaining powerful and personalized information about your health and wellbeing, we will offer wellness rewards for participating. **To be eligible for your premium incentive, complete the following items by September 30th, 2024:**

- Biometric Screening
- Health Risk Assessment Survey
- Earn 700+ points in Lifestyle Rewards

We care about your wellbeing, and we are committed to helping you achieve a healthy lifestyle.

New Castle County

If you are unable to meet a health outcome for an incentive under the HealthCheck360 Program, you can work with HealthCheck360 and, if you wish, your primary care physician for an opportunity to earn the same incentive through a reasonable alternative process. To speak with a representative about what options are available to you, contact HealthCheck360 at 1-866-511-0360.

NOTICE REGARDING WELLNESS PROGRAM

New Castle County sponsors HealthCheck360, a voluntary wellness program available to all employees and spouses enrolled in the medical plan. 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 for HDL, LDL, Triglycerides, Total Cholesterol, Glucose, GGT, Cotinine, Creatinine, Albumin, ALP, Total Protein, ALT, AST, GSP, Bilirubin, Globulin, and BUN.

Although you are not required to complete the HRA survey, participate in the biometric screening, or earn 700 points, however, only those who do so will 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 HealthCheck360 at 1-866-511-0360 or support@healthcheck360.com by 07/31/2024.

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. 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 New Castle County may use aggregate information it collects to design a program based on identified health risks in the workplace, HealthCheck360 will never disclose any of your personal 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, 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) employees of HealthCheck360 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 your HR department or contact HealthCheck360 at 866-511-0360 or support@healthcheck360.com





REAL RESULTS FOR REAL PEOPLE.

WELLNESS MADE EASY

Download the myHealthCheck360 mobile app today!



EVERYTHING AT YOUR FINGERTIPS

Get more than ever before with the myHealthCheck360 mobile app. More access, more support, and better tracking. Get started with the myHealthCheck360 mobile app by following the steps below.

CREATE YOUR ACCOUNT

- Download the myHealthCheck360 app
- Click **Create an account** and enter your information
 - Your company code is **NEWCC**
 - Your unique identifier is your **last 4 SSN**
- Agree to the terms and conditions and click **SIGN UP**

DON'T HAVE A SMARTPHONE?

- Visit www.myhealthcheck360.com

LOOKING FOR MORE HOW TO'S ON THE APP?

- Visit our [Knowledge Center](#)



PRO TIP

CONNECT YOUR DEVICE

Get the most from your myHealthCheck360 experience by connecting a device like FitBit or Garmin, or a tracking app like Apple Health or MyFitnessPal.

TO CONNECT A DEVICE

- Select **More** at the bottom of your screen
- Select **Connect Apps & Devices**
- Find your fitness app or device and select **Connect**
- Select **OK** and login to your fitness app's account



REAL RESULTS FOR REAL PEOPLE.

ACTIVITY	POINTS PER ACTIVITY	MAXIMUM POINTS	VALIDATION
EARN 700 POINTS IN 2024 TO BE ELIGIBLE FOR YOUR 2025 INCENTIVE!			
REQUIRED: Physician Engagement – Annual Physical & Blood Work	200	200	Approved Automatically – Download and Submit physician form from “My Program” tab. Points will be awarded once results are processed.
REQUIRED: Health Risk Assessment Survey	200	200	Approved Automatically - Points will be rewarded when you complete your survey
Preventative Exams (Up to 2)	100	200	Approved automatically - Points will be awarded when you submit proof of your visit. Examples: <ul style="list-style-type: none"> • Mammogram • Pap test • Prostrate Screening • Dental Cleaning • Vision Exam • Skin Cancer Screening • Hearing exam • Flu Shot
Nicotine Free	100	100	Approved automatically – Points will be awarded if you report non-nicotine user with your physician
Nicotine Cessation Program	100	100	Approved automatically - Points will be awarded when you submit proof of enrollment or program completion
New Castle County Lunch ‘n Learn/HC360 Monthly Webinars – Must attend 6 out of 12 Lunch ‘n Learns or HC360 webinars	100	100	Approved automatically – Human Resources will keep track of attendance and submit to HealthCheck360
New Castle County Challenge	100	200	Approved automatically – CHRO will provide a report of those who participated and your points will be approved.
HealthCheck360 Wellness Challenge	100	200	Approved automatically – Track each week of the challenge for points to be awarded
COVID-19 Complete Vaccination	100	100	Approved Automatically - Points will be rewarded when you submit proof of vaccination
Donate Blood or Plasma	100	100	Approved Automatically – Points will be rewarded when you submit proof of donation.
Goal: 700 Points		Total Points Available: 1,400	

NEW CASTLE WELLNESS PROGRAM FAQ

WHO IS ELIGIBLE TO PARTICIPATE?

All employees and spouses enrolled in the medical plan are eligible to participate in the Wellness Incentive Program.

HOW DOES IT WORK?

Complete wellness activities from the eligible list and submit through myHealthCheck360. You will earn points for each activity you submit.

WHEN DO I SUBMIT MY ACTIVITIES?

Submit your activities completed between 10/01/2023 and 09/30/2024 and collect 700 points to earn your incentive.

CAN I RUN MY OWN WELLNESS CHALLENGE TO EARN POINTS?

Yes! Submit your challenge idea to HR for approval. Once approved, HR will send a report of those who participated to HealthCheck360 for automatic approval of rewards.

HOW MANY CREDITS DO I NEED TO EARN INCENTIVES?

Earn **700 points** and be eligible to earn incentives.

- **IMPORTANT:** Your Annual Physician Screening and Health Survey are **required** activities.

DO I HAVE TO SUBMIT MY ACTIVITIES AS SOON AS THEY ARE COMPLETED?

Nope! As long as all of your activities are submitted online by September 30, 2024, submit your activities when it is convenient for you.

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 HealthCheck360 at 1-866-511-0360 or support@healthcheck360.com.



PHYSICIAN WELLNESS SCREENING RESULTS FORM

Upload to your myHealthCheck360.com account by: / /
 Only lab results from / / to / / will be accepted.

PHYSICIAN: PLEASE RETURN TO PARTICIPANT ONCE COMPLETE

PARTICIPANT INFORMATION (COMPLETED BY PATIENT - PLEASE PRINT)

EMPLOYER NAME										LOCATION CODE				UNIQUE ID					
<input type="text"/>										<input type="text"/>				<input type="text"/>					
PHONE NUMBER				EMPLOYEE (P) / SPOUSE (D)				PREGNANT											
<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="checkbox"/> P <input type="checkbox"/> D				<input type="checkbox"/> Y <input type="checkbox"/> N											
LEGAL LAST NAME										LEGAL FIRST NAME									
<input type="text"/>										<input type="text"/>									
SEX		DATE OF BIRTH																	
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="text"/> / <input type="text"/> / <input type="text"/>																	
EMAIL ADDRESS																			
<input type="text"/>																			
ADDRESS																			
<input type="text"/>																			
CITY										STATE		ZIP							
<input type="text"/>										<input type="text"/>		<input type="text"/>							

PARTICIPANT SIGNATURE: _____ **DATE:** _____

RELEASE OF HEALTH INFORMATION: By submitting this form, I am requesting my physician to report my biometric and laboratory results to HealthCheck360 to be included as part of an employer sponsored wellness program. By signing above, I authorize the release of my personal health information and preventive health screening results listed on this form by my health care provider. This authorization shall remain in force for 12 months following the date of my signature below and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification. I understand that all fields must be completed in order for my form to be accepted.

REQUIRED TO PROCESS RESULTS

HEIGHT (INCHES)		WEIGHT (LBS.)		WAIST (INCHES)		BLOOD PRESSURE				BLOOD PRESSURE (IF 1 ST > 120/80)			
<input type="text"/> INCHES		<input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/>				<input type="text"/> / <input type="text"/>			
LAB DATE		TOTAL CHOLESTEROL		HDL		LDL		TRIGLYCERIDES		GLUCOSE			
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
EXAMINATION DATE		DOES PATIENT SMOKE, USE TOBACCO PRODUCTS OR NICOTINE SUBSTITUTES?											
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="checkbox"/> Y <input type="checkbox"/> N											

ADDITIONAL LABS- HYPERTENSION: CREATININE. DIABETES: CREATININE, A1C, & URINE MICROALBUMIN. DIURETIC MEDICATION: POTASSIUM

CREATININE	A1C	POTASSIUM	URINE MICROALBUMIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHYSICIAN INFORMATION

Your patient is a participant in a health and wellness program sponsored through their employer or spouse's employer. Through this wellness program, your patient has an opportunity to improve their health risks as they exhibit healthy lifestyle choices. This program is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning.

PHYSICIAN CLINIC	PHONE NUMBER
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

PHYSICIAN'S SIGNATURE: _____

PHYSICIAN'S NAME (PLEASE PRINT): _____



PHYSICIAN WELLNESS SCREENING

New Castle County wellness program provides quick and easy opportunities to improve your long-term wellness while earning incentives. You are able to participate in a wellness screening through your physician. Please complete the following steps to ensure your screening results are received and approved by September 30th, 2024.

How do I schedule?

- Contact your Healthcare Provider and schedule an annual wellness appointment
- Visits/lab work from 10/01/2023 to 09/30/2024 will be accepted

What should I bring to my appointment?

- Download the “Physician Wellness Screening” form from your www.myHealthCheck360.com account
 - Complete the “Participant” section before your appointment
 - You must sign your results form. Your results will not be processed without your signature.
- Healthcare Provider instructions (included on the next page)

How should I prepare for my screening?

- Fast 8-12 hours before your appointment
 - Speak with your physician if you have concerns about fasting
- Drink plenty of water
- Continue taking any prescribed medications
- Avoid strenuous activity

How do I submit my Physician Wellness Screening Form?

- Log in to www.myHealthCheck360.com
- Go to “My Program” tab and select “Physician Form”
- Fill in all required fields and upload a copy of your form
- Once submitted, you will receive a notification that results are under review
- Employees and spouses must complete separate forms and submit them through their separate myHealthCheck360 accounts

When can I review my results?

- Your results are available within 10 business days after they are received on myHealthCheck360. If your results are not available within 10 business days, please confirm that all required fields were included.

If you have any questions about your results or next steps, contact HealthCheck360 at 1-866-511-0360 or support@HealthCheck360.com

PLEASE PROVIDE YOUR PHYSICIAN THE FOLLOWING INSTRUCTIONS:

ATTENTION HEALTH CARE PROVIDER:

Your patient is a participant in a health and wellness program sponsored through their employer. Please return the attached “Physician Wellness Screening” form to your patient as soon as results are processed.

PLEASE COMPLETE THE FOLLOWING:

- Ensure the patient has completed and **signed** the participant section on the results form.
- Collect the biometric measurements, blood specimen and complete the remaining sections of the results consent form by following the instructions below.
- Return the completed form to your patient.
- If a spouse form is being completed at the same time, keep the forms separate. We are unable to process multiple forms.
- Please ensure services are coded as preventative, not diagnostic.
- Submit invoices to the address on the patient’s Health Insurance Card.

PLEASE USE THE GUIDELINES BELOW WHEN COLLECTING MEASUREMENTS:

- **Height:** Perform the height measurement using a sliding height measuring stick. Have the patient remove their shoes and record to the nearest ¼ inch. Self-reported heights are not acceptable.
- **Weight:** Perform a weight measurement using a professional grade scale with a minimum capacity of 400 pounds. Have the patient remove their shoes and record. Do not make any adjustments for clothes.
- **Waist:** Use a soft tape measure. For waist measurement, place the tape measure at the navel. Record to the nearest ¼ inch. .
- **Blood Pressure:** Perform using a standard sphygmomanometer, cuff size as appropriate. If the initial reading exceeds 120/80, retake on opposite arm and document result in 2nd blood pressure field.

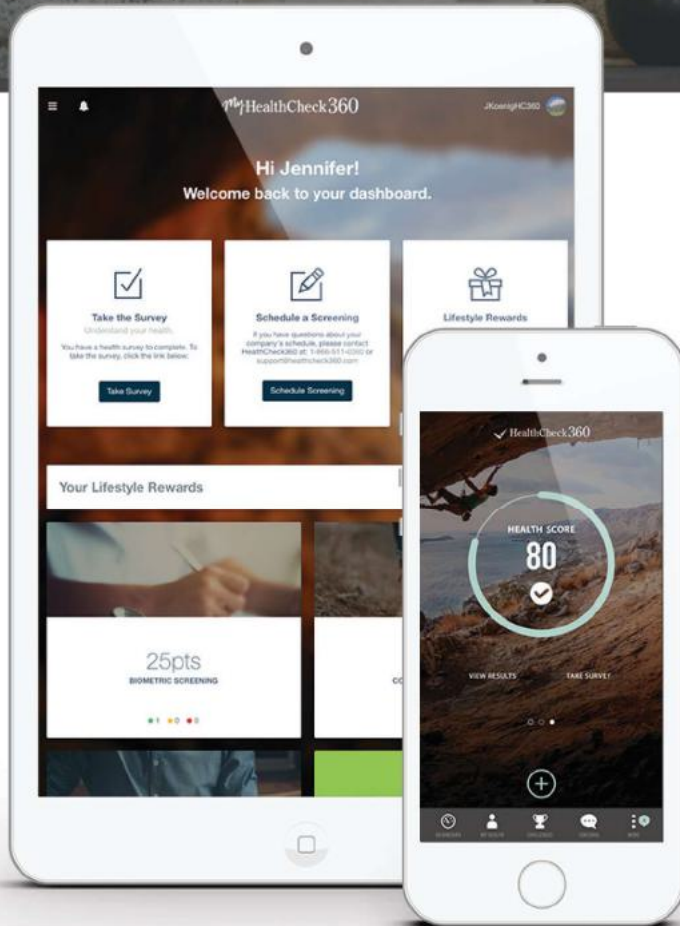
HealthCheck360 Contact Information:

Email: Support@HealthCheck360.com

Phone: 866-511-0360

Fax: 563-587-5720





COMPLETE YOUR SURVEY

Please take a couple of minutes to complete your lifestyle survey. Your answers are not shared with anyone at New Castle County, and they have no effect on your overall health score.

HOW TO COMPLETE YOUR SURVEY

1. Log into your myHealthCheck360 app
2. First time users should create an account
 - Your company code is **NEWCC**
 - Your unique identifier is your **last 4 SSN**
3. At the bottom of your screen, select **My Health**
4. Select **Take Survey**

FAQ

What if I don't have a smart phone? Log-in by visiting myHealthCheck360.com.

What if I forgot my password or username? Click on forgot username or password and enter your personal information, company code and Unique Identifier (Last 4 SSN) and select Submit

How long will it take to complete the survey? The survey takes 3-5 minutes and includes questions regarding lifestyle habits. Your answers will not affect your individual score.

Will my results be confidential? HealthCheck360 uses the same confidentiality standards as your doctor. Your results will not be shared with anyone at New Castle County

What is the program deadline? All steps must be complete by 09/30/2024.

WELLNESS INCENTIVES AT NEW CASTLE COUNTY

New Castle County is continuing to team up with HealthCheck360 to provide you with a wellness program. HealthCheck360 is devoted to improving your health and overall wellbeing with tools, motivation, and support to be a healthier you.

Complete the following steps to earn your Premium Incentive!

COMPLETE EACH STEP	WHERE TO GO	DEADLINE TO COMPLETE
Biometric Screening (Required) <ul style="list-style-type: none"> Complete your screening with your Primary Care Physician (PCP) 	myHealthCheck360.com Download the PCP form	Physician Forms Accepted: October 1 st , 2023 to September 30 th , 2024
Health Survey (Required) <ul style="list-style-type: none"> Complete the short and easy health survey. 	myHealthCheck360 mobile app or myHealthCheck360.com	September 30 th , 2024
Lifestyle Rewards <ul style="list-style-type: none"> Earn 700 points 	myHealthCheck360 mobile app or myHealthCheck360.com	September 30 th , 2024

Employees hired after 09/01/2023 will earn the premium incentive for the full 2024 year. To continue earning the premium incentive for 2024, the employee must meet the requirements & earn points from 10/01/2023 – 09/30/2024.



CREATE YOUR ACCOUNT

- Download the myHealthCheck360 mobile app or go to myHealthCheck360.com
- First time users click Create an Account
 - Company Code: **NEWCC**
 - Unique ID: **Last 4 SSN**

If you are unable to meet a health outcome for an incentive under the HealthCheck360 Program, you can work with HealthCheck360 for an opportunity to earn the same incentive through a reasonable alternative process. To speak with a representative about what options are available to you, contact HealthCheck360 at 1-866-511-0360 by 09/30/2024.

CALL TODAY!
1.866.511.0360 ext. 5099

HEALTH COACHING FOR YOU

Talk with a trained professional to understand your current health and focus on improving your overall well-being. Inbound Health Coaching is free and unlimited!

THE HEALTHCHECK360 HEALTH COACH CAN HELP YOU:

- Work to understand your current health.
- Become aware of your current lifestyle habits.
- Determine lifestyle changes that could improve your health.
- Set attainable health goals.
- Gain confidence in your ability to improve and/or maintain your personal and mental health.

HOW CAN I CONTACT A HEALTH COACH?

- You can either call 1.866.511.0360 extension 5099 or email healthcoach@healthcheck360.com

TAKE ADVANTAGE TODAY!



**“THE RELATIONSHIP WITH MY
COACH IS KEY.”**

MIKE | PARTICIPANT

HEALTHCHECK360

NICOTINE CESSATION PROGRAM

WHAT'S INCLUDED



STEP-BY-STEP GUIDANCE

Weekly action plans walk you through the stages of quitting.



HEALTH COACHING CALLS

Your dedicated health coach will guide, support, and motivate you to quit nicotine.



ACCESS TO MOBILE APP

Keep track of your progress anytime, anywhere.

QUICK FACTS

36% AVERAGE
QUIT RATE

16% SCORE
IMPROVEMENT

HOW DO I ENROLL?

Enroll today by contacting HealthCheck360 at 1.866.511.0360 ext. 5099 or healthcoach@healthcheck360.com

PERSONALIZED SUPPORT TO QUIT YOUR WAY

There is no denying the health risks of using nicotine. But whether you are an occasional smoker or a pack-a-day smoker, quitting is hard.

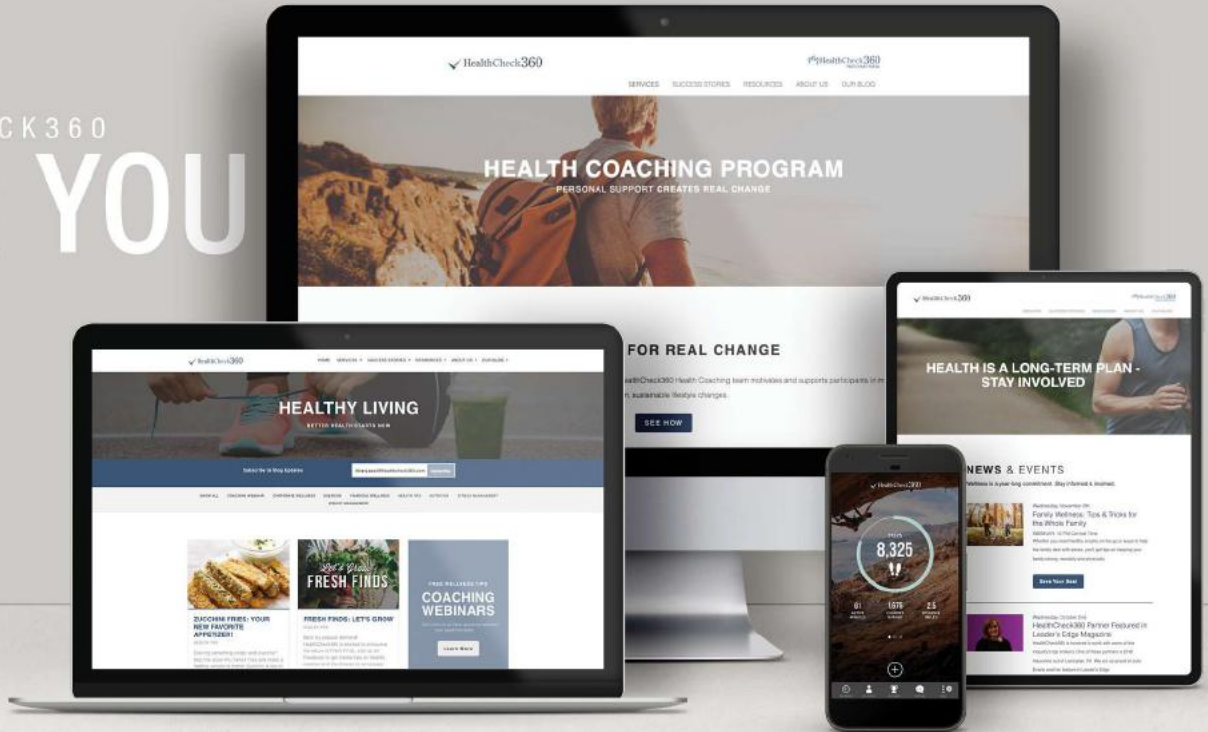
If you reported nicotine use with your physician, HealthCheck360's Nicotine Cessation Program gives you the support you need by establishing a personalized quit plan to kick the habit and live your healthiest life yet.

Throughout the 12-week program, you will learn strategies and techniques to:

- Identify and change your daily habits to kick the habit for good, regardless of the nicotine type used.
- Determine the best method of quitting through an individualized plan.
- Develop Stress management techniques to limit the triggers of nicotine use.

**"THERE IS NO RIGHT WAY TO QUIT NICOTINE;
THERE IS ONLY YOUR WAY."**

HEALTHCHECK360 FOR YOU



HEALTHCHECK360 FOR YOU

HealthCheck360 is your well-being partner, devoted to improving your health and overall well-being. HealthCheck360 provides you with the tools, motivation, and support to assist you in your journey to a healthier you. Have questions? Contact our support team at 1-866-511-0360 or support@healthcheck360.com

Check out these great resources available to you!

MOBILE APP
The HealthCheck360 mobile app allows you to access all parts of your program and your health results on-the-go.

Invite friends to participate in wellness challenges; track your health, schedule your screening, and much more.

UNLIMITED HEALTH COACHING
Contact us at 1.866.511.0360 ext. 5099 to speak to a health coach anytime, completely free.

LUNCH & LEARN WEBINARS Join us the first Wednesday of every month for tips, tricks, and hacks,

directly from our health coaches. Register for upcoming webinars on our blog.

MONTHLY CALENDARS & NEWSLETTERS
Each month you get access to a calendar with daily tips and a newsletter with information delivered right to your email inbox.

360 BLOG ARTICLES
Subscribe to the HealthCheck360 blog to get recipes, exercises, health tips and more!

f SOCIAL MEDIA
Follow us on Facebook, Twitter, and Instagram for quick tips year-round and the chance to win prizes!

DOWNLOAD OUR MOBILE APP



The myHealthCheck360 mobile app connects your employees, anytime, anywhere.

« DOWNLOAD TODAY