

COMPASS HEALTH

WELLNESS & PREVENTION



Wellness Program Overview

Additional Information For Wellness Steps



Compass Health Wellness and Prevention and our Compass facilities have teamed up to provide you with your Wellness Program! You will have opportunities to earn monthly credits through participation in preventative care, wellness challenges, and more!

YEARLY REQUIREMENTS

There are **two requirements** that must be met once a calendar year in order to be eligible. You may complete these at any time during the year at your convenience with your provider of choice. You must complete the following programs during the year in order to be eligible:

Preventative Physical (20 pts)

Preventative Blood Screening (20 pts)

CHAMPION

Accumulate a minimum of 75 points in a 6 month period to receive a **\$40/month** insurance premium discount for the following 6 month period!

MEDALIST

Accumulate a minimum of 125 points in a 6 month period to receive a **\$90/month** insurance premium discount for the following 6 month period!

By completing different programs and events (listed on page 3), you will earn points toward each 6-month goal. By completing the yearly requirements above, you earn 40 points during the 6-month period in which they are completed. Just collect 35 additional points in that same period to earn the minimal program credit for that 6-month period!

SUBMITTING PROOF OF COMPLETION

At the end of each 6-month period, all documentation for completed Wellness Steps should be submitted in one packet. The required Compass Wellness Program forms indicated on page 3 will be available on the Compass Health, Inc. website, compass-health.com/wellness. The documentation for the Wellness Steps can be submitted via fax, email, or mail/delivery to the below contact information:

Compass Health Wellness and Prevention

200 S. 13th Street, Suite 208
Grover Beach, California 93433
(805) 474-7013 (fax)
chiwellness@compass-health.com

Documentation for the January 1st-June 30th period should be received by July 10th to receive your premium discount for the July 1st through December 31st period.

Documentation for the July 1st-December 31st period should be received by January 10th to receive your premium discount for the following January 1st through June 30th period.

Wellness Points Documentation Form

EMPLOYEE NAME: _____ **FACILITY:** _____ **DATE:** _____

Please submit your **completed packet** to your HR coordinator. Only send approved documentation. Any application containing private medical information will be rejected. **Please include all documentation/forms/signatures/photos/attestations/verifications/receipts or your application will be rejected.**

Wellness Step	Points Possible	Documentation	<input checked="" type="checkbox"/> Points Earned
Provider Assessments			
TELEMEDICINE AND VIRTUAL APPOINTMENTS APPLY.			
*Annual Check-Up through PCP	20	CWP Form #1 <input type="checkbox"/> Jan-June OR <input type="checkbox"/> July-Dec	<input type="checkbox"/> _____
*Annual Preventative Blood Screening through PCP	20	CWP Form #1 <input type="checkbox"/> Jan-June OR <input type="checkbox"/> July-Dec	<input type="checkbox"/> _____
Other Preventative Screen	20 each	CWP Form #1	<input type="checkbox"/> _____
<input type="checkbox"/> Eye Exam <input type="checkbox"/> Colorectal Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Annual OB/GYN Exam (Pap) <input type="checkbox"/> Mammogram <input type="checkbox"/> Prostate <input type="checkbox"/> Other			
Wellness Coaching/Personal Trainer/Counselor/Support Group	25 each / max 75	CWP Form #2, #3, #4	<input type="checkbox"/> _____
Personal Assessments			
Personal Wellness Assessment with Action Plan	25	CWP Form #5	<input type="checkbox"/> _____
Work/Life Balance Ass			<input type="checkbox"/> _____
Endurance/Strength As			<input type="checkbox"/> _____
Wellness Check-ins			<input type="checkbox"/> _____
Group Programs			
Facility – Biggest Lose			<input type="checkbox"/> _____
Facility – Maintain Don			<input type="checkbox"/> _____
Weight Management P			<input type="checkbox"/> _____
Tobacco Cessation Pro			<input type="checkbox"/> _____
Be Active			
Hike/Walk (3 maximum,			<input type="checkbox"/> _____
Race/5k Participation (2 maximum)	30 each / max 60	Enrollment Form/Picture	<input type="checkbox"/> _____
Physical Exercise at Athletic Facility or in Home (70 entries in a 6-month period)	60	CWP Form #9	<input type="checkbox"/> _____
Sponsored CHI Wellness Event	25 each	Facility Verification / Sign-in Sheet	<input type="checkbox"/> _____
Virtual or In-Person Fitness/Yoga Class (3 classes minimum)	15 each / max 45	Instructor Verification	<input type="checkbox"/> _____
Other			
Remain Smoke Free for 6 Months	30	CWP Form #10 / Attestation	<input type="checkbox"/> _____
Massage Therapy (x3)	20	CWP Form #11	<input type="checkbox"/> _____
Receive Produce Box (x3 weeks)	20	Receipts	<input type="checkbox"/> _____
Volunteer (3 maximum)	15 / max 45	CWP Form #12	<input type="checkbox"/> _____
Donate (e.g. CEF, food, clothes, blood, monetary to non-profit)	15 / max 60	CWP Form #13 / Receipts	<input type="checkbox"/> _____
Mental Health Wellness App (e.g. Calm, Headspace)	15	Screenshot/Proof of Enrollment	<input type="checkbox"/> _____

All documentation forms are available on the
Compass Health website:
compass-health.com/wellness

***Required for eligibility in 12 month period**

Attach all documentation for points earned to this form to be submitted by:
July 10th for points earned in the period of January through June.
January 10th for points earned in the period of July through December.

TOTAL POINTS _____

Champion: 75 points
Medalist: 125 points



Additional Information For Wellness Steps

If you have any additional questions on how to complete or document each Wellness Step, you may find the answer below. The information has been organized into categories as found on the *Wellness Points Documentation Form*. Please note, documentation should be submitted in one packet at the end of the 6-month period using the Wellness Points Documentation Form as a cover sheet.

All forms listed in this information sheet may be found at: www.compass-health.com/wellness
If you are unable to find the answer to your question, please contact Compass Health Wellness and Prevention at chiwellness@compass-health.com

Provider Assessments

Earn 20 points for your annual check-up with your Primary Care Provider or other preventative screenings. Ask your physician or medical provider to complete the *Annual-Preventative Exam Documentation* form at the time of your appointment.

Earn 25 points for attending counseling, personal training, or other wellness coaching by completing the applicable attendance log.

- Counseling Attendance Log – Track your individual, couples or family counseling sessions.
- Personal Training Attendance Log – Track your personal training sessions.
- Wellness Coaching Attendance Log – Track your wellness coaching, nutrition counseling or disease management sessions.

Personal Assessments

Earn points by completing personal assessments of health, fitness and wellness.

- Health Risk Assessment (10 points)
- Work/Life Balance Assessment (10 points)
- Endurance/Strength Assessment (15 points)
- Wellness Check-Ins (20 points)

Group Programs

Earn 40 points by participating in your facility's semi-annual weight management or other fitness challenge (e.g. Biggest Loser and Maintain Don't Gain). Mark your participation on the *Wellness Points Documentation Form* that is submitted at the end of every 6-month period. Your facility's HR Coordinator will provide Compass Health Wellness and Prevention with verification of your participation.



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Earn 30 points by joining a weight management program (e.g. Weight Watchers). Provide a copy of your program enrollment form to receive your points.

Earn 30 points by participating in a tobacco cessation program. *Review Tobacco Cessation and Remaining Tobacco-Free* for information regarding community resources and assistance available through Compass Health Wellness and Prevention.

Be Active

Earn 15 points for going on a hike or walk. Take a selfie or write an attestation about where you hiked/walked and how long you were hiking/walking. If you do not have access to a camera, add a description of your favorite moment and of your most challenging moment to your attestation.

Earn 30 points for participating in an organized race/run (e.g. 5k, marathon). Provide a copy of your enrollment form, or take a selfie at the start or finish line.

Earn 60 points for exercising at an athletic facility or at home. Track your workouts on the *Fitness-Workout Attendance Log* and complete 70 workout sessions in a 6-month period. Each workout should be documented each time and by day (i.e. writing details of one workout at the top and drawing arrows through the two pages do not count).

Earn 25 points by participating in a Wellness Event (e.g. yoga, hike, kayaking) hosted by your facility. Mark your participation on the *Wellness Points Documentation Form* that is submitted at the end of every 6-month period. Your facility's HR Coordinator will provide Compass Health Wellness and Prevention with verification of your participation.

Other

Earn 30 points for remaining tobacco-free during the 6-month period after successfully quitting. Provide an attestation about remaining tobacco-free. For more information, review *Tobacco Cessation and Remaining Tobacco-Free*.

Earn 20 points for attending massage therapy at least 3 times during a 6-month period. Track your sessions on the *Massage Therapy Attendance Log*.

Earn 20 points for receiving a produce box (e.g. Rutiz Farm, Talley Farms) at least 3 times during a 6-month period. Provide receipts of your purchase to earn points.

Earn 15 points for volunteering or making a donation. This includes your donation to the Compass Education Foundation! Complete the *Volunteer or Donation Documentation Form* to receive points for your contribution to the community.