



# ATLANTICARE

## 2021 WELLNESS ACTIVITY CHECKLIST

This checklist will help you plan your wellness activities for the year. Be sure to track your progress on the wellness portal <https://myatlanticare.org>. For more information contact Health Engagement at 609-677-7507 or email [wellness@atlanticare.org](mailto:wellness@atlanticare.org).

| ACTIVITY                                | DESCRIPTION  | DEADLINE   | EMPLOYEE EARNs | SPOUSE EARNs                                 | COMPLETED                |                          |
|---|--|------------|----------------|--|--------------------------|--------------------------|
|   |  |            |                |  | Employee                 | Spouse                   |
| <b>Online Health Assessment</b>         | Confidential 15-minute survey at <a href="https://myatlanticare.org">https://myatlanticare.org</a>   | 10/31/2021 | \$150          | \$150  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Annual Preventive Care Visit</b>     | Attend your Annual Preventive Care Visit with your Primary Care Provider   | 10/31/2021 | \$600          | \$600  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Primary Care Plus Credit</b>         | Your Annual Preventive Care Visit is with a Primary Care Plus Provider   | 10/31/2021 | \$150          | \$150  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Know Your Numbers 2020</b>           | Body Mass Index (BMI)<br>Blood Pressure (BP)<br>Tobacco Use  | 10/31/2020 |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Know Your Numbers 2021</b>           | Complete the Wellness Activity Certification Form and submit to Health Engagement.   | 10/31/2021 |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>If Blood Pressure</b> in 2020 was $\geq 135/85$ , reduce BP below 135/85.   |            | \$300          | \$300  |                          |                          |
|   | <b>If Body Mass Index</b> in 2020 was $\geq 30$ , lose 5% of your weight or reduce BMI below 30.   |            | \$300          | \$300  |                          |                          |
|   | <b>If you certified as a Tobacco user</b> in 2020, attend an AtlantiCare tobacco cessation class.  |            | \$300          | \$300  |                          |                          |
|   | <b>Lipid/Cholesterol Screening:</b> Your provider will indicate whether or not you have had a lipid/cholesterol screening within the last 5 years. |            | \$200          | \$200  |                          |                          |
| <b>Lifestyle Consult (If needed)</b>    | Required for those who certified 2020 KYN with BP $\geq 135/85$ , BMI $\geq 30$ and/or tobacco users.  | 4/30/2021  |                | Must be complete to earn improvement credit. | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Total Wellness Credits Available</b> |  |            | <b>\$2000</b>  | <b>\$2000</b>                                |                          |                          |

Your health plan is committed to helping you achieve optimal health. Rewards for participating in this wellness program are available to all benefit eligible employees by way of wellness credits. If you think you might be unable to meet a standard for wellness credits under this wellness program, you might qualify for an opportunity to earn the same wellness credit by different means. Please contact Health Engagement at 609-677-7507 or by emailing [wellness@atlanticare.org](mailto:wellness@atlanticare.org) and we will work with you (and, if you wish, with your doctor) to find a reasonable alternative with the same reward (or a waiver) that is right for you in light of your health status.

