

EMPLOYEE HEALTH & WELLNESS RISK ASSESSMENT PROGRAM

ProHealth Care is offering a Health Risk Assessment (HRA) at no cost to all employees who are enrolled or plan to enroll in the ProHealth Care-Aetna medical plans. By examining your health-related behavior and health history, an HRA can help you take control of your health, identify and prevent potential health risks, and begin living a life of enhanced wellness. The HRA includes a biometric screening (height, weight, blood pressure, fasting lipid profile and glucose and nicotine test) and a short health survey.

In addition to the obvious health benefits, you (and your spouse, where applicable), may be eligible for an annual discount on your health insurance premiums if you participate in the HRA and meet the necessary criteria (nicotine-free). Employees and their spouses who enroll in the health plan may choose not to participate in the HRA; however, they will not be eligible for the **insurance premium reduction**.

You must fast and not use tobacco to participate: options do not exist. If you participate in the HRA, your spouse must participate at the same level in order to receive the premium discount.

The actual HRA process is short, yet it yields long-term benefits. To begin, follow the steps below.

STEP 1: Create your OneCommunity account

- Go to www.OneCommunity.com and click the green “Click here to get started” button on the right.



- Enter your Invitation Code (see below instructions)
- **If you receive an error message, simply hit “OK” to continue**
- You will be guided through a quick registration process to create your **OneCommunity** account. You’ll be asked for demographic information such as your name, date of birth and address. You’ll also be asked to create a username (your email address) and a password.

IMPORTANT NOTES

Due to health information privacy concerns, OneCommunity.com requires each participant have their own unique email address. A personal email address or your ProHealth email address can be used. If you do not have an email address, one can be created for free through any of the following services:

- Gmail: <https://mail.google.com>
- AOL: <https://mail.aol.com>
- Microsoft (Hotmail): <http://login.live.com>
- Yahoo: <http://login.yahoo.com>

You have 24/7 access to your OneCommunity account. To log in on your next visit, enter your username (email address) and password, and then click the blue login button.

Your email address and password can be updated at any time. Just log in to your account and click “Settings” in the upper-right area of the page.

OneCommunity is compatible with all modern desktop browsers: Firefox version 4+, Chrome version 2+, Safari 3+, Opera 9+ and Internet Explorer (IE) 9+. OneCommunity supports desktop browsers IE7 and IE8, although some capabilities may be limited. OneCommunity also supports Android and IOS web browsers for mobile devices. Due to security concerns and outdated rendering capabilities, IE6 and lower are not supported and use of OneCommunity in those browsers is not recommended.

STEP 2: Complete the health survey and schedule an appointment for the biometric screening

After registering or logging in to your account, click “Complete My Health Survey” to continue to the personal health profile.

When completing the personal health profile, you will need to enter the following information:

Under the employment status question, click on:

- Full-time response if you are full-time
- Part-time response if you are regular part-time
- Spouse of employee for spouses of ProHealth Care employees

Under the “Health Insurance provided by,” click on Employer’s Plan or Spouse’s Plan

Under the “Insurance Carrier,” enter the letters Aetna

Under the “Insurance Plan Type,” click on the plan that you are enrolled in: PPO or High Deductible

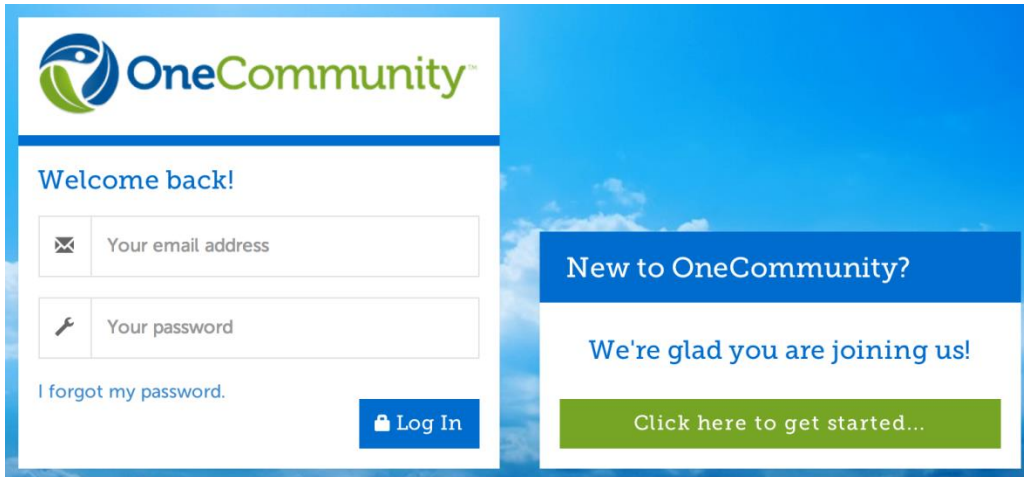
After completing the personal health profile, you should call Employee Health & Wellness at 262-928-5900 to book your health assessment, which includes a LIPID panel, nicotine test, blood pressure, height and weight. If your spouse is participating, he/she must complete the personal health profile and schedule an appointment as well.

If you have biometric test results from your provider that are current, you do not need to have blood drawn, just complete the form below and fax back to Employee Health & Wellness at 262-717-9109.

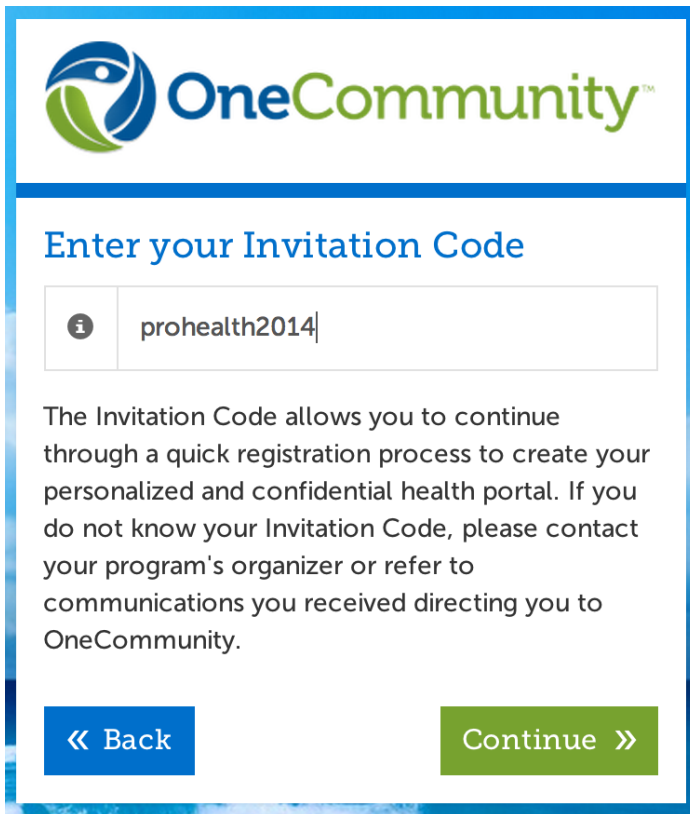
Please note: If you took the HRA after July 1st, you do not need to complete the HRA again this year.

If you have any questions, please contact Employee Health & Wellness at 262-928-5900

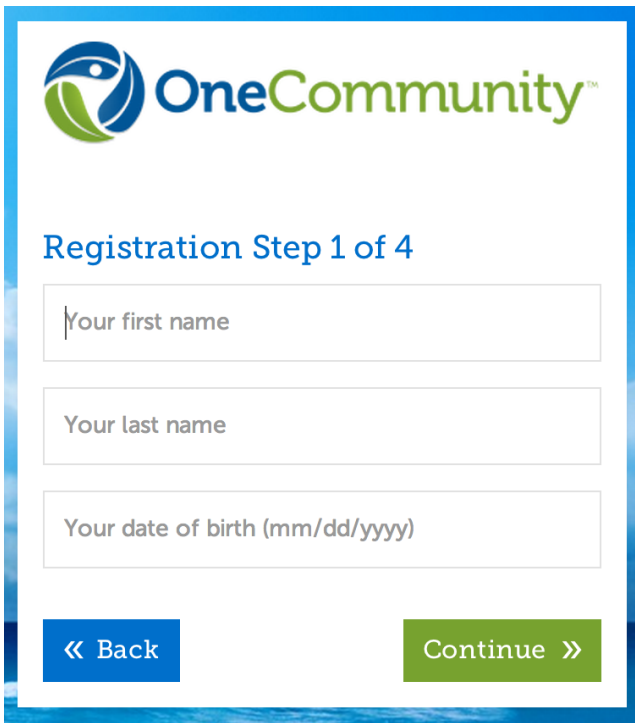
1. Go to www.OneCommunity.com
2. Click the green “Click here to get started” button.



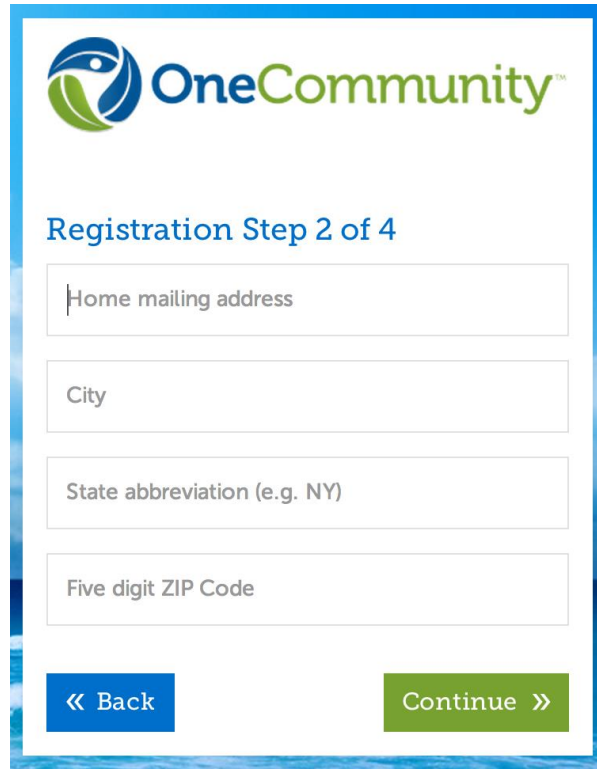
3. When asked for your program's Invitation Code, enter **prohealth2014**



4. You will be guided through the registration process, which creates your OneCommunity account. You'll be asked for demographic information such as your name, date of birth, and address.
- **IMPORTANT:** Your name and date of birth must match your name as it appears on your driver's license.

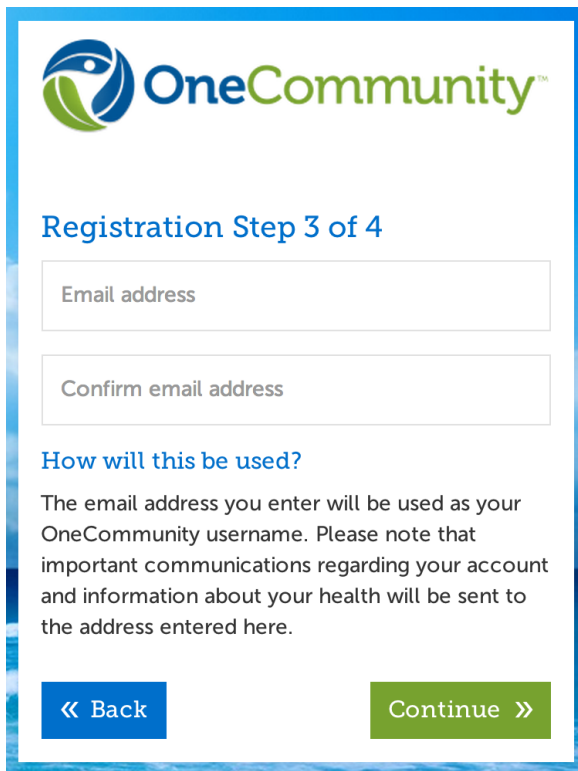


The screenshot shows the OneCommunity logo at the top left. Below it, the text "Registration Step 1 of 4" is displayed. There are three input fields: "Your first name", "Your last name", and "Your date of birth (mm/dd/yyyy)". At the bottom, there are two buttons: a blue "Back" button with double left arrows and a green "Continue" button with double right arrows.

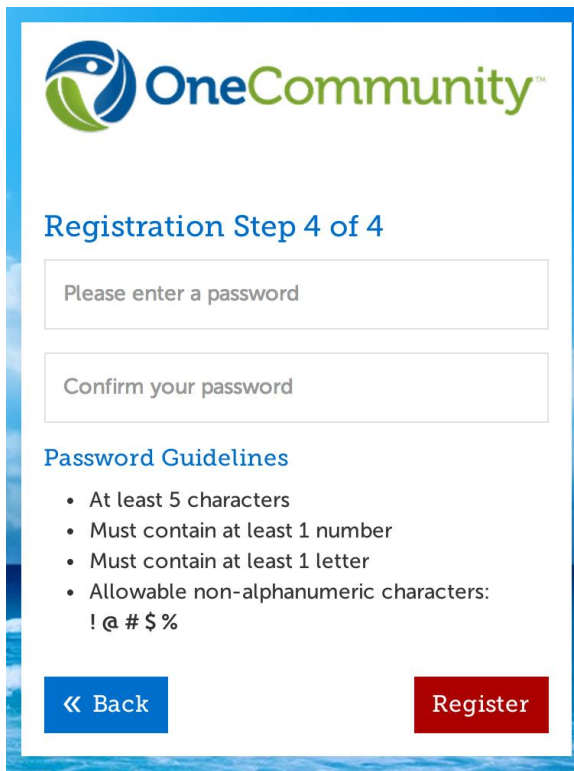


The screenshot shows the OneCommunity logo at the top left. Below it, the text "Registration Step 2 of 4" is displayed. There are four input fields: "Home mailing address", "City", "State abbreviation (e.g. NY)", and "Five digit ZIP Code". At the bottom, there are two buttons: a blue "Back" button with double left arrows and a green "Continue" button with double right arrows.

5. You'll also be asked to create a username (your email address) and a password.



The screenshot shows the OneCommunity logo at the top left. Below it, the text "Registration Step 3 of 4" is displayed. There are two input fields: "Email address" and "Confirm email address". Below the fields, the text "How will this be used?" is followed by a paragraph: "The email address you enter will be used as your OneCommunity username. Please note that important communications regarding your account and information about your health will be sent to the address entered here." At the bottom, there are two buttons: a blue "Back" button with double left arrows and a green "Continue" button with double right arrows.



The screenshot shows the OneCommunity logo at the top left. Below it, the text "Registration Step 4 of 4" is displayed. There are two input fields: "Please enter a password" and "Confirm your password". Below the fields, the text "Password Guidelines" is followed by a list of requirements: "At least 5 characters", "Must contain at least 1 number", "Must contain at least 1 letter", and "Allowable non-alphanumeric characters: ! @ # \$ %". At the bottom, there are two buttons: a blue "Back" button with double left arrows and a red "Register" button.

6. That's it! You are now logged in to this year's program and can complete the health survey and schedule an appointment for the biometric screening. After your screening results are entered, you will be notified that your health results are ready via the email address used when you created your account.



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, DATE OF BIRTH ____/____/____

AUTHORIZE PROHEALTH CARE EMPLOYEE HEALTH & WELLNESS TO OBTAIN THE FOLLOWING INFORMATION FROM EPIC:

FASTING LIPID PROFILE:

TOTAL CHOLESTEROL

HDL

LDL

TRIGLYCERIDE

GLUCOSE

BLOOD PRESSURE

HEIGHT AND WEIGHT

I UNDERSTAND THAT THE PURPOSE OF THE RELEASE IS TO PROVIDE INFORMATION FOR MY HEALTH RISK ASSESSMENT. I UNDERSTAND THAT IF THE AUTHORIZED RECIPIENT IS NOT A HEALTH PLAN, COVERED HEALTH CARE PROVIDER OR HEALTH CARE CLEARINGHOUSE SUBJECT TO FEDERAL HEALTH INFORMATION PRIVACY LAWS, IT MAY FURTHER DISCLOSE THE PROTECTED HEALTH INFORMATION AND IT MAY NO LONGER BE PROTECTED BY FEDERAL HEALTH INFORMATION PRIVACY LAWS.

THIS AUTHORIZATION WILL EXPIRE ONE (1) YEAR FROM THE DATE I SIGN IT UNLESS I REVOKE IT EARLIER IN WRITING. IF I REVOKE THE AUTHORIZATION, IT WILL NOT AFFECT ANY ACTIONS TAKEN BEFORE REVOCATION.

I HAVE HAD THE FULL OPPORTUNITY TO READ AND CONSIDER THE CONTENTS OF THIS FORM. I UNDERSTAND THAT SIGNING OR REVOKING THIS AUTHORIZATION WILL NOT AFFECT MY HEALTH CARE TREATMENT OR ELIGIBILITY FOR PAYMENT UNDER MY HEALTH PLAN. THIS AUTHORIZATION APPLIES TO ALL RECORDS GENERATED THROUGH THE DATE OF MY SIGNATURE.

SIGNATURE _____ DATE ____/____/____

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.

**COMPLETE AND FAX THIS FORM TO EMPLOYEE HEALTH & WELLNESS AT 262-717-9109
QUESTIONS? FIRST REVIEW THE Q. & A. AND THEN CONTACT EMPLOYEE HEALTH & WELLNESS AT 262-928-5900**



Physician Release & Biometric Profile

Dear Health Care Provider,

The patient who is bringing this letter to you is completing the ProHealth Care Health Risk Assessment (HRA) process.

The HRA is a process by which ProHealth Care collects aggregate health data about its workforce. This health data will be helpful information as we anticipate the future needs of our workforce and their families. The HRA process also allows ProHealth Care to provide confidential, individualized Personal Health Reports (PHRs) to its employees and their eligible spouses. We encourage participants to share their PHRs with you, their health care provider, to address the individual risks identified. Early detection and intervention are key components of this initiative.

Your patient believes that you have the following current biometric information completed after Jan. 1, 2013:

- ♥ A fasting lipid profile
♥ A fasting glucose
♥ Height and weight
♥ Blood pressure

To assist your patient as they complete their HRA, please submit his/her biometric profile by completing this form and then faxing the information to ProHealth Works at 262-717-9109.

If you have any questions, please contact ProHealth Works at 262-928-5900. Thank you in advance for your cooperation.

Patient Name: _____ Patient Date of Birth: ____/____/____

Screening/Examination Date: ____/____/____

PLEASE FILL IN THE PATIENT'S RESULTS BELOW

- ♥ Total Cholesterol _____
♥ LDL _____
♥ HDL _____
♥ Triglycerides _____
♥ Fasting Glucose _____
♥ Height _____ (ft) _____ (in.)
♥ Weight _____ lbs.
♥ Blood Pressure _____/_____

Complete this form and fax it to ProHealth Care Employee Health & Wellness at 262-717-9109 Or mail it to: ProHealth Care Employee Health & Wellness 20611 Watertown Road, Ste. J Waukesha, WI 53186

Physician Name (Print) _____ Signature _____ (_____) _____ Area Code Telephone

Physician Street Address _____ City _____ State _____ Zip _____

