Lehighton Area School District

2025-2026 Wellness Program

Employees and spouses covered under the Lehighton Area School District health plan should complete the following two (2) wellness activities:

- **Register for HealthiestYou on your mobile device via the HealthiestYou app**
- **Annual Preventive Health Visit**
  - Signature by your doctor's office required on preventive health visit verification form and returned to BSI Corporate Benefits.

1 Register for HealthiestYou

1. **Download the App -** Scan the QR code below to download the app with your mobile device.
2. **Set up your account -** Once you've downloaded the app, select "Register," then choose "My Employer" as your membership type.
3. **Enter basic contact information -** Type in your last name, date of birth, and ZIP code.
4. **Add your dependents through HealthiestYou App**
   - Open the "HealthiestYou" app
   - Select "Family"
   - Select "Add a Family Member"
   - Complete the required fields

2 Receive a Preventive Health Screening

A preventive health screening helps detect issues early, allowing for easier treatment, lower costs, and better long-term health. As a part of your health plan, you may be eligible to receive some of these preventive screenings with little to no cost sharing when using in-network providers. Any of the screenings listed, will satisfy the screening requirement if completed within the required time frame.

Scan the QR code to view which preventive health screenings are recommended for your age.

To satisfy the Preventive Health Screening verification requirement for the 2025 - 2026 Wellness Program, please do the following:

1. Take these instructions along with the Health Screening Verification Form to your preventive appointment (this form may be used for employees and their enrolled spouses).
2. Complete the top portion by printing YOUR name clearly as the employee and writing the date in which you had your physical completed (ex. 10/1/2024 or October 1, 2024).
3. Sign YOUR name on the Employee Signature line. This is your personal verification.

Physician Health Screening Form

Annual preventive health screenings help detect issues early. They include checks for vital signs, cholesterol, glucose, cancer screenings, and immunizations. Early detection helps prevent serious conditions, promoting long-term well-being.

To Be Completed by Patient

Patient to Complete Form to Colored Line - PLEASE PRINT – Form Must Be Completed in Full

Patient Last Name: _____ First Name: _____

Choose One: ☐ Employee ☐ Spouse

Phone: _____ Email Address: _____

DOB: _____ /_____ /_____
(Month) (Day) (Year)

I acknowledge that I have completed the annual preventive health screening.

Signature: _____ Date: _____ /_____ /_____
(Month) (Day) (Year)

If you are a spouse, please complete the section below:

Employee Name: _____

DOB: _____ /_____ /_____
(Month) (Day) (Year)

To Be Completed by Physician Office

INSTRUCTIONS FOR THE PHYSICIAN: As the attending Physician of the preventive screening, please completing the following:

1. Please print your full first and last name along with the address where you provided the screening. You may include the phone number if you wish.

2. Please sign on the indicated line. If your office has an official stamp, please also use it here.

Provider Name:_____

Name of Medical Office: _____

Address: _____ Telephone: _____

_____ _____ _____
(City) (State) (Zip Code)

Date of Preventive Health Screening: _____/_____/_____

Signature of Physician: _____

This form MUST BE emailed or faxed no later than May 15, 2026

Please email or fax this completed form to BSI Corporate Benefits:

Email: *lasdwellness@bsicorporate.com* ***Fax:*** *610-936-9975*

Annual preventive health screening may be verified with physician's office.