

2025
WELLNESS PROGRAM

Learn About Your Wellness Program and Incentives.

Welcome to the SCEC Consortium Wellness Program. Participate in your Wellness Program this year to avoid a $50.00 monthly surcharge per participant effective July 1, 2026.

SCEC

Wellworks For You

2025 PROGRAM REQUIREMENTS

STEP 1

PROOF OF ANNUAL PHYSICAL FORM
DEADLINE:
APRIL 30, 2026

Complete an annual physical exam with your physician between **MAY 1, 2025** and **APRIL 30, 2026**. Take this packet with you to your appointment and have your doctor complete and sign the Proof of Annual Physical Form. It is the **participant's responsibility** to return the form as part of the completed packet by **APRIL 30, 2026**.

- **Have you already received your annual physical within the above timeframe?** Take or send the Proof of Annual Physical form to your physician's office to have it signed and completed.

If you **do not** have a doctor, you can select a doctor within the SCEC Consortium health benefit plan network. If you need assistance in finding a physician, please go to www.uhc.com Little clinics and minute clinics do not qualify as Primary Care Visit completion.

STEP 2

SUBMIT YOUR COMPLETED FORM
DEADLINE:
APRIL 30, 2026

For submission methods, please refer to page 5 of this guide.

PLEASE NOTE: Submission via Wellness Portal or Wellworks For You Mobile App, will result in an immediate confirmation that your form was received. Any other means of submission requires you to log into your Wellness Portal or Wellworks For You Mobile App to confirm your form was processed.

ELIGIBILITY REQUIREMENTS

Medically enrolled employees, retirees, and covered spouses, if applicable, can complete steps 1-2 above by April 30, 2026, to avoid a $50.00 monthly surcharge per participant effective July 1, 2026.

Your new program details are outlined in this guide.

IMPORTANT! New Hire Requirements

- All eligible employees, retirees, and spouses covered under the UHC plan **on or before JANUARY 1, 2026**, must complete the program in order to avoid the surcharge.
- If you are eligible for benefits **after JANUARY 1, 2026**, you do not need to complete the program to avoid the surcharge.

WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the SCEC Consortium Portal. Please follow the steps below to log into your Wellworks For You account. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.**

LOG INTO THE WELLNESS PORTAL

Your account has been created for you. *Employees and spouses have separate accounts.*

1. Go to **www.wellworksforyoulogin.com**

	PARTICIPANT
Username Format	**School District_ + First Name + Last Name + Year of Birth (YYYY)**
Password Format	Birthdate in **MMDDYYYY**
Example	**UN:** FestusR-VI_JohnSmith1978 **PW:** 08181978

2. Accept the terms of the Consent Form
3. Fill in the required information

***PLEASE NOTE:**

The temporary password is only for the first time you access the Wellness Portal and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.



FORGOT YOUR USERNAME OR PASSWORD?

1. Click the link **Forgot Username** or **Forgot Password**
2. Follow the instructions to retrieve your username or reset your password
3. If issues persist, please contact Wellworks For You at **800.425.4657**

FOR WW OFFICE USE ONLY: 002SS_AP_CR_11821

PROOF OF ANNUAL PHYSICAL FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Proof of Annual Physical Form as part of the wellness program to be returned to Wellworks For You as outlined below by APRIL 30, 2026. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: SCEC Consortium

SCHOOL DISTRICT: ☐ Hillsboro ☐ FestusR-VI ☐ ElsberryR-II ☐ St.ClairRX-III ☐ DunklinR-5 ☐ JeffersonRV-II

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the ☐ **Employee** ☐ **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Proof of Annual Physical Form** confirms that the patient named above received an annual physical exam between **MAY 1, 2025** and **APRIL 30, 2026.** The primary care physician needs to sign below and return the completed form to the patient named above.

☐ Annual Preventive Exam – **(physical performed by Primary Care Physician)**

☐ Preventive Screening

The following Preventive Screenings are included for all ages and genders:

- **Blood Pressure, Height, Waist, Weight, and BMI**

The following Preventive Screenings are included if ages 40-70/75:

- **Total Cholesterol, LDL, HDL, and Glucose**

PLEASE NOTE: **If your physician orders screenings not listed above you may be responsible for paying out of pocket costs. Not all screenings are covered 100% by the health plan.**

Physician

I certify that the patient listed above received the tests indicated on this form on: _____/_____/_____

Physician Signature: _____ **Date Signed:** _____

SUBMIT YOUR COMPLETED FORM BY APRIL 30, 2026

All forms should be submitted to the Wellworks Forms Department. Submit your completed form via QR code in one (1) of the following ways.

- **Mobile App:** Go to the **Wellness Locker** and select the **Physician Results Form** during your visit. Choose **Complete Form Online** to access the secure QR Code link for your provider. Upon submission, you will receive automatic participation credit.
- **Web Portal**: Go to the **Wellness Locker**, then print the **Physician Results Form** and the **QR Code** page. Have your provider scan the QR Code from your device to complete the submission. You will receive automatic participation credit upon submission.

PLEASE NOTE: **If you use any other submission method, Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.**

FOR ALTERNATIVE SUBMISSION METHODS, PLEASE REFER TO PAGE FIVE (5) OF THIS PROGRAM GUIDE.

FORM UPLOAD INSTRUCTIONS

SUBMIT YOUR COMPLETED FORM BY APRIL 30, 2026

Submit your form on the Web Portal or Mobile App to receive credit.

All completed documents should be submitted to the Wellworks Forms Department in one (1) of the following ways:

QR CODE SUBMISSION METHOD

AUTOMATIC PARTICIPATION VIA QR CODE:

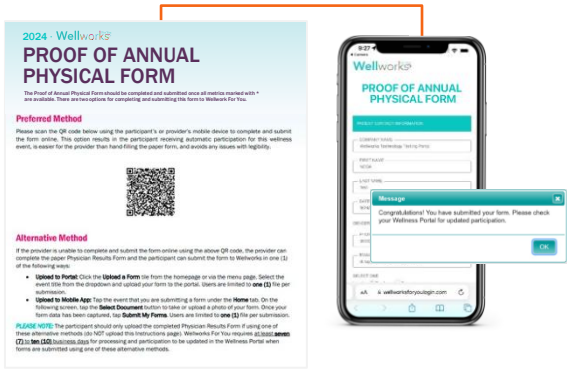
Our new QR Code technology instantly allows providers to submit results in real-time via a secure QR Code link.

Mobile App:

1. Log into your **Wellworks For You Mobile App** and go to the **Wellness Locker**.
2. Select the **Proof of Annual Physical Form** during your visit.
3. Choose **Complete Form Online** to access the secure QR Code link for your provider.
4. Upon submission, you will receive automatic participation credit.

Web Portal:

1. Log into your **Wellness Portal** and go to the **Wellness Locker**.
2. Print the **Proof of Annual Physical Form** and the QR Code page.
3. Have your provider scan the QR Code from your device to complete the submission.
4. You will receive automatic participation credit upon submission.



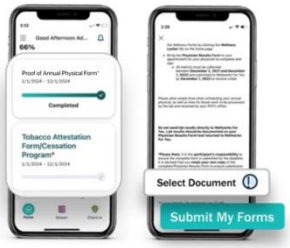
ALTERNATIVE SUBMISSION METHODS

UPLOAD TO THE WEB PORTAL:



Click the **Upload a Form** tile from the homepage or via the menu page select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.

UPLOAD VIA THE MOBILE APP:



Take a photo of your form using your Smartphone. Next, upload it to the Mobile App via the **Contact Us/Send a Form** tab in the **menu**, located in the top left corner of the home screen. Select the event listed under **What event is this form for?** Users are limited to **one (1)** file per submission.

PLEASE NOTE:

Wellworks For You **requires at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.

It is the participant's responsibility to submit their forms as part of the Wellness Program to be returned to Wellworks For You. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

QR codes are unique to each participant and cannot be shared.

If all required metrics are not available at your appointment, use the paper-based form or request your provider to submit the form online after receiving the metrics.

THE FINE PRINT

The SCEC Consortium wellness program is a voluntary wellness program available to all employees, retirees and spouses, if applicable, covered by 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 Proof of Annual Physical Form. You are not required to participate in the blood test or other medical examinations. However, eligible employees, retirees, and spouses who choose to participate in the wellness program will avoid a $50.00 monthly surcharge effective July 1, 2026 for completing and submitting a Proof of Annual Physical Form by April 30, 2026.

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 Wellworks For You at 800-425-4657.

The information from your results 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 SCEC Consortium may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks For You 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.

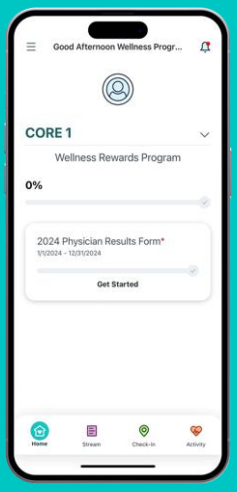
Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition 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 are the Wellworks For You team 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 Wellworks For You at 800-425-4657.

RESOURCES



Download the Mobile App

Access your Wellness Program guide and forms, confirm participation and completion of requirements. Need to submit forms or get in touch with our wellness team? It's all streamlined through the app, ensuring you have everything you need to stay on top of your wellness goals right at your fingertips.

Download on the App Store

GET IT ON Google Play

CONTACT YOUR WELLNESS TEAM

All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your **Wellness Team** via your **Wellness Portal**.

CONTACT US

Simply select **Contact Us** from the Portal homepage or Wellworks For You Mobile App. You can also call Wellworks For You at **800.425.4657**.

