

Employee Wellness Program 2026

Kettering City Schools

Kettering Employees,

Quality, affordable health care doesn't just happen. The choices we make have a significant impact on our current and future costs. To help us make the best choices, we are pleased to continue our wellness initiative powered by Kettering Health. As an enrolled member of our medical benefit program, you and your spouse are eligible to participate and take advantage of the benefits offered by this program. As much as 75 percent of all medical claim costs are directly related to our choices: our lifestyle choices, our pharmacy choices, even where we choose to utilize medical services. By educating, promoting, and rewarding healthy lifestyles and wise consumer choices, we believe that together, we will continue to provide you with the best medical coverage at the lowest cost for you and your family.

Here's How it Works!

Beginning with the new 2026 plan year (January 1 - December 31) each eligible adult participant and their spouse will be asked to complete an annual physical and biometric screening with their Primary Care Physician (PCP).

- Little Clinic or similar visits will not be accepted; you must go to your PCP.
- Your insurance plan covers a wellness visit once per calendar Year: therefore, you may visit your PCP any time during the year. It does not have to be 365 days from your last visit. Physician's schedules fill up the last quarter of the year. Please plan accordingly and schedule early.

Kettering Health will again be the vendor collecting and tracking all the information. Individual data is not shared with KCS staff. Only aggregate data (group-level data) will be shared.

Each employee and each spouse must fill out separate forms. Make sure to fill out all information, especially checking the box if you are the employee or the spouse.

KCS Completion Incentives

To be eligible for your incentive payout, simply complete these required activities:

Annual Physical with PCP
Biometric Screening with PCP

Incentive payout:

Activities completed in 2026 will earn you the incentive payout in 2027. ***Disclaimer: Changes to insurance may affect eligibility.**

Deadline: All employees (and spouses if applicable) must turn in the form to KH by 12/31/26.

If you or your spouse enroll in the KCS health plan between October 1, 2025, and January 1, 2026, you will have until March 31, 2026, to complete your wellness activities and still receive your incentive in May 2026. (i.e., Open Enrollment)

Kettering Health Support

Phone: (937) 558-3923

Hours: Monday - Friday, 8:00 am-4:30 pm EST

Email: KHNwellness@ketteringhealth.org

What Activities Are Required to be Eligible to Receive Your Incentive?



**Biometric
Screening
with PCP**



**Annual
Physical
with PCP**

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INCENTIVE

Biometric Screenings and Annual Physical

Biometric screenings identify individuals with risk factors like heart disease, diabetes, metabolic syndrome, etc. After reviewing your results, your physician may recommend reducing risk factors, follow-up care, or lifestyle changes.

***Don't forget to discuss recommended preventive screenings with your Primary Care Provider during your annual physical.**

Member instructions:

- Receive your 2026 Employee Wellness Form(s).
- Schedule your exam anytime between:
January 1, 2026, and December 31, 2026 (the sooner the better).
- Each Employee and Each Spouse (if applicable) must fill out separate 2026 Employee Wellness Forms.
- Take the form with you to be completed by your Primary Care Provider (PCP).

FINAL STEP to complete requirements – Send the signed wellness exam form(s) to KH. Receipt of the form will be confirmed by email. Confirmation is needed to secure incentives.

Email or Fax the form to the Kettering Health Corporate Outreach department.

Email: KHNwellness@ketteringhealth.org

Fax: (937) 522-9985

2026 Employee Wellness Form



Employer: **Kettering City Schools**

First Name: _____ Last Name: _____

Your Date of Birth: ____/____/____ Social Security Number (last 4): _____

Phone: () _____ - _____ Email: _____

Confirmation will be emailed when the form is received. Confirmation is needed to secure incentives. If you have not received confirmation within two weeks, call KH representative Vicky Rasor at (937) 558-3923.

Are you: Employee Covered Spouse Spouse's name (if on KCS or EMS/optout plan): _____

Wellness Registration and Authorization for Disclosure of Protected Health Information

My participation in Kettering City Schools' Employee Wellness Program through Kettering Health (KH) is voluntary. I understand that the responsibility for initiating a follow-up examination to confirm results of any physical screening and obtaining professional medical assistance is mine alone, and not that of my health plan, employer, or Kettering Health. Furthermore, I may not be discriminated against in employment because of the medical information I provide as part of participating in the wellness program, nor may I be subjected to retaliation if I choose not to participate.

My employer and/or health plan will have access to and review aggregate data (my individually identifiable medical information combined with those of other participants in the Program that does not personally identify me) to assess population trends. I consent to my health plan/employer's receipt of de-identified aggregate data as described above. My health plan/employer will not receive nor have access to my individually identifiable medical information as part of the Program. The information for which I am authorizing disclosure will be used for said aggregate reporting and to report completion of the Kettering City Schools Wellness Program.

I affirm that I have read, understand, and agree to the terms set forth above, and I wish to participate in the Employee Wellness Program on the terms specified.

Participant Signature: _____ Date: _____

An appointment with your Primary Care Provider is required. Little Clinic or similar visits will NOT be accepted.

Please note - to ensure a claim is filed as a preventive service and thus not billed to the patient, it MUST meet the standards required by United Healthcare. You can review qualifying preventive services by visiting www.uhcpreventivecare.com.

BIOMETRIC MEASURES (bloodwork)	VALUE	TEST DATE (Month/Day/Year)
HDL Cholesterol		
LDL Cholesterol		
Triglyceride Level		
Total Cholesterol		
Glucose (fasting) and/or Hemoglobin A1c		
WELLNESS EXAM (annual physical)	VALUE	TEST DATE (Month/Day/Year)
Height (feet, inches)		
Weight (pounds)		
Waist Circumference (inches)		
Blood Pressure		

Healthcare Provider (print name & location): _____

Signature of Healthcare Provider: _____ Date: _____

Fax to (937) 522-9985 or email to KHnwellness@ketteringhealth.org

Questions? Call KH Corporate Outreach at (937)-558-3923.

