



2023 WELLNESS PROGRAM



THE
HANOVER
COMPANY

THE HANOVER COMPANY

Participate in your Wellness Program this year to earn \$100 per employee or \$150 per employee and eligible spouse.



Welcome to your 2023 Wellness Program!

Medically enrolled employees and covered spouses can complete steps 1-2 below by **SEPTEMBER 15, 2023** to earn **\$100 PER EMPLOYEE OR \$150 PER EMPLOYEE AND ELIGIBLE SPOUSE**.

PLEASE NOTE: The incentive is contingent upon spousal completion, if applicable.

Your new program details are outlined in this guide.



STEP 1 – PHYSICIAN RESULTS FORM

DEADLINE: SEPTEMBER 15, 2023

Complete an annual physical exam with your physician between **SEPTEMBER 2, 2022** and **SEPTEMBER 1, 2023**. Take this packet with you to your appointment and have your doctor complete and sign the Physician Results Form. It is the **participant's responsibility** to return the form as part of the completed packet by **SEPTEMBER 15, 2023**.

- **Have you already received your annual physical within the above timeframe?** Take or send the Physician Results 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 Hanover Company health benefit plan network. If you need assistance in finding a physician, please go to www.bcbstx.com. Little clinics and minute clinics do not qualify as Primary Care Visit completion.



STEP 2 – SUBMIT YOUR COMPLETED FORM BY SEPTEMBER 15, 2023

For submission requirements, please refer to page 6 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.

WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the Hanover Company Portal. **Your account credentials have already been generated for you. You do not need to create a new account.** Use the username and password formats below to log into the Wellness Portal or Smartphone App.

EXISTING USERS: LOG INTO THE WELLNESS PORTAL

1. Go to www.wellworksforyoulogin.com or Wellworks For You mobile app
2. Your account credentials are listed below:

MEMBER TYPE	USERNAME FORMAT	PASSWORD FORMAT	EXAMPLE
Participant	Hanover_+ First Name + Last Name + Year of Birth (YYYY)	Birthdate in MMDDYYYY	UN: Hanover_AdamSmith1980 PW: 08141980

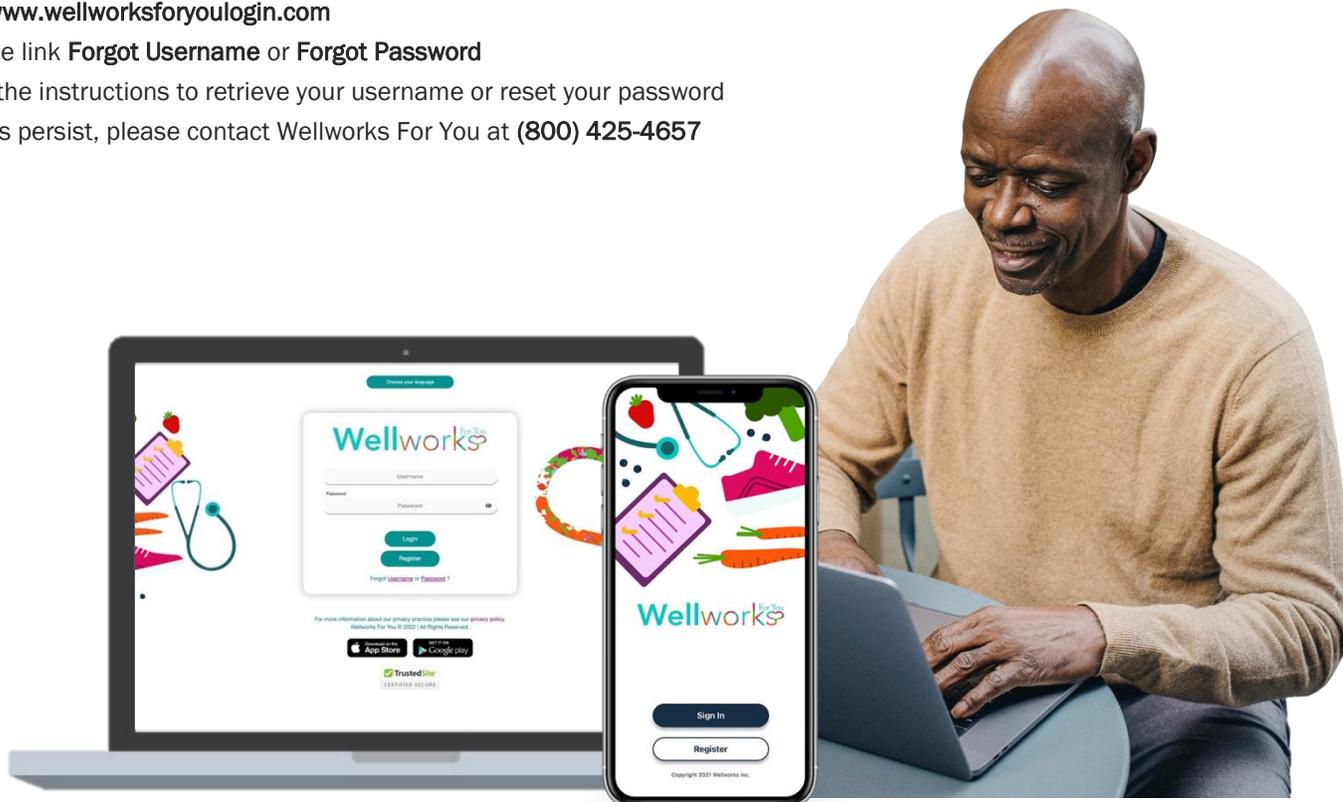
***PLEASE NOTE:** The temporary password is only for the first time you access the Wellness Portal and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.

NEW HIRES AFTER 10/17/2022: REGISTER ON THE WELLNESS PORTAL

1. Go to www.wellworksforyoulogin.com
2. Click the link to create an account as a **New Member**
3. Enter your Company ID: **11560**
4. Complete the registration process

FORGOT YOUR USERNAME OR PASSWORD?

1. Go to www.wellworksforyoulogin.com
2. Click the link **Forgot Username** or **Forgot Password**
3. Follow the instructions to retrieve your username or reset your password
4. If issues persist, please contact Wellworks For You at **(800) 425-4657**



PHYSICIAN RESULTS FORM

FOR WW OFFICE USE ONLY: 002SS_AP_CR_11560

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 Physician Results Form as part of the wellness program to Wellworks For You, as outlined below, by **SEPTEMBER 15, 2023**. **Please retain a copy for your own records and submission to Wellworks For You.**

To provide participants with faster updates, an automated process may be used to extract the data on this form. **Please ensure this form is filled out accurately, legibly, and text is aligned before submitting.**

PATIENT CONTACT INFORMATION

COMPANY NAME: The Hanover Company

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 NAME: _____

OFFICE PHONE NUMBER: _____

This **Physician Results Form** confirms that the patient named above received the following preventive care between **SEPTEMBER 2, 2022** and **SEPTEMBER 1, 2023**. The primary care physician needs to complete the information in the section below and return the completed form to the patient named above.

SCREENING	RESULTS	SCREENING	RESULTS	
Blood Pressure: Systolic		Total Cholesterol		Does your patient have a history of coronary artery disease (MI, CABG, PTCA)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Blood Pressure: Diastolic		Low Density Lipoprotein 'LDL'		
Height in inches		High Density Lipoprotein 'HDL'		Does your patient have a history of diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Waist Circumference in inches		Triglycerides		If no, does your patient have pre-diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Weight in pounds		TC/HDL Ratio		Do you, the physician, plan on following up with the patient about their results, medication adherence, or retesting? <input type="checkbox"/> YES <input type="checkbox"/> NO
Body Mass Index 'BMI'		Fasting Glucose		
Pulse or Heart Rate		HbA1c (if physician recommended)		

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 SEPTEMBER 15, 2023

Follow submission instructions found on page 6 of your Wellness Guide

ADDITIONAL INFORMATION

MOBILE APP

The Wellworks For You Portal App includes all of your favorite features from the Portal including programs and events listings, incentive tracking, and more! Simply search for **Wellworks For You** in the Play Store or App Store to download the free App.

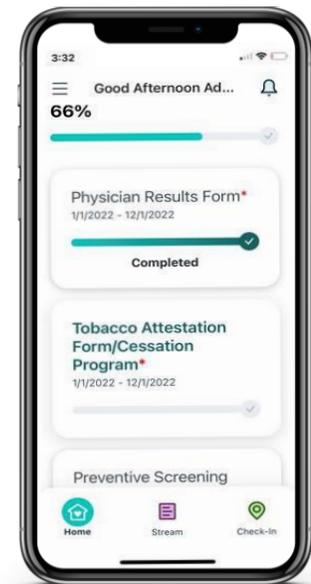


NOTIFICATIONS INBOX

View your Wellness Program reminders in the **Notifications Inbox** located on the right side of your Wellness Portal homepage. Click on  above the **Notifications Inbox** to view your Wellness Program reminders in detail.

VIEW DETAILS OF YOUR PROGRAM

Events are listed on your personal Wellness Portal within **My Next Steps**. You can access this via the **My Next Steps** section on the homepage. To view more details about a program component, select **Get Started**. If there are sub-events associated with a component, they will display in the pop-up. Wondering what you have completed to date? The component under **My Next Steps** will be marked as **COMPLETED** in blue once the requirements are met. On the Portal homepage under **My Next Steps**, the status of each component will be displayed next to each program requirement (*Get Started, In Progress, or Completed*).



VIEW YOUR INCENTIVE PROGRESS

Looking for an overview of your progress to date?

- Log into your Wellness Portal (www.wellworksforyoulogin.com).
- View your program status right on the homepage in the top right-hand section.
- My Progress will show completion of required program components.
- For more details, click on any event title in the **My Next Steps** section. Selecting an event title will open a pop-up with detailed information.
- Once a component is complete, it will be marked as **COMPLETED**.



WELCOME,
Wellness Program Participant

MY PROGRESS
33.3%
1 of 3

My Next Steps
2 Tasks Remaining



Physician Results Form

Visit your Primary Care Physician (PCP) for an annual physical with lab work. Print out the Physi... Results Form located on the Wellness Portal or Smartphone App under Menu>Wellness Locker at

★
COMPLETED



Tobacco Attestation Form/Cessation Program

Verify your Tobacco Status via the Tobacco Attestation Form located on the Wellness Portal under Menu>Wellness Locker. Non-Tobacco Users: If you certify that you do not use tobacco, you

★
SUBMITTED



Preventive Screening Form

Visit the appropriate provider and complete one (1) preventative exam based on your age and ger

★
GET STARTED >

ADDITIONAL INFORMATION

VIEW AND DOWNLOAD DOCUMENTS FOR COMPLETION

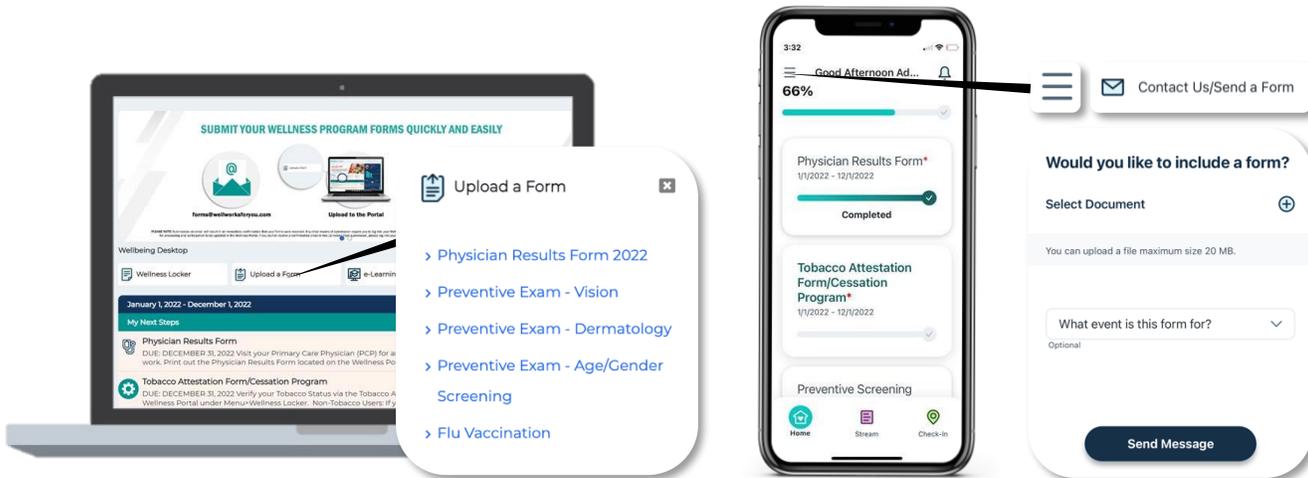
All forms, guides, and applicable documents are located in your Wellness Portal within the Wellness Locker accessed via the Portal **MENU** or homepage section. Download and/or print PDF forms for completion.

SUBMIT YOUR COMPLETED DOCUMENT BY SEPTEMBER 15, 2023

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

Upload to 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. This will be securely emailed for processing. Users are limited to **one (1)** file per email.

Upload to Mobile App: Take a photo of your form using your Smartphone. Next, upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab in the **menu**, located in the top left corner of the home screen.



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.

FOR ADDITIONAL SUPPORT, CHAT WITH US LIVE ON THE WELLNESS PORTAL

(not available on the mobile app)



Our “Chat Live” feature will give you access to chat with one of our helpful representatives during our regular business hours (*Monday to Friday 8:00am EST to 7:00pm EST*) to answer any questions and guide you on a path towards wellness.

THE FINE PRINT

The Hanover Company wellness program is a voluntary wellness program available to all employees 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 Physician Results Form, which will include a blood test for blood pressure, height, weight, waist circumference, BMI, lipid panel and glucose. You are not required to participate in the blood test or other medical examinations. However, eligible employees and spouses who choose to participate in the wellness program will receive an incentive of \$100 per employee or \$150 per employee and eligible spouse for completing the Physician Results Form by September 15, 2023. Spouses must complete the program to be eligible for the incentive.

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 The Hanover Company 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.



Questions about your Wellness Program?

CONTACT YOUR WELLNESS TEAM

ASK A QUESTION FROM THE PORTAL OR SMARTPHONE APP: Select Contact Us from the Portal homepage or Wellworks For You Smartphone App and submit your question and a member of our Core Team will be able to assist you.

ASK A QUESTION VIA EMAIL: For any questions about your Wellness Program, please email core@wellworksforyou.com and a member of our Core Team will be able to assist you.

