



## Free Biometric Screening Events for ALL City of Hamilton Employees and Spouses

Living Well Program 2024

City of Hamilton employees and spouses,

The City of Hamilton has teamed up with Kettering Health to provide biometric screening events for ALL City of Hamilton employees and spouses. These screenings are offered to you at no charge!

As a reminder, 2024 HSA/HRA contributions are tied entirely to the Living Well Program. For employees enrolled in the City's 2024 health benefits plan, both the employee and the employee's spouse, if also covered by the City's 2024 health benefits plan, must complete the Living Well Program steps outlined on the attached documents and submit the appropriate forms to Kettering Health by August 31, 2024, in order to receive HSA or HRA funding.

**Participation in a biometric screening event offered by Kettering Health can be used to fulfill part of the requirements of the Living Well Program.**

Contributions will be distributed to qualifying employees in a single payment. Employees will receive their HSA/HRA contribution when all program requirements have been completed according to the schedule on page 1.

For those City of Hamilton employees and spouses not covered by the City's 2024 health benefits plan, we hope you will still take advantage of this great opportunity for a free biometric screening.

Please see specific dates, times, and locations of the biometric screening events on page 5, and schedule your appointment today!

To a healthy 2024,

City of Hamilton Wellness Committee

The City of Hamilton continues to partner with Kettering Health to promote the health and wellness of employees and their families. Employees enrolled in the City of Hamilton’s health benefit plan are eligible to receive a contribution to their HSA (or HRA, when applicable) account by participating in the Living Well Program!

Health Plan Coverage	Employee Only	Employee + One	Family
<b>Potential Account Funding Available</b>	<b>\$1,000</b>	<b>\$2,000</b>	<b>\$2,000</b>

**Living Well Program Requirements for EMPLOYEE & COVERED SPOUSE:**

All visits to your Primary Care Provider and blood work must occur between September 1, 2023, and August 31, 2024.

1. **2024 Exam Reporting Form** (page 6)
  - a. Complete the Biometric Measures portion of the form by participating in an on-site biometric screening or a lab test blood draw from your Primary Care Provider.
  - b. Complete the Wellness Exam portion of the form by scheduling an annual Wellness Exam (physical) with your Primary Care Provider.
  - c. Discuss recommended age/gender related preventive screenings with your Primary Care Provider.
2. **Complete a reasonable alternative** (if needed).
  - a. Based on the values on the Exam Reporting Form, your Primary Care Provider will determine if you have Metabolic Syndrome. If so, you are required to complete a reasonable alternative. See page 3.
3. Complete the **2024 Health Risk Assessment** online through Kettering Health. See page 4.
 

**\*\* This requirement is only applicable for the employee and NOT the covered spouse.**
4. Complete all requirements and return all completed forms to Kettering Health by August 31, 2024.

**2024 Account Funding:**

The City will provide employees who **COMPLETE** the Living Well Program requirements with the HSA/HRA funding according to the schedule outlined in the table to the right. Completion includes all requirements being completed by the covered employee and the employee’s spouse (*if applicable*).

\*\*\* Contributions will be distributed to qualifying employees in a single payment. Employees will receive their HSA/HRA contribution when **ALL** program requirements have been completed according to the schedule at the right. You will NOT be eligible for any contribution if **ALL** program requirements are not met. \*\*\*

All Requirements Completed By	HSA/HRA Funds Distributed
January 31	February
March 31	April
May 31	June
June 30	July
August 31	September

1. Complete a biometric screening or lab test blood draw between September 1, 2023, and August 31, 2024, and ask your Primary Care Provider to complete their portion of the **Exam Reporting Form**. The results of your biometric screening or lab test blood draw will determine if you have Metabolic Syndrome (MetS). If you do, you are required to complete a reasonable alternative. See page 3.

**AND**

2. Complete an annual preventive **Wellness Exam** (physical) with a Primary Care Provider between September 1, 2023, and August 31, 2024, and ask your provider to complete their portion of the **Exam Reporting Form**.

**About your annual preventive Wellness Exam (physical):**

- This should NOT be completed at a clinic (such as The Little Clinic), but at a Primary Care Provider.
- If you do not have a Primary Care Provider, you can find a provider in the UnitedHealthcare network by visiting [www.uhc.com](http://www.uhc.com) or by calling (844) 254-6742.
- If you already had a physical after September 1, 2023, you do not need to schedule another visit. Request that your healthcare provider complete the Exam Reporting Form for submission.
- When scheduling your physical, you may want to check if you can complete your biometric screening or lab work prior to your physical. Your healthcare provider can then address your results at your appointment, and this could save you from needing to return to your healthcare provider's office a second time.

**Biometric Measures on the Exam Reporting Form may be completed by:**

- Attending an onsite biometric screening event offered by Kettering Health. See the full schedule of onsite biometric screenings on page 5.
- Completing a lab test blood draw with an order from your healthcare provider to an in-network lab.

**Helpful Program Information:**

- Under the City of Hamilton's UnitedHealthcare health benefit plan, if coded as preventive, an annual physical and biometric screening/lab work can be obtained at zero cost to plan members. To be billed as preventive, the correct billing code needs to be used by the healthcare provider's office. Employees and covered spouses may be charged if they already have a diagnosis.
- **To ensure a claim is filed as preventive and thus covered at no cost, it MUST meet the standards set by UnitedHealthcare. Review qualifying preventive services by visiting [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com).**
- In order to receive UnitedHealthcare coverage, preventive physicals and lab work must be completed by a healthcare provider and laboratory that are part of the UnitedHealthcare health benefit plan network. To find healthcare providers and/or labs that are in network, visit [www.myuhc.com](http://www.myuhc.com).

**UnitedHealthcare Network Lab Facilities:**

For the most up-to-date listing of in-network lab locations, visit [www.myuhc.com](http://www.myuhc.com).

### Metabolic Syndrome (MetS)

Metabolic Syndrome is a group of metabolic risk factors that exist in one person. Some underlying causes of this syndrome that give rise to the metabolic risk factors include being overweight or obese, having insulin resistance, being physically inactive, and/or genetic factors. Individuals with Metabolic Syndrome have a higher risk of diseases related to fatty buildups in artery walls, such as coronary heart disease, and are more likely to develop type 2 diabetes.

The presence of three (3) or more of the following risk factors is used as criteria to identify the presence of Metabolic Syndrome in individuals:

- Central obesity, measured by waist circumference > 40 inches for men, > 35 inches for women
- Fasting blood triglycerides  $\geq$  150 mg/dL
- HDL cholesterol levels < 40 mg/dL for men, < 50 mg/dL for women
- Blood pressure  $\geq$  130/85 mm Hg
- Fasting glucose  $\geq$  100 mg/dL

**City of Hamilton employees and spouses covered by the City's 2024 health benefit plan who have three (3) or more Metabolic Syndrome risk factors are considered MetS. These participants are required to complete one (1) of the following alternatives in order to receive the portion of the HSA/HRA funds contingent on this factor.**

► **Engage with your Primary Care Provider on a personal health plan.**

- Individuals who choose this option must submit the **Primary Care Provider Release Form** to Kettering Health with a signature from their Primary Care Provider no later than August 31, 2024. See page 7.

**OR**

► **Complete the online healthy lifestyle program.**

- The cost of the program is covered by the City of Hamilton.
- Individuals who choose this option must contact Kettering Health to receive program enrollment information. Kettering Health can be contacted by calling Jennifer Aufderheide at 1-800-888-8362 or by emailing [jennifer.aufderheide@ketteringhealth.org](mailto:jennifer.aufderheide@ketteringhealth.org).
- Individuals must also submit a **certificate of completion** to Kettering Health no later than August 31, 2024.
- To complete the reasonable alternative by the deadline, we recommend starting no later than June 1, 2024.

Complete the **Health Risk Assessment** online through Kettering Health. Below are instructions and the link to the assessment.

- ▶ Go online and enter the following URL. (If this is an email, just click the URL below.)

**<http://bit.ly/LivingWell2024>**

- ▶ Once at the site above, click on the box labeled “**Health Screening Events.**”
- ▶ Click on the green Register box for “**City of Hamilton Health Risk Assessment, 2024.**”
- ▶ After registering or logging in, please go through each page of questions and click “**Next**” at the bottom of each page.
- ▶ After completing all questions, please click “**Finish**” and then “**Finish Registration.**” A note saying you have completed the assessment will appear.
- ▶ Biometric screening data will be entered by Kettering Health at the conclusion of the Living Well Program, and a comprehensive report will be sent via email.

## 2024 Online Health Risk Assessment Instructions

One requirement of your 2024 Living Well Program is to complete an online Health Risk Assessment. **This is the only requirement that applies only to the employee and not the covered spouse.**

As a reminder, all Living Well Program requirements must be completed to earn your 2024 HSA/HRA contribution. Please reference the 2024 Living Well Program packet to review complete guidelines for the program. This packet can be found on the City’s website (**hamilton-city.org**) by navigating to Government > Employee Portal > Benefits > Health Benefits, and then scrolling down to the Living Well section.

The online assessment consists of approximately 30 questions regarding health and wellness habits. This survey will provide a more comprehensive wellness picture by combining both biometric information and health habits. Kettering Health will use this information to better shape future wellness initiatives for City employees.

As with all components of your wellness program, the individual data collected by Kettering Health is confidential.

## Questions?

Contact KH Community Outreach at (800) 888-8362 or via email at [healthyhamilton@ketteringhealth.org](mailto:healthyhamilton@ketteringhealth.org).

## 2024 City of Hamilton Onsite Biometric Screening Dates

To schedule an appointment, go online and enter the following URL.  
(If this is an email, just click the URL below.)

<http://bit.ly/LivingWell2024>

Once registered, click on the “appointment” box to schedule a time.

Questions? Contact Kettering Health Community Outreach at **(800) 888-8362**  
or via email at [\*\*healthyhamilton@ketteringhealth.org\*\*](mailto:healthyhamilton@ketteringhealth.org)

Location	Day	Date	Screening Time
City Building	Tuesday	3/5/2024	8-11 am
Garage	Thursday	3/7/2024	7-10 am
Police	Tuesday	3/12/2024	6:30-9:30 am
Water	Thursday	3/14/2024	7-9:30 am
Police	Thursday	3/21/2024	6:30-9:30 am
Fire	Tuesday	4/3/2024	8-11 am
Fire	Wednesday	4/4/2024	8-11 am
Garage	Tuesday	4/9/2024	7-10 am
City Building	Wednesday	4/17/2024	8-11 am
Hamilton Health Center	Saturday	5/4/2024	8:30-11:30 am
Fire	Saturday	6/15/2024	8:30-11:30 am
Hamilton Health Center	Saturday	8/3/2024	8:30-11:30 am

Employer: City of Hamilton

**PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you:  City Employee  Covered Spouse Spouse's Name (if on insurance plan): \_\_\_\_\_

Your Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Select One:  Male  Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Contact:  Phone  Email

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Wellness Registration and Authorization for Disclosure of Protected Health Information**

My participation in the Healthy Hamilton Living Well Program 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 Living Well Program.

I affirm that I have read, understand, and agree to the terms set forth above, and I wish to participate in the Living Well 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.**

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		

Recommended Age/Gender Preventive Screenings Reviewed?  Yes  No **Healthcare Provider's Initials:** \_\_\_\_\_

**Healthcare Provider** (print name & location): \_\_\_\_\_

**Signature of Healthcare Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit Wellness Forms to:**  
 Secure Fax: (513) 867-6900 or email to [healthyhamilton@ketteringhealth.org](mailto:healthyhamilton@ketteringhealth.org)  
 Questions? Contact Kettering Health Corporate Outreach at (800) 888-8362.





Employer: City of Hamilton      **Select one:**     Male     Female      **PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you:     City Employee     Covered Spouse    **City Work Location (or Department):** \_\_\_\_\_

Plan Coverage:     Single     Employee + One     Family      **Social Security Number (last 4):** \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Member Number (from Insurance Card):** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Employee + One or Family Plan, list your spouse's first and last name: \_\_\_\_\_

Preferred Means of Contact:     Phone     Email

**Metabolic Syndrome** – This form is **ONLY** needed if test results fall in the ranges below.

Metabolic Syndrome is a group of metabolic risk factors that exist in one person. Some underlying causes of this syndrome that give rise to the metabolic risk factors include being overweight or obese, having insulin resistance, being physically inactive, and/or genetic factors. Individuals with Metabolic Syndrome have a higher risk of diseases related to fatty buildups in artery walls, such as coronary heart disease, and are more likely to develop type 2 diabetes.

The presence of three (3) or more of the following risk factors is used as criteria to identify the presence of Metabolic Syndrome in individuals:

<b>WAIST CIRCUMFERENCE</b>	> 40 inches for men, > 35 inches for women
<b>FASTING BLOOD TRIGLYCERIDES</b>	≥ 150 mg/dL
<b>HDL CHOLESTEROL</b>	< 40 mg/dL for men, < 50 mg/dL for women
<b>BLOOD PRESSURE</b>	≥ 130/85 mm Hg
<b>FASTING GLUCOSE</b>	≥ 100 mg/dL

**City of Hamilton employees and spouses covered by the City's 2024 health benefits plan who have three (3) or more Metabolic Syndrome risk factors are required to complete a reasonable alternative in order to receive the 2024 HSA/HRA disbursement. Engaging with your Primary Care Provider on a personal health plan will be accepted as a reasonable alternative.**

**Instructions for Primary Care Provider**

*Please do not sign and return if patient does not have 3 or more Metabolic Syndrome risk factors.*

By signing below, I, \_\_\_\_\_, confirm that based on the biometrics included as part

PRINT NAME OF PRIMARY CARE PROVIDER

of the City of Hamilton's Living Well Program Exam Reporting Form, my patient has three (3) or more Metabolic Syndrome risk factors, as defined above. I am working with my patient on a plan to improve their out-of-range risk factors and thus improve their health. Engagement in this plan by my patient will suffice as a reasonable alternative for the City of Hamilton's Living Well Program.

Signature of Primary Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Contact KH Community Outreach at (800) 888-8362 or via email at [healthyhamilton@ketteringhealth.org](mailto:healthyhamilton@ketteringhealth.org).**

**Submit this form and this Exam Reporting Form together:**

Scan and email to [healthyhamilton@ketteringhealth.org](mailto:healthyhamilton@ketteringhealth.org)

**OR** send via secure fax: (513) 867-6900



- All program components must be completed and submitted to Kettering Health by August 31, 2024.
- Please keep a copy of all forms for your files.

**Submit the following forms:**

- 1. Exam Reporting Form**, signed by participant and Primary Care Provider (**page 6**)  
*This form includes the results of your **Biometric Measures** and your annual **Wellness Exam**. It also shows your Primary Care Provider has reviewed the **Recommended Age/Gender Preventive Screenings** with you.*
- 2. Completion of reasonable alternative (only if applicable)**  
*You only need to complete a reasonable alternative if it is determined that you have **Metabolic Syndrome**.*

**Submit all completed paperwork together to Kettering Health via one of these methods:**

- Via email: **healthyhamilton@ketteringhealth.org**
- Via secure fax: **(513) 867-6900**
- Via mail: **KH Community Outreach  
Attn: Jennifer Aufderheide  
2145-A N. Fairfield Rd.  
Beavercreek, OH 45431**

**Complete the following online:**

- 3. Health Risk Assessment**, via the link provided on **page 4**.  
*This requirement applies **ONLY** to the employee, not the spouse.*

**Questions about the Living Well Program?**

Please contact Jennifer Aufderheide at 1-800-888-8362.