

ST. JOHN'S
Hospital - Lebanon

CO-WORKER WELLNESS LOG

Premier Health Insurance Benefits

- Information on Services provided and Co-payments can be found on line @ www.mercyhealthplans.com or by contacting Marie Castillo @ 533-6179.

Health & Wellness Benefits

Provide by: St. John's Hospital - Lebanon

- Smoking Cessation Program
 - Covered under Premier Ins. (employee) / AT COST (spouses)
 - For more information contact Community Wellness @ 532-3495
- HRA's (Health Risk Assessment) - NO COST (employee & spouse)
 - HRA's Include:** Blood Pressure check, Triglycerides, HDL, LDL, and total cholesterol readings, Blood Sugar, BMI, and body fat %. For scheduling and information contact Community Wellness @ 532-3495
- St. John's Fitness Center - (employee & family)
 - 24 Hour Facility that provides personalized programs and Various Exercise Classes. For more call 533-6680.

BENEFITS OF COMPLETING AND TURNING IN YOUR WELLNESS LOG

Premier Insurance Cost & Savings

Full Time	Full Price	Exercise or Non-Tobacco user	Exercise and Non - Tobacco user
Co-worker only	\$38.80	\$33.00	\$29.10
Co-worker + child or children	\$96.40	\$81.95	\$72.30
Co-worker + spouse	\$107.10	\$91.05	\$80.35
Family	\$146.35	\$124.45	\$109.80

Part Time	Full Price	Exercise or Non-Tobacco user	Exercise and Non - Tobacco user
Co-worker only	\$94.20	\$80.05	\$70.65
Co-worker + child or children	\$157.90	\$134.25	\$118.45
Co-worker + spouse	\$175.50	\$149.15	\$131.60
Family	\$232.45	\$197.60	\$174.35

Employee number or are you a spouse: _____
 Name: _____ Premier Insurance: **YES or NO**
 Employees: Is your spouse covered by your insurance policy? **YES-NO-N/A**
 Department Name: _____
 Daytime Phone: (____) _____ Home Phone: (____) _____

Date of last HRA: _____

- **NO COST** FOR ANY ST. JOHN'S EMPLOYEE & SPOUSE
 (HRA must be completed before eligible for any insurance discount)

This section must be completed in order to determine eligibility for the non-tobacco discount.

- Are you a tobacco user? Yes or No
- Is your spouse a tobacco user? Yes or NO
 (Answer Question #2 only if your spouse is covered on your Premier Health Plan.)

I certify that the information I have provided is correct and that my points will not be counted if they are not tallied before turning my log in.

Your signature and date: _____

Please contact (Community Wellness) at 532-3495 if you have any questions regarding items on the wellness log.

Wellness Logs need to be turned into Community Wellness or Faxed (417)-532-3598 by Due Sept. 25th

EXERCISE LOG

- Aerobic Exercises:** Continuous activities that raise your heart rate for a minimum of 15-20 minutes.

Activity	*Total Minutes June 25-July 24	*Total Minutes July 25-Aug. 24	*Total Minutes Aug. 25-Sept. 24
Walking			
Running			
Biking			
Swimming			
Rollerblading			
Jump Rope			
Elliptical			
Stair Stepper			
Spinning			
Canoeing			
Dancing			
Soccer			
Other:			

- Anaerobic Exercises:** High intensity activities that use short bursts of energy through an extended time span.

Activity	*Total Minutes June 25- July 24	*Total Minutes July 25- Aug. 24	*Total Minutes Aug. 25-Sept. 24
Weight Lifting			
Sprinting			
Softball			
Baseball			
Volleyball			
Golfing (walking)			
Bowling			
Cutting Wood			
Raking Leaves			
Yard Work			
Housecleaning			
Other:			

Wellness Quiz located online @ www.stjohnslebanon.com
 25 pts. will be added to the month it is completed in. (1) quiz will be on line per quarter. **MONTH COMPLETED:** _____

Safety Points = 25 pts. for each month you were safe at work

- June 25-July 24 = ____
- July 25-Aug. 24 = ____
- Aug. 25-Sept. 24 = ____

Special Events

(Points will count only towards the month it was completed in)
 Examples include, but are not limited to: self defense course, Blood Drive, CPR /AED training, etc.

Date	Name of Activity	25 points

Preventive Screenings

(Points will count only towards the month it was completed in)
 Examples include, but are not limited to: annual mammogram, prostate exam, glaucoma exam, eye exam, dentist, Pap smear, immunizations updated, etc.

Date	Name of Event	50 points

Weight Loss Programs

(Points will count only towards the month it was completed in)
 Examples include, but are not limited to: St. John's Nutrition Consult, Weight Watchers, ect....

Date	Name of Event	30 points

PLEASE TOTAL OVERALL POINTS PER MONTH AND TURN INTO COMMUNITY WELLNESS IN ORDER TO GET INSURANCE DISCOUNT

- June 25-July 24 = ____
- July 25-Aug. 24 = ____
- Aug. 25-Sept. 24 = ____

Key
 * 1 minute of exercise = 1 point
 A minimum of 400 pts. is needed per month to receive the insurance discount.