



Ready to Reach Your True Potential?

2024 Screening Guide

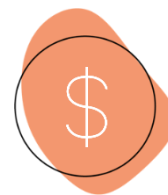




WHAT IS THE WELLBEING ASSESSMENT? It's a two-part review of your current overall wellbeing. It includes a simple **biometric screening** that is done onsite, at an outside lab or with your physician. Screenings check your blood pressure and 37 different components of your blood, including cholesterol, blood sugar, kidney, liver and other functions, to give you a complete view of your physical wellbeing. There's also an online **Health & Lifestyle Survey** that asks questions about the physical, emotional, social and financial aspects of your life and what your lifestyle choices mean to your current state of wellbeing.



All employees and spouses or civil union partners enrolled in District 204's medical plan can participate in the wellbeing assessment at no cost!

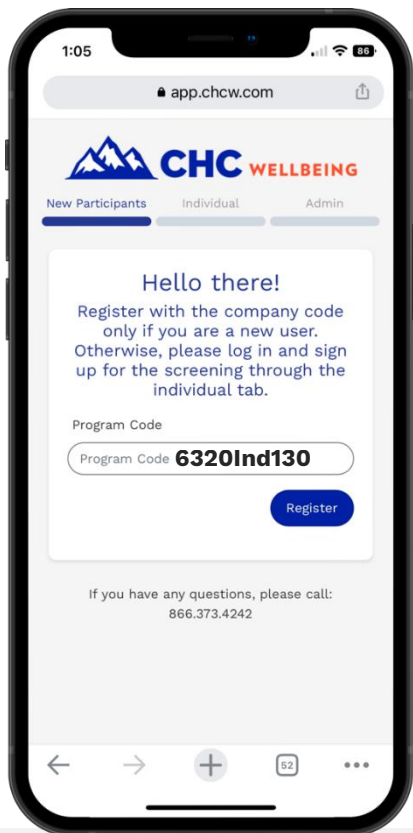


Any employee covered by the medical plan who does not have a wellness screening will have an increase of \$25 per month on their insurance premium. There will be an additional increase of \$25 per month for spouses or civil union partners covered on the medical plan who do not have a wellness screening.



Non-benefit eligible employees, their spouse/civil union partners, and dependent children over the age of 18, may participate in the wellness screening by paying \$108 to CHC Wellbeing.

To register for the screening, go to app.chcw.com.



New Members

1. Enter your program code **6320Ind130** under the "New Participants" tab and select "Register."
2. Follow the prompts to schedule your screening and complete the Health & Lifestyle Survey.

Returning Members

1. Enter your username & password under "Individual Login" and select "Log in."
2. Select the "Join a Wellness Program" card under "Today's Activities."
3. Enter in program code **6320Ind130**.
4. Complete the activity cards under "Today's Activities" on your dashboard to successfully register for the screening.

The deadline to complete your screening is Saturday, February 17, 2024.

TEST AT A LABCORP: Print or pull up on your phone your instruction and requisition form and present at a LabCorp facility to complete your screening.

Please note: LabCorp is offering a service called Getlabs for remote screenings. This service is NOT a part of your wellness program and any costs will be charged directly to you.

PHYSICIAN SCREENING: Print your physician screening forms and bring or send them to your physician to fill out. Once completed, upload your results to your CHC portal by selecting "Upload Your Results" on the "Complete the Health Screening" card on your Wellbeing Journey page by February 17, 2024. Forms can also be faxed to CHC at 847-437-2775.



You're successfully signed up for the screening!

If you need help, call 866-373-4242 to sign up for the screening over the phone.



This is a fasting test! For the most precise results, you should fast 10-12 hours before testing. You cannot eat but may drink black coffee or tea (no cream or sugar). If you are on prescription medication, please take your medication as instructed by your physician. If you are diabetic or hypoglycemic, consult your physician for fasting instructions. Be sure to drink plenty of water.

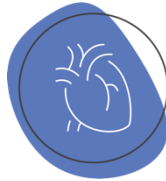


Your Screening



KIDNEY DISEASE

- BUN
- Creatinine
- BUN/ Creatinine Ratio
- Phosphorus
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- eGFR



HEART DISEASE & STROKE

- Blood Pressure
- Triglycerides
- Total Cholesterol
- T. Cholesterol/HDL Ratio
- HDL Cholesterol
- LDL Cholesterol
- Calcium
- VLDL Cholesterol
- Estimated CHD Risk



LIVER & GALLBLADDER

- Bilirubin, Total
- Bilirubin, Direct
- Alkaline Phosphatase
- AST
- ALT
- LDH
- GGT
- Albumin
- Protein, Total



ANEMIA, INFECTIONS & CERTAIN CANCERS

- Iron
- Platelet Count
- Hemoglobin
- Hematocrit
- Globulin, Total
- A/G Ratio
- RBC: MCV, MCH, MCHC, RDW
- WBC: Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils, Immature Granulocytes



DIABETES

- Glucose



NUTRITIONAL & GASTROINTESTINAL DISORDERS

- Uric Acid

* Tests completed may vary if you choose to screen with your physician



HEALTH & LIFESTYLE SURVEY

The CHC Wellbeing research-based Health & Lifestyle survey is a questionnaire that assesses lifestyle choices to better evaluate your overall health.



Additional Testing Options

Select your tests online or at the screening. Additional tests can be paid with check, credit/debit card, or FSA/HSA cards at the time of screening. Remote screenings require payment to be made online in advance.

* Prices and availability may vary if you choose to have additional tests completed with your physician.

+

HEART HEALTH

Homocysteine \$54

Linked to detecting early development of heart disease influenced by diet and genetic factors.

NMR \$99

Counts the number of LDL particles. Helps the physician determine the LDL lowering therapy.

C Reactive Protein (CRP) \$39

Detects inflammation and infections. Evaluates the possibility of developing heart disease.

+

NUTRITIONAL & VITAMIN

B12 & Folate \$42

Necessary vitamins for red blood cell formation. Detects deficiencies and anemias.

Vitamin D \$40

A nutrient found in the bones and teeth. Used for diagnosing Vitamin D deficiency or excess.

+

CANCER DETECTION/ OTHER

PSA (Prostate- men only) \$39

A protein produced by the prostate gland. High levels may indicate prostate enlargement or cancer.

Blood type & RH typing \$25

Determines blood type. A, B, AB, O and if an individual is RH negative or positive.

+

DIABETES DETECTION

Hemoglobin A1c \$34

Measures average level of blood sugar over the past 2-3 months. Used to diagnose Type 1 & Type 2 diabetes.

Reflex A1c – *included for those with a glucose level 100 or greater.*

Measures similarly to Hemoglobin A1c but is only performed automatically on individuals whose blood glucose level is over 100.

+

DIGESTIVE HEALTH

Gluten allergy \$29

For individuals with suspected sensitivity to gluten. May help diagnose celiac disease.

+

HORMONE

Testosterone \$42

A hormone found in men and women. Detect impotence in men and decreased libido in women.

TSH (THYROID) \$42

The thyroid gland stores and produces hormones that affect the function of virtually every organ in the body. An underactive thyroid is associated with: depression, weight gain, diabetes, and fatigue. Thyroid disease affects both men and women.

Got Questions?

We Have Answers!

For more information call



866-373-4242



How do I update my onsite appointment or access the forms for a LabCorp or Physician screening? Select the 'Complete Your Screening' card under "Today's Activities" to update your appointment time/location or access the forms needed for a LabCorp or Physician screening. LabCorp is offering a service called Getlabs for remote screenings. Please note that this service is NOT a part of your wellness program and any costs will be charged directly to you.
NOTE: You must complete your health & lifestyle survey first in order to access your forms.



What data should I have ready when completing the Health & Lifestyle Survey? When completing the Health & Lifestyle Survey online or at the screening, you will be asked to submit your height, weight, and waist measurements. If you are unsure of your waist measurement, use a measuring tape to measure your waist's circumference, which is slightly above your belly button.



What if I am unable to attend the onsite screening? You can still complete an assessment at an offsite location. Follow the instructions on page two of this guide to sign up on the CHC portal. When prompted to select a location, click "remote" for your screening appointment. Print out the two forms that you will need to take to a local LabCorp facility. You must visit a local LabCorp facility by **February 17, 2024.**

Note: Blood pressure readings may not be available to be taken at remote laboratory locations. You will be prompted to enter it during registration. If a blood pressure measurement is not entered, you will be marked as unknown. We encourage you to visit a local pharmacy, physician, etc. to get a reading completed.



Can I send a copy of my results to my physician? YES. If you would like to send a copy of your lab results to your physician, please provide your doctor's first and last name and fax number when you schedule your screening. You can also bring this information to the onsite screening or fax your results to your physician at any time on your CHC Wellbeing portal.



Is the wellbeing assessment confidential? All of your results are confidential and protected by federal law. CHC does NOT send your individual health data to your employer or insurance provider. Your employer will only view de-identified, aggregated health data from wellness participants. In addition, CHC will not, under any circumstances, sell or rent your health data to any outside third party. To learn more about how your health data is protected, go to **[hhs.gov/hipaa](https://www.hhs.gov/hipaa)**.



When will my results be available? You will have access to your results and other health information online at app.chcw.com within 3-5 days after your screening.



Is this a drug test? NO. Your wellbeing assessment is intended to help detect the early stages of disease and disorders only.

**Wellbeing Screening Results- Physician Form
Indian Prairie School District 204**



Dear Physician,

Your patient is participating in a voluntary health risk appraisal (including biometric screening) provided through their employer (or spouse's employer). This program is designed to educate, encourage and enable your patient to adopt and maintain behaviors related to a healthy lifestyle. As a portion of this program, your patient has been asked to visit their personal physician to complete a full biometric screening panel including a CMP, CBC and Lipid panel. Please see the following sections of this document for the patient attributes required for this program. Please note that all personal health information collected through this program shall remain confidential and not be shared with anyone, including the sponsoring employer. The employer will only be told the patients incentive level in order to provide the incentive tied to the patient's health status. The employer will never be provided with a patient's specific health information.

Please ensure that you provide all data in the "REQUIRED INFORMATION" Sections 1 & 2. The biometric information requested in Section 3 is strongly recommended since your patient will be able to trend these biometric factors over time on their personal health portal that is provided as a part of this program. Forms can be uploaded to the CHC portal by the participant or faxed to CHC at 847-437-2775.

Physician Verification

I hereby certify that the patient, listed below, is under my care and that the biometric information provided below is up to date and accurate.

Patient Information

Full name (please print):		Last 4 of SSN:	
Phone Number:		Company Name:	
Date of Birth (mm/dd/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 1: Patient attributes (REQUIRED INFORMATION)

Weight:	_____ lbs.	Waist Circumference:	_____ inches
Height:	_____ feet _____ inches	Blood Pressure:	(Sys.) _____/(Dia.) _____

Section 2: Patient attributes (REQUIRED INFORMATION)

Test:	Results:	Test:	Results:
Glucose	_____ mg/dL	Triglycerides	_____ mg/dL
Cholesterol, Total	_____ mg/dL	HDL Cholesterol	_____ mg/dL
		LDL Cholesterol	_____ mg/dL

Section 3: Patient attributes (STRONGLY RECOMMENDED*)

Test:	Results:	Test:	Results:
*Uric Acid	_____ mg/dL	*Blood Urea Nitrogen (BUN)	_____ mg/dL
*Creatinine	_____ mg/dL	*BUN/Creatinine Ratio	_____
*Protein, Total	_____ g/dL	*Albumin	_____ g/dL
*Bilirubin, Total	_____ mg/dL	*Bilirubin, Direct	_____ mg/dL
*Alkaline Phosphatase	_____ IU/L	*AST (SGOT)	_____ IU/L
*ALT (SGPT)	_____ IU/L	*Iron	_____ ug/dL
*Hemoglobin	_____ g/dL	*Hematocrit	_____ %
Sodium	_____ mmol/L	GGT	_____ IU/L
Potassium	_____ mmol/L	Total Cholesterol/HDL Ratio	_____
Chloride	_____ mmol/L	WBC	_____ x10E3/uL
Carbon Dioxide	_____ mmol/L	RBC	_____ x10E3/uL
Calcium	_____ mg/dL	MCV	_____ fL
Phosphorus	_____ mg/dL	MCH	_____ pg
Globulin	_____ g/dL	MCHC	_____ g/dL
Albumin/Globulin Ratio	_____	RDW	_____ %
LDH	_____ IU/L	Platelets	_____ x10E3/uL

Physician Information & Signature

Physician Name (printed):			
Physician's Signature:		Date:	
Physician's Work Phone:			
Physician's TIN #:			
Date of Lab work:			

Physician Comments (optional)

Please use the space below to make any additional comments.