



2019 *A Healthier You* District Activities Guide

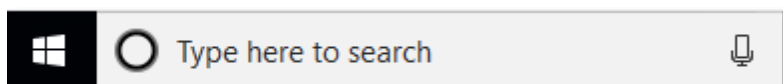


Blue KC's **A Healthier You** portal is not supported by Internet Explorer. It is best utilized with Chrome.

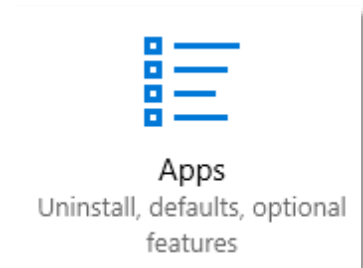
If you do not have Google Chrome as your default browser, follow the instructions below. If you have problems with downloading Chrome or setting Chrome as your default browser, contact BV Care at (913) 239-4080 for assistance.

How to Set Google Chrome as Your Default Browser:

- In the Windows 10 search box, type "Settings" and hit **Enter**.



- Locate and click **Apps**.



- Select **Default Apps** from the list on the left side of the screen.
- Locate **Web Browser**.
 - If Microsoft Edge or Internet Explorer are displayed, click the browser name and select Google Chrome. This will change your default browser to Google Chrome.
 - If Google Chrome is already displayed under **Web Browser** then no further action is needed.

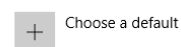
Default apps

Choose default apps

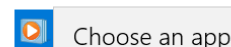
Email



Maps



Music player



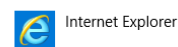
Photo



Video



Web browser



Reset to the Microsoft recommended defaults

Reset



2019 A Healthier You District Activities

A Healthier You. A Healthier Us. A Healthier Blue Valley.

This guide contains detailed instructions on how to participate in the voluntary **A Healthier You (AHY)** program. Below is a look at the **AHY** district activities. You and your covered spouse, if covered under the District's health plan *on or before April 1, 2019*, will need to complete the steps below to avoid payroll deductions (Health Care Fee) in 2020.

REMEMBER: It is up to you to monitor your progress and complete all the **AHY district activities by the dates outlined below. Make sure you and your covered spouse check each of your **AHY** portals often!**

AHY Steps for Success:

AHY Activities	Complete by:
STEP 1: Register on MyBlueKC.com IMPORTANT: Please use one of the following browsers to access the AHY portal: Chrome, Safari, or Edge.	As soon as possible
STEP 2: Complete the Health Risk Assessment (HRA)	May 31, 2019
STEP 3: Get an Annual Wellbeing Exam <u>AND</u> Complete & Submit the Physician Screening Form	Screening: July 31, 2019 Physician Form Submission: August 31, 2019
STEP 4: Complete the Tobacco Cessation Program (if applicable)	Start by: June 1, 2019 Complete by: August 31, 2019
STEP 5: Confirm Completion of All AHY Activities	Have all check marks completed by: August 31, 2019

NOTE: Blue KC AHY offers additional optional wellbeing activities that can be utilized to help improve your wellbeing and earn points towards gift card drawings.

Know Your Numbers

Your health and wellbeing are important to us. At Blue Valley, we want to encourage you and your covered spouse to participate in **AHY** to help you become more aware of your health while considering the role we all play in supporting the health and wellbeing of fellow employees, students, and families.

AHY focuses on helping you know, compare, and improve your health numbers. The goal is to make you more aware of key personal health information so that you can act to reduce certain risk factors of chronic diseases.

What do we mean by health numbers? The charts below offer general guidelines and goals to hit during your annual screening with your doctor. These guidelines are here to help you and your doctor track your health and set goals to maintain or work towards improvements. For example, you and your physician may set a goal to improve your blood pressure numbers from one level to the next. It is important to know your numbers for a healthier you, a healthier us, a healthier Blue Valley!

Blood Glucose	
Goal	100 or below
Level I	101 -- 124
Level II	125 -- 149
Level III	150 -- 174
Level IV	175 -- 199
Level V	200 or above

Blood Pressure		
	Systolic	Diastolic
Goal	120 or below	80 or below
Level I	121 -- 129	80 or below
Level II	130 -- 139	81 -- 90
Level III	140 -- 179	91 -- 119
Level IV	180 or above	120 or above

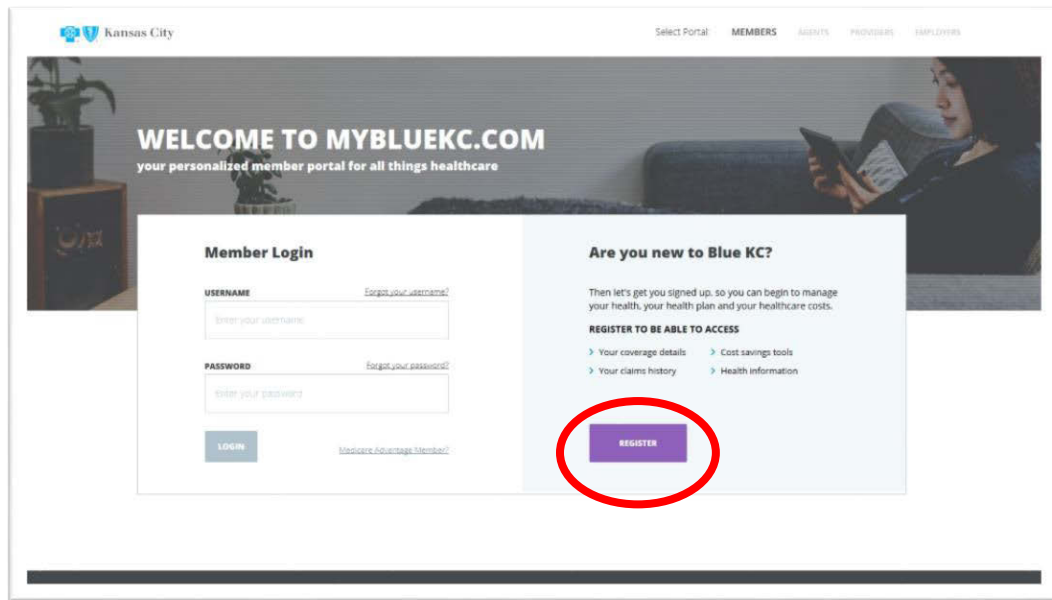
BMI	
Goal	≤30
Waist Circumference: Females	≤35 inches, or 10% weight loss since your last screening
Waist Circumference: Males	≤40 inches, or 10% weight loss since your last screening

LDL Cholesterol	
Goal	130 or below
Level I	131 -- 144
Level II	145 -- 164
Level III	165 -- 189
Level IV	190 -- 219
Level V	220 or above

Tobacco/ Nicotine	
Goal	Non-user
Engage with the Blue KC Tobacco/Nicotine Cessation Coaching Program through your AHY portal.	

STEP 1: Register on MyBlueKC.com

- To start, visit www.MyBlueKC.com.
 - If you/your spouse have already registered, go to **STEP 2**
 - If you are a first-time visitor click **Register**, and follow the instructions. **You will need your Blue KC membership ID.** Need help? Call (816) 395-2270.

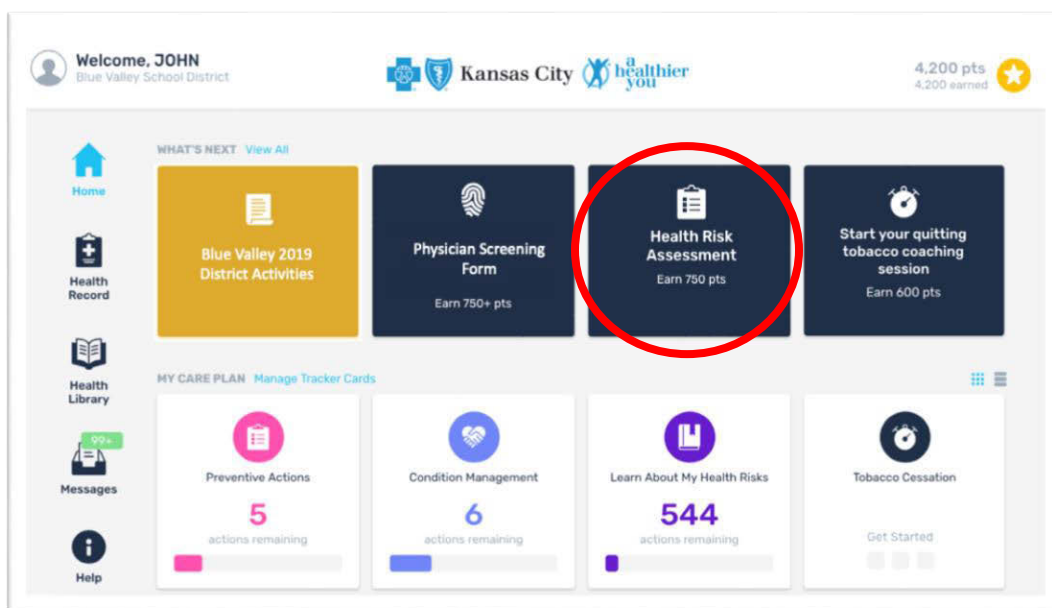


STEP 2: Complete the Health Risk Assessment (HRA) by May 31, 2019

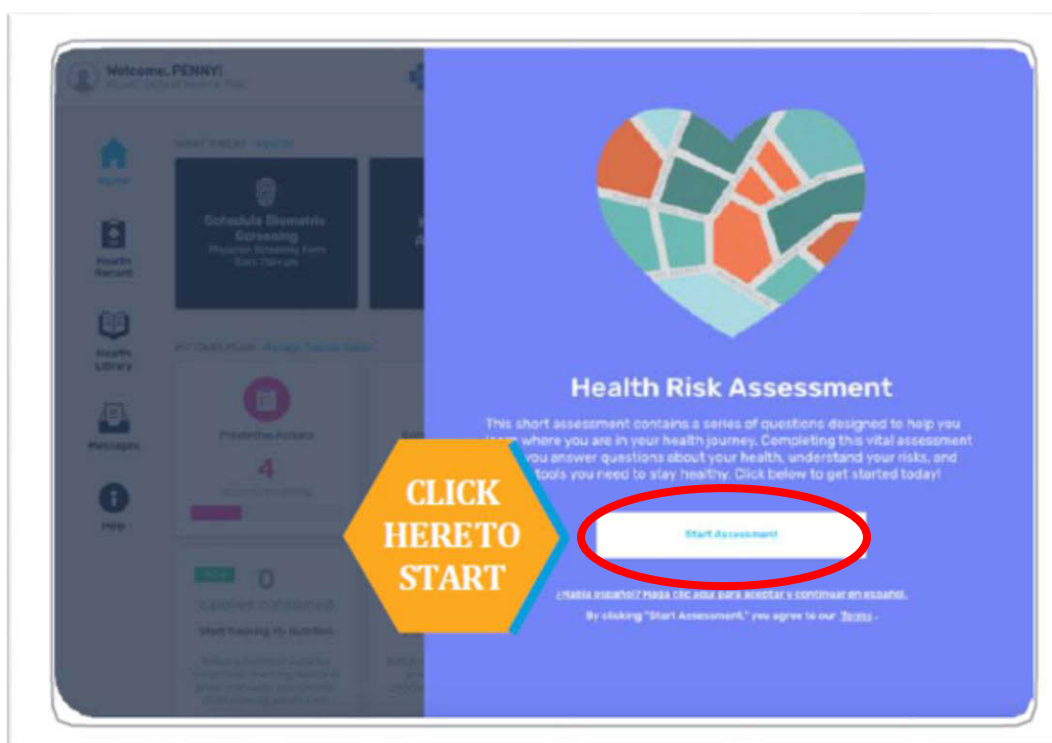
- Once completed, log in and click **Health and Wellness**, then **A Healthier You**.
 - Visitors may be asked to answer several introductory questions to personalize the program to your needs. **This is not the HRA.**



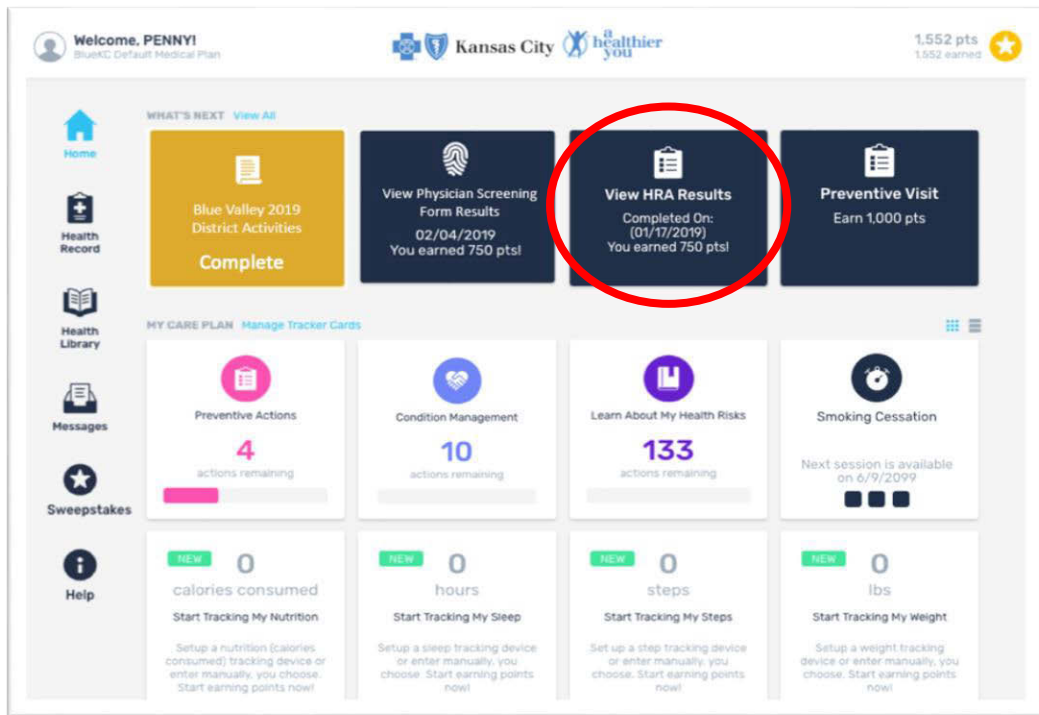
- From the main screen, select **Health Risk Assessment**.



- Click **Start Assessment**. You must click **Submit Health Risk Assessment** at the end of the HRA for it to be submitted.



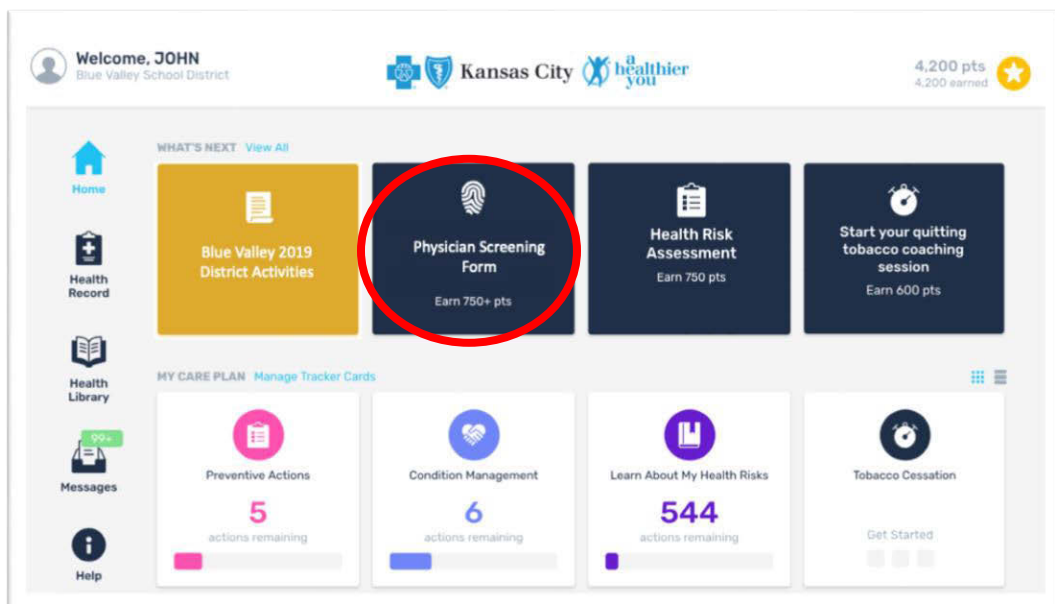
- To see your results, select **View HRA Results** when you have finished.



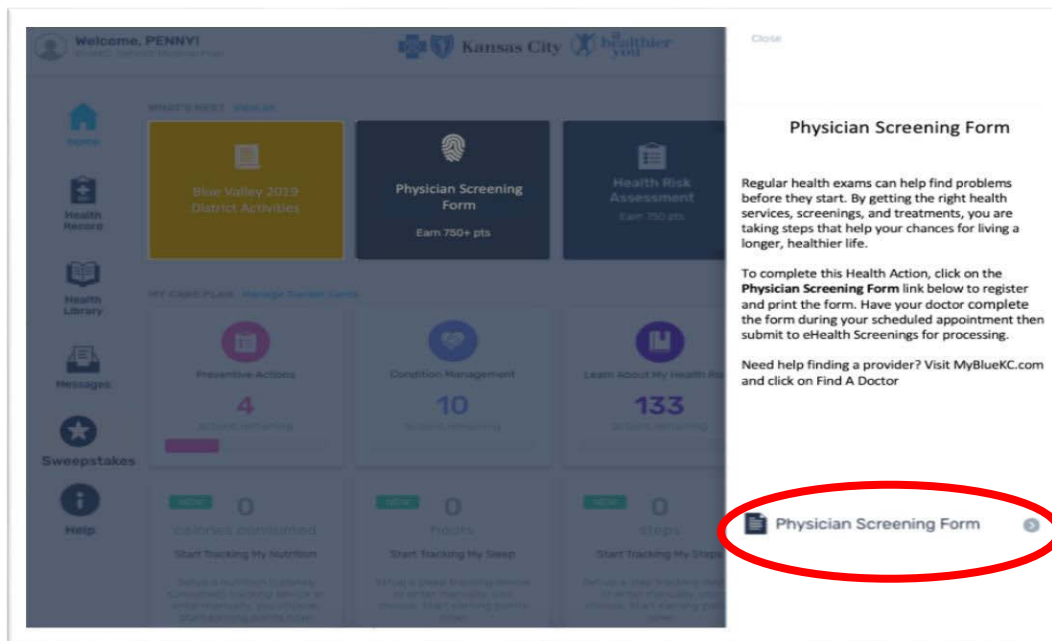
STEP 3: Get an Annual Wellbeing Exam AND Complete and Submit the Physician Screening Form

You should schedule your Annual Wellbeing Exam with your physician between January 1, 2019 and July 13, 2019. Need to find a physician? Contact Blue KC at (816) 395-2270.

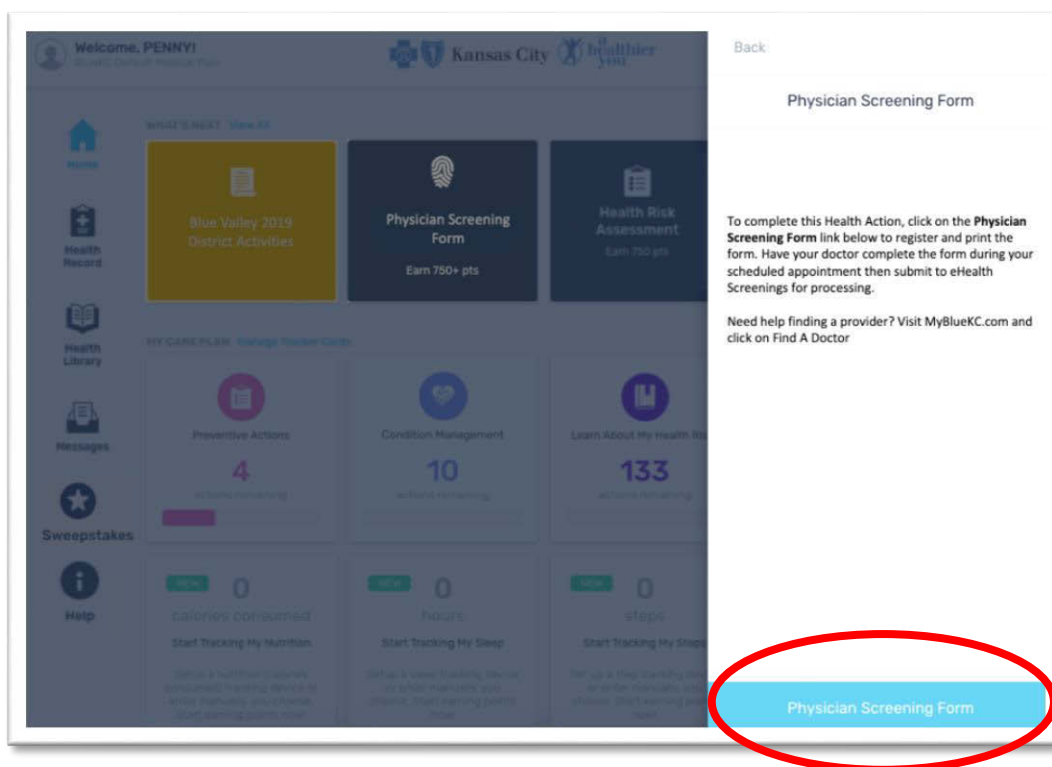
- Download the Physician Screening Form, from your **ANY** portal, to take to your exam. From the **ANY** homepage, select **Physician Screening Form**.



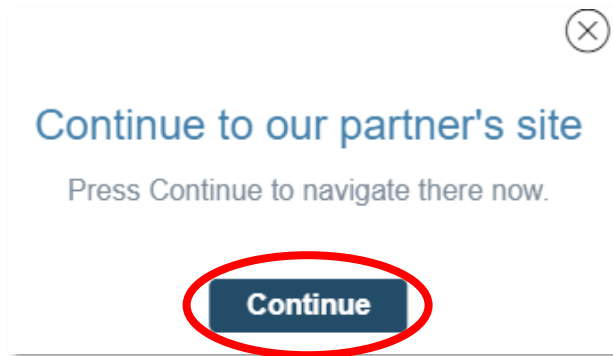
- Click on **Physician Screening Form** in the pop-up window. Having trouble? Call 888-708-8807 and select Option 3.



- Select **Physician Screening Form** again in the following pop-up window.



- When prompted, click **Continue** to be taken to the Physician Screening Form partner's site.



- Review the Criteria and Instructions, then click **Continue**.

With this option you will be able to submit recent physician/clinic lab results.

Note: If you choose this option regular co-pays and deductibles may apply for the physician and lab visit.

If you would like to move forward with this option, click the continue button to the right and then sign the consent forms on the next page. Once you finish the process you will receive an auto-email with instructions and the screening form that you must submit once you receive your results.

Thank you for selecting the option to submit physician lab results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician and lab visit.** You will be emailed the Physician Screening Form which you must complete and fax back to us along with your lab results. **Please use your eight digit birth date to open the attachment (i.e. if you were born September 5, 1972 you would enter 09051972).**

Criteria and Instructions:

1. The required laboratory tests include: **Lipid Panel and Glucose (either fasting or non-fasting).**
2. The required biometrics include: **Blood Pressure, Height, Weight, and Waist Circumference.**
3. All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and therefore considered incomplete.
4. Completed Physician Screening Form **and** supporting official lab results can be faxed to 210-899-1227 **or** emailed to AHYscreening@ehealthscreenings.com.

You should receive an email within 48 hours to confirm receipt of your form and supporting materials. If you do not, please contact eHealthScreenings by email at AHYscreening@ehealthscreenings.com or by phone at 1-888-708-8807.

- Complete the Health Screening Consent and HIPAA Authorization. Click the **I Agree** boxes and type in your full name in the signature box. Then click the **Proceed to Confirmation** box.

Health Screening Consent

Participating: By participating in the screening, the participant consents to the collection of blood sample(s) (total cholesterol, HDL, LDL, triglycerides, glucose, and similar information) and receipt of information for these test(s). This health information will be gathered by testing a blood sample obtained from the participant. The participant understands that the collection of blood through a needle may cause a little pain, and that there is a small chance the needle could cause bleeding, a bruise or (rarely) an infection. The participant understands that the health screening performed will require a technician to draw his/her blood with a needle, and the participant hereby consents to the technician drawing his/her blood with a needle. The participant also consents to the collection of additional biometrics (height, weight, and blood pressure). The participant hereby releases eHealthScreenings, LLC, and any other organizations associated with this testing, parent and affiliate companies, successors and assigns, officers, directors, and employees from

☒ I Agree Printer Friendly

HIPAA Authorization

Participation in your employer-sponsored wellness program is strictly voluntary, but if you do not agree to this authorization, you may not participate in the health screening.

Upon ACCEPTANCE, I authorize EHS (eHealthScreenings), its affiliates, authorized vendors and representatives to collect, use, disclose and/or receive Health Screening Information for purposes of performing my personal health screening, and/or related services. I understand and agree that my Health Screening Information includes but is not limited to general information collected (ex: name, address, age, DOB, etc.), biometric measurements collected (ex: blood pressure, blood glucose, height, weight), and blood specimens collected (ex: cholesterol, HDL, LDL, triglycerides, nicotine, glucose). Your results may be disclosed in detail to your Health and Wellness Program Administrator, and

☒ I Agree Printer Friendly

Signature (First and Last Name):

Today's Date:

Proceed to Confirmation

- Review the Appointment Confirmation page. Select **Click here to download your Physician Screening Form** and print. Take it with you to your Annual Wellbeing Exam with your physician.

Appointment Confirmation

Thank you for registering for the option to submit your own physician/clinic results manually. Within 1 business day you will receive an email with a screening form and a list of instructions for submission. If you do not receive an email within 1 business day, please contact EHS at 1.888.708.8807. You can also pull up a copy of the screening form by clicking on the my appointments tab.

As a reminder, the email address that we have on file for notifications is:

To edit, simply go to the 'My Information' tab. If that field is not modifiable, you need to edit it with your employer.

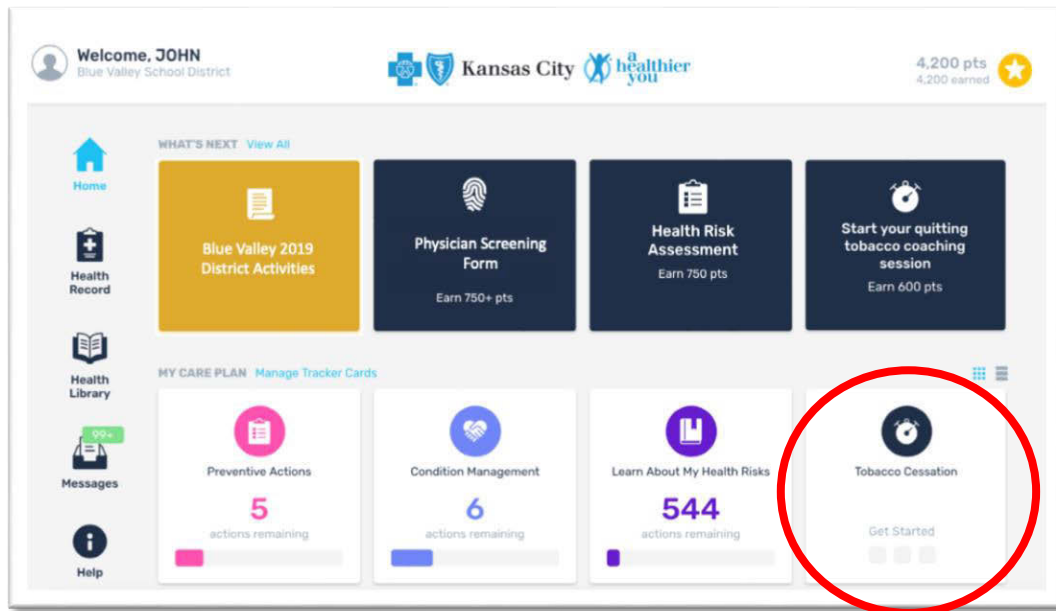
[Click here to download your Physician Screening Form.](#)

IMPORTANT INFORMATION: Physician Screening Form

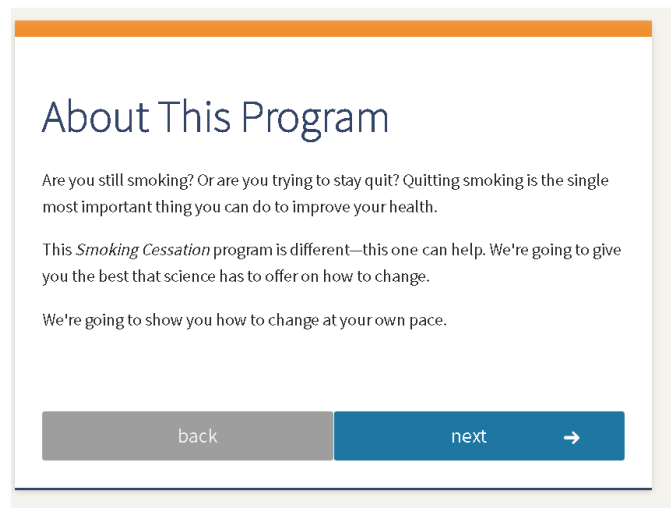
- You will also receive your Physician Screening Form and instructions via email (to the address you provided Blue KC upon registration), from service@ehealthscreenings.com, within one business day.
- Follow the instructions on the form to submit the completed and signed Physician Screening Form by August 31, 2019.
- **You are responsible for ensuring the form is properly completed and submitted.**
- You will receive an email confirmation within 48 hours to confirm receipt of your form. If you do not, please contact eHealth Screenings at 888-708-2207 or AHYscreening@ehealthscreenings.com.
- If your physician recommends a medical exception, as he/she feels it is difficult or medically inadvisable for you to complete a fasting screening, please contact Elena Super at esuper@bluevalleyk12.org to request the Medical Exception form. This form must be signed by your physician, then sent to Elena Super (email to esuper@bluevalleyk12.org or fax to 913.239.4157) no later than August 31, 2019. These requests are confidential. Retain a copy of your email/fax transmittal verification.

STEP 4: Complete the Tobacco/Nicotine Cessation Program (If Applicable)

- If you or your covered spouse indicated that you are a tobacco/nicotine user, sign up for and start the Blue KC Digital Coaching Tobacco Cessation Program in your **AHY** portal by June 1, 2019.
- From the **AHY** homepage, select the **Tobacco Cessation** button.



- Get started on your first coaching session assessment by clicking **Get Started** (see previous screenshot above) and answering the questionnaire.

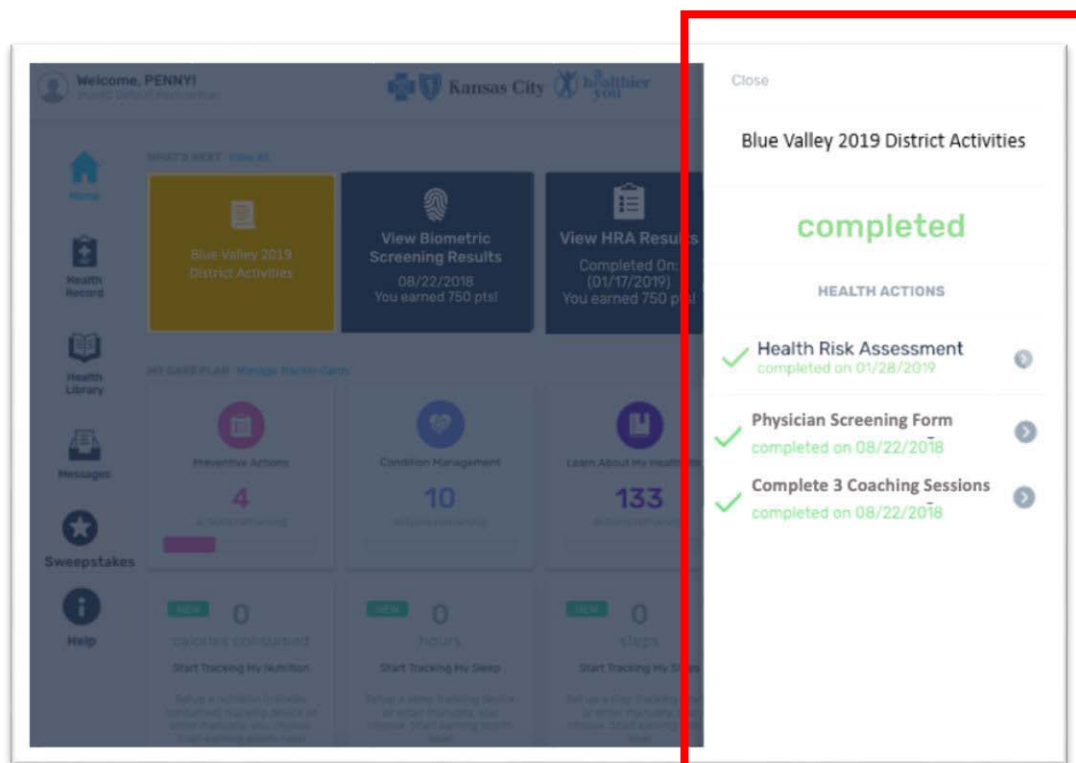
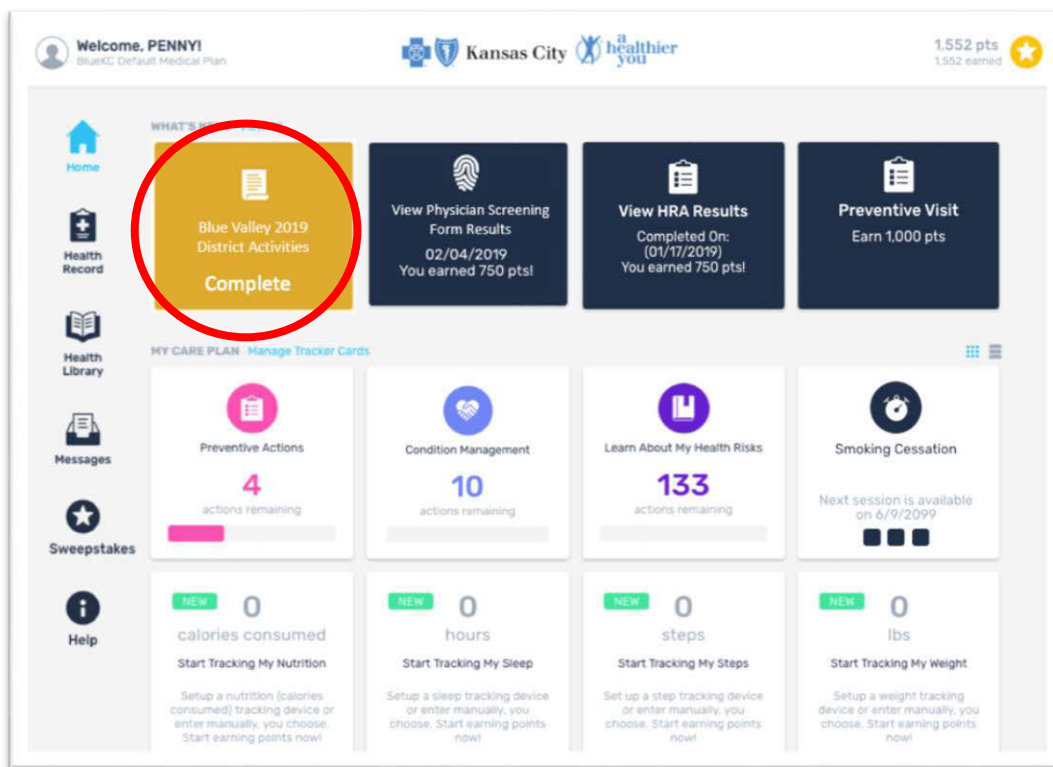


IMPORTANT INFORMATION: Tobacco/Nicotine Cessation Coaching Program

- Three sessions are required for completion. Sessions are available once every 30 days.
- **You are responsible for starting this program by June 1, 2019 and completing the program by August 31, 2019.**
- Once you complete your three coaching sessions, your **AHY** portal will show a message with checkmarks indicating you have completed the program.

STEP 5: Confirm Completion of All *AHY* Activities

- On the *AHY* homepage, select the **Blue Valley 2019 District Activities** button. When a completed activity has been processed, a check mark and date of completion will appear next to the activity in the pop-up window.



[illegible]

