

# 2013 Cambridge Summer Wellness Challenge

**2 month challenge • July 15- Sept 15 2013 • Open to all employees**

Participate in the listed activities to gain points. Different activities carry different point amounts based on their difficulty level. Submit your completed calendar at the end of each month. Participants will be entered into a raffle based on their average points. Drawings for the winner will take place at the end of September and winners will be announced via the online eExchange.



## Raffle Prizes

For average of 0-15 points – \$75 Nike gift card

For average of 16-29 points – Nike Fuel Band

For average of 30+ points – iPod Touch

For challenge  
updates visit:  
[cresapts.com/eexchange](http://cresapts.com/eexchange)

## Wellness Activities – 10 points per activity

- BS - Biometric screening \*\*\* (recommended once per year)
- DE - Dental exam \*\*\* (recommended every 6 months)
- VE - Vision exam \*\*\* (recommended every 2 years)
- AE - Annual physical exam \*\*\* (recommended once per year)
- NA - Abstain from alcohol use for one whole week
- NT - Abstain from tobacco use for one whole week
- NC - Abstain from caffeine intake for one whole week



## Wellness Activities – 5 points per activity

- SC - Join a smoking cessation program
- WM - Join a weight management program



## Wellness Activities – 1 point per activity / per day

- 8W - Drinking 8 glasses for water per day
- 5FV - Eating 5 servings of fruits and vegetables per day
- 10KS - Taking at least 10,000 steps per day
- 30PE - 30 minutes of any physical exercise
- FT - Flossing teeth
- 10S - Stretching for 10 minutes per day



For employees who have health benefits through Cambridge please refer to the attached flyer of “covered preventative services”.

Cambridge Wellness Committee reserves the right to ask for documentation related to medical screenings and exams.

\*\*\* These are free of cost through your healthcare provider; please ask your insurance for more details before scheduling an appointment.

\*\*\*if you got your screenings/exams done within the recommended time frame as prescribed, then you may provide us with documentation to count that towards your activity points.

# JULY 2013

At end of month fax completed calendar to: 503.450.0241

Employee Name: \_\_\_\_\_

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

**example:**  
**FT, 10S, 8W**  
 (3 points earned  
 for this day)

**Legend:**  
 BS - Biometric Screening  
 DE - Dental Exam  
 VE - Vision Exam  
 AE - Annual Physical Exam  
 NA - No Alcohol for 1 week  
 NT - No Tobacco for 1 week

NC - No Caffeine for 1 week  
 SC - Join Smoking Cessation Program  
 WM - Join Weight Management Program  
 8W - Drink 8 Glasses of Water  
 5FV - 5 Servings Fruits & Veggies  
 10KS - 10,000 Steps  
 30PE - 30min Physical Exercise  
 FT - Flossing Teeth  
 10S - 10min Stretching

*Good Luck on your Wellness Challenge!*

*Questions? Call 503.450.0230*

# AUGUST 2013

At end of month fax completed calendar to: 503.450.0241

Employee Name: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
				8	9	10
				15	16	17
				22	23	24
				29	30	31

**example:**  
**FT, 10S, 8W**  
 (3 points earned  
 for this day)

**Legend:**

- BS - Biometric Screening
- DE - Dental Exam
- VE - Vision Exam
- AE - Annual Physical Exam
- NA - No Alcohol for 1 week
- NT - No Tobacco for 1 week

- NC - No Caffeine for 1 week
- SC - Join Smoking Cessation Program
- WM - Join Weight Management Program
- 8W - Drink 8 Glasses of Water
- 5FV - 5 Servings Fruits & Veggies

- 10KS - 10,000 Steps
- 30PE - 30min Physical Exercise
- FT - Flossing Teeth
- 10S - 10min Stretching

*Good Luck on your Wellness Challenge!*

*Questions? Call 503.450.0230*

# SEPTEMBER 2013

At end of month fax completed calendar to: 503.450.0241

Employee Name: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
<i>example:            FT, 10S, 8W            (3 points earned            for this day)</i>						
22	23	24	25	26	27	28
29	30	31				

**Legend:**

- BS - Biometric Screening
- DE - Dental Exam
- VE - Vision Exam
- AE - Annual Physical Exam
- NA - No Alcohol for 1 week
- NT - No Tobacco for 1 week

- NC - No Caffeine for 1 week
- SC - Join Smoking Cessation Program
- WM - Join Weight Management Program
- 8W - Drink 8 Glasses of Water
- 5FV - 5 Servings Fruits & Veggies

- 10KS - 10,000 Steps
- 30PE - 30min Physical Exercise
- FT - Flossing Teeth
- 10S - 10min Stretching

*Good Luck on your Wellness Challenge!*

*Questions? Call 503.450.0230*

# WHAT YOU NEED TO KNOW ABOUT PREVENTIVE HEALTH CARE COVERAGE

Wondering what preventive care services are covered by your health plan? As you're probably aware, the federal health care reform law passed in 2010 requires insurers to include specific preventive care services in their benefit plans. Regence supports that initiative. In fact, Regence plans already provided benefits for many preventive care services, as we have long believed that preventive care and early detection are key to the long-term health and well-being of our members. This brochure explains preventive care eligibility and shows which services are available to you and the family members covered by your plan.

## Who's eligible for these preventive services?

To be eligible for these preventive services, you must first be covered by a current Regence policy.

Benefits for the federally required preventive services:

- Are not required in "grandfathered" policies, which are essentially policies that were in effect on March 23, 2010, as long as few or no benefit changes have been made to them (please note that Regence has chosen to retain grandfathered status for a very limited number of policies)
- May be covered by grandfathered plans that have chosen to include the benefit
- May apply to retiree-only plans
- Apply to Association plans at the Association's plan renewal date

## What preventive services are covered?

Regence follows government guidelines to determine which preventive services we cover<sup>1</sup>.

These guidelines are updated periodically to reflect new scientific and medical advances. Additionally, current services could be revised and subject to different limitations; thus, benefits are subject to change. New guidelines will be implemented within one year of the recommendation's publication.

You can learn more details about these services at [healthcare.gov](http://healthcare.gov), including recommended child and adolescent immunization schedules.

## What is the coinsurance/copay for these preventive services?

The services listed in this brochure will be paid at 100% (no deductibles, coinsurance or copays) when you see preferred or participating providers (Category 1 or Category 2) or in-network providers. Deductibles and/or coinsurance may apply when you see other providers.

**To find out if you're eligible for preventive coverage, call the Customer Service number on the back of your member card or go to the "Contact Us" link at [regence.com](http://regence.com).**

<sup>1</sup> Evidence-based preventive guidelines are developed and validated by the following government entities: United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).



# Covered preventive services

Men	Women	Pregnant Women	Children (0-17)
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Health screenings, counseling and services for:	Suggested guidelines	Men	Women	Pregnant Women	Children (0-17)
Adult abdominal aortic aneurysm	Screening is covered once per lifetime for men age <b>65</b> and over if they have ever smoked.	✓			
Alcohol misuse	Screening and behavioral counseling intervention covered for adults age <b>19</b> and older.	✓	✓		
Anemia (iron deficiency)	Screening covered up to age 21, and pregnant women.	✓	✓	✓	✓
Bacteriuria (urinary tract infection)	Screening for asymptomatic pregnant women.			✓	
Blood pressure	Screening covered for adults age <b>18</b> and older.	✓	✓		
Breast cancer	Screening for women age <b>40</b> and older and those at increased risk. Mammograms only.		✓		
Breast cancer chemoprevention	Counseling for women at increased risk.		✓		
Breastfeeding equipment	Manual and electric breastfeeding pumps are covered when purchased or rented from a licensed provider. Off-the-shelf pumps from a retail outlet are not covered. Hospital-grade pumps are not covered. <i>See Note 1.</i>		✓		
Breastfeeding - lactation support and counseling	Lactation support and counseling are covered when provided by a licensed provider.		✓		
Breastfeeding supplies	Initial breastfeeding supplies provided with a breastfeeding pump. <i>See Note 1.</i>		✓		
Cervical cancer	Screening for sexually active women.		✓		
Chlamydia infection	Screening for infection.		✓		
Cholesterol	Screening for men age <b>35</b> and older and men ages <b>20-35</b> who are at increased risk for coronary heart disease. Screening for women age <b>45</b> and older and those <b>20-45</b> who are at increased risk for coronary heart disease.	✓	✓		✓
Colorectal cancer	Screening for those age <b>50</b> and older, once every 5 years for a sigmoidoscopy and every 10 years for a colonoscopy, fecal occult blood testing annually.	✓	✓		
Congenital hypothyroidism	Screening for newborns.				✓
Contraceptive education and training	Education and training on contraceptive methods. <i>See Notes 1 and 2.</i>		✓		✓
Contraceptive devices - implants, cervical caps, intrauterine devices (IUDs), diaphragms	Generic contraceptive devices are covered. When no generic exists, a brand is covered. If a generic becomes available, the brand will no longer be covered under Preventive Care. Insertion of a device is covered under Preventive Care. Removal is covered at regular plan benefits if a Family Planning benefit applies. <i>See Notes 1 and 2.</i>		✓		✓
Depression screening	Screening during wellness exams.	✓	✓		✓
Diabetes (Type 2)	Screening for adults with sustained high blood pressure.	✓	✓		
Diabetes (Gestational)	Screening for pregnant women between <b>24 and 28 weeks</b> of gestation and the first pre-natal visit for pregnant women at high risk for diabetes. <i>See Note 1.</i>			✓	
Diet behavioral counseling	Counseling for adults with hyperlipidemia and other risk factors.	✓	✓		
Genetic risk assessment and BRCA (breast cancer susceptibility) mutation counseling	For women with family risk of breast and ovarian cancer.		✓		
Gonorrhea medication	Preventive medication for the eyes of newborns.				✓
Gonorrhea screening	Screening for males up to age <b>21</b> and all females.	✓	✓		✓
Hearing	One screening in the first year of life for newborns.				✓

# Covered preventive services

		Men	Women	Pregnant Women	Children (0-17)
Hepatitis B	Screening for pregnant women.			✓	
HIV	Screening and counseling during wellness exams for sexually active women. Screening during wellness exams for men, women and children at increased risk.	✓	✓		✓
HPV	Screening for women from age <b>30</b> , every 3 years. <i>See Note 1.</i>		✓		
Interpersonal and domestic violence	Screening and counseling during wellness exams. <i>See Note 1.</i>		✓		
Lead screening	Screening up to age <b>21</b> .	✓	✓		✓
Metabolic screening	Screening up to age <b>2 months</b> .				✓
Obesity	Screening and counseling for age <b>6</b> and older.	✓	✓		✓
Oral health	Risk assessment for preschool children.				✓
Osteoporosis	Screening for women age <b>65</b> and older and all women at increased risk.		✓		
Phenylketonuria (PKU)	Newborn screening for genetic disorders.				✓
RH(D) incompatibility	Screening for pregnant women.			✓	
Sexually transmitted infection (STI)	Counseling during wellness exams.	✓	✓		✓
Sickle cell	Screening for children up to <b>12</b> months old.				✓
Sterilization	Sterilization is covered. <i>See Notes 1 and 2.</i>		✓		
Syphilis	Screening for those at increased risk and those up to age <b>21</b> ; also includes pregnant women.	✓	✓	✓	✓
Tobacco use	Counseling and interventions. Does not include programs or classes. See also “Tobacco use” below.	✓	✓	✓	
Tuberculosis	Skin test for children.				✓
Vision	Screening for children age <b>3</b> up to age <b>5</b> .				✓
<b>Immunization vaccines -</b> <i>please consult your physician for frequency</i>					
Diphtheria, pertussis, tetanus (DPT)		✓	✓		✓
Haemophilus influenzae type b (Hib)					✓
Hepatitis A		✓	✓		✓
Hepatitis B		✓	✓		✓
Herpes zoster (shingles)	Age <b>60</b> and older.	✓	✓		
Human papillomavirus (HPV)	Up to age <b>27</b> .	✓	✓		✓
Inactivated poliovirus					✓
Influenza		✓	✓		✓
Measles, mumps, rubella (MMR)		✓	✓		✓
Meningococcal		✓	✓		✓
Pneumococcal		✓	✓		✓
Rotavirus					✓
Varicella		✓	✓		✓

# Covered preventive services

Men	Women	Pregnant Women	Children (0-17)
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Prescription medications					
<p>Only the types of prescription medications listed below are covered under Preventive Care. Medications require a prescription. Over-the-counter products are not covered. Get the most value for your health care dollar with preferred medications. Learn more at <a href="http://regencerox.com/learn/covered">regencerox.com/learn/covered</a>.</p>					
Aspirin use for the prevention of cardiovascular disease	For men age <b>45-79</b> and women age <b>55-79</b> .	✓	✓		
Contraceptive injectables	Generic contraceptive injectables. See Notes 1 and 2.		✓		✓
Contraceptive pills	Generic contraceptive pills. See Notes 1 and 2.		✓		✓
Contraceptive products-topical	Diaphragms and patches. See Notes 1, 2 and 3.		✓		✓
Emergency contraceptive products	Generic contraceptive pills. See Notes 1, 2 and 3.		✓		✓
Fluoride supplements	For children <b>6</b> months through age <b>6</b> without sufficient fluoride				✓
Folic acid supplements	For all women planning or capable of pregnancy.		✓	✓	
Iron supplements	For children age <b>6-12</b> months at increased risk - drops only.				✓
Tobacco use	Generic tobacco cessation medications.	✓	✓		
Wellness exams		Suggested guidelines			
Well-child exams	For children through <b>17</b> years of age.				✓
Annual physical exams	Ages <b>18</b> and over.	✓	✓		

- Notes:
1. This benefit is available upon renewal of your plan, on or after August 1, 2012.
  2. This benefit may not be available to members of groups who have applied for a religious exemption from contraceptive coverage.
  3. Generic contraceptives are covered. When no generic exists, a formulary brand is covered. If a generic becomes available, the formulary brand will no longer be covered under Preventive Care.

**Have questions? Call the Customer Service number on the back of your member card or go to the “Contact Us” link at [regence.com](http://regence.com).**

