Samples of Applied Health Analytics HRA Tool, Personal Health Report, Aggregate Report, and Trended Aggregate Report
Your Personal Health Report

This confidential report was prepared for:
Danielle Abbington
4569 Kings Down Lane
Rockford, IL 61104

betterlife wellness
Your Connection to Healthy Living
Dear Ms. Abbington,

We all share the responsibility for the health of our community. That means encouraging, supporting, and rewarding healthy activities and lifestyles. Likewise, investment in employee health is a benefit to us all, ensuring a prosperous future while protecting, supporting, and enhancing our most distinctive advantage: our people.

This is why you were asked to complete a Personal Health Survey. Because of your participation, you now have the opportunity to review your results and learn how to improve those aspects of your life that can lead to better health. Rest assured, the information provided in this Personal Health Report is strictly confidential and is intended to help you achieve a healthier life by focusing on behaviors you can change.

Ms. Abbington, you do not need to be a marathon runner to be in good shape! Your health risks can be greatly reduced by simply making small changes in the decisions you make every day! The recommendations in this report highlight those areas you can improve. Finally, because we encourage your participation in the prevention and early detection of disease and illness, we have provided you a listing of health screenings and examinations that are appropriate for you.

You have taken the first step by completing the Personal Health Survey. Now, take the next step by reviewing the advice provided in Your Personal Health Report and remember, no matter how small, any positive change is a step towards better health!

Yours in good health,

Ann Sammons, LDN, CWWS
Manager, BetterLife Wellness
### Executive Summary

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<th><strong>Danielle Abbington</strong></th>
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#### Whole Health Index

- **Score:** 38

#### Health Awareness Index

- **Score:** 38

### Health Risk Scale

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### Your Recommended Health Screenings and Examinations

- Physical Exam
- Blood Pressure Test
- Mammogram
- Pap Smear
- Flu Shot
Introducion

You recently participated in a survey designed to identify health risks you may face arising from your lifestyle characteristics, family or personal medical history and decisions you make every day. Your participation in this survey is a good indicator of your interest in leading a healthier life and you are to be commended for this! The observations and recommendations offered in the following pages have been developed based on the information you provided and adhere to guidelines established by leading health authorities and organizations from across the United States.

Ms. Abbington, the information in this booklet is unique to you and is strictly confidential. It is hoped that you will take a moment to think about the suggestions and guidance offered within the pages of this booklet and seriously consider adopting any changes that are recommended.

Personal Medical History

Ms. Abbington, for many, maintaining a healthy life can be a challenging task. Like you, millions of Americans have experienced health conditions that change the way they manage their daily routine. You indicated that you have experienced the following conditions:

Frequent or Constant Back or Neck Pain
Like you, just about everyone has had a backache or neck ache. Except for chronic headaches, back pain is the most prevalent pain complaint. Statistics show that 50 to 80 percent of people will be disabled by back pain at some point during their lives. For these millions of Americans, backaches are a chronic, sometimes-incapacitating condition that gets in the way of work, school, relationships and enjoyment of life. At their worst, chronic back and neck pain can lead to loss of self-esteem, depression and serious problems with loved ones, friends and co-workers.

When dealing with back and neck pain, it’s important to do all that you can to help the healing process. This means eating right, getting the necessary amount of sleep, keeping the stresses and strains on your system to a minimum, and doing non-traumatic physical activity. It also means avoiding unhealthy habits, such as smoking and drinking alcoholic beverages, especially during the early healing period. Consult your physician immediately if your back or neck pain is associated with numbness or weakness, balance problems, or loss of bowel or bladder control or if symptoms are worsening.

Heart Condition
Ms. Abbington, you often hear only bad news about heart disease. After all, it is the leading cause of death in the United States, killing one in five people. But here is the good news: Prevention efforts and treatment advances have made a difference. Between 1950 and 1999, the death rate from heart disease fell by almost 60% and is still falling.

Because you indicated you have a heart condition, it is important that you understand how your condition may contribute to the onset of another disease, for example, it is becoming clear that 80%-90% of the people who develop coronary artery disease have at least one major controllable risk factor. Most of these risk factors can be eliminated or at least managed if you take steps to protect yourself by learning all you can about improvements in diagnosis and treatment. One of the most exciting advances in cardiology is the development of improved technology that enables doctors to take better pictures of the heart and arteries. The hope is that these techniques will provide a noninvasive way to diagnose heart disease.

Being aware of your condition is a start. Eating a healthy diet, getting enough exercise and avoiding unhealthy behaviors such as smoking and consuming too much alcohol is a good way to insure the proper management of your condition.
Quite often, medical experts speak of one’s family history of disease and illness as a contributing factor to the onset of these same conditions in following generations. This knowledge allows you to pay special attention to the early warning signs that may indicate the presence of disease in your life. When you are aware of these risk factors, you can begin to modify those aspects under your control, including your diet, exercise habits and other lifestyle choices. You can help ensure that the unhealthy factors in your life are minimized or eliminated.

Ms. Abbington, you indicated that you do have a family history of the following conditions:

**High Blood Pressure**

According to recent estimates, about one in three adults has high blood pressure. But because there are no symptoms, nearly one-third of these people don’t know they have it. Because you have a family history of this condition, you should know that uncontrolled high blood pressure can lead to stroke, heart attack, heart failure or kidney failure. This is why high blood pressure is often called the "silent killer."

When the heart beats, it pumps blood to the arteries and creates pressure in them. This pressure results from two forces. The first force is created as blood pumps into the arteries and through the circulatory system. The second is created as the arteries resist the blood flow. The human heart beats about 60 to 80 times a minute under normal conditions. Blood pressure rises with each heartbeat and falls when your heart relaxes between beats. Your blood pressure should normally be less than 120/80 mm Hg (millimeters of mercury) for an adult. Blood pressure that stays between 120-139/80-89 is considered prehypertension and above this level (140/90 mm Hg or higher) is considered high (hypertension).

Ms. Abbington, treating high blood pressure almost always includes making lifestyle changes to help control your risk factors. When lifestyle changes aren’t enough to control high blood pressure, your doctor may also prescribe medication. Controlling risk factors can reduce your risk for heart disease, heart attack and stroke, so it’s important to follow your healthcare professional’s recommendations carefully.

**High Cholesterol**

High cholesterol (hypercholesterolemia) is largely preventable and treatable. Cholesterol is found in every cell in your body and is used by your body to build healthy cells, as well as some vital hormones. When you have high cholesterol, you may develop fatty deposits in your blood vessels. Eventually, these deposits make it difficult for enough blood to flow through your arteries. Your heart may not get as much oxygen-rich blood as it needs, which increases the risk of a heart attack and stroke.

Cholesterol is carried through your blood, attached to proteins. This combination of proteins and cholesterol is called a lipoprotein. You may have heard of two different types of cholesterol, based on what type of cholesterol the lipoprotein carries. They are:

- Low-density lipoprotein (LDL). LDL, or "bad," cholesterol builds up in the walls of your arteries, making them hard and narrow.
- High-density lipoprotein (HDL). HDL, or "good," cholesterol picks up excess cholesterol and takes it back to your liver.

Various factors within your control such as lack of exercise, obesity and an unhealthy diet contribute to high LDL cholesterol and low HDL cholesterol. Lifestyle changes such as exercising and eating a healthy diet are the first line of defense against high cholesterol. Also, because you have indicated a family history of the disease, it is important that you get your cholesterol and lipid levels checked at least every 3 - 5 years.

**Depression**

Every day, it seems that life is getting more complicated and moving at a faster pace! This is one reason why, millions of Americans have experienced periods of depression. Depression is a serious medical disorder that can interfere with one’s enjoyment of life, personal relationships and performance at work. Because you are aware that you have a family history of depression, you
have a head start in understanding your potential risk of this condition.

Symptoms of depression vary from person to person. A 25-year-old man with depression may not have the same symptoms as a 70-year-old man. For some people, depression symptoms are so severe that it's obvious something isn't right. Others may feel generally miserable or unhappy without really knowing why. But for most, symptoms of depression include:

- Loss of interest in normal daily activities
- Feeling sad or down
- Feeling hopeless
- Crying spells for no apparent reason
- Problems sleeping
- Trouble focusing or concentrating
- Difficulty making decisions
- Unintentional weight gain or loss
- Irritability
- Restlessness
- Feeling fatigued or weak
- Feeling worthless
- Loss of interest in sex
- Thoughts of suicide or suicidal behavior

Depression is a serious illness and should you exhibit any of the above symptoms, consult your physician or healthcare professional right away and be sure to share that you have a history of depression in your family.

### Screenings and Exams

There is a very simple, three step way to help prevent the onset or spread of serious disease and illness. First, know your risks. That's what the booklet is designed to help you understand. Second, avoid unhealthy behaviors and finally, know what health screenings and examinations you need and when you need them!

Ms. Abbington, advances in the field of medicine have made it possible to treat and cure many diseases if they are found early in their development. The best way to find out is to take advantage of the health examinations and screenings that are right for you!

Based on your answers to the Personal Health Survey, you indicated that you have recently received the following health screenings or preventive health measures:

- Colon Cancer Screening
- Cholesterol Test
- Glucose Screening
- Tetanus Shot

However, according to guidelines established by leading health experts, you should also receive the following screenings, examinations, or preventive health measures considered appropriate for a female, age 53:

### Physical Examination

A physical examination is an evaluation of the body and its functions using inspection, palpation (feeling with the hands), percussion (tapping with the fingers), auscultation (listening) and includes gathering information about a person's medical history and lifestyle. Many such examinations often include laboratory tests, and screening for disease.

Even if you feel healthy, it is important to have routine physical examinations by your physician. Because you have not had a physical examination or check up by a healthcare provider within the past 12 months, we encourage you to schedule a visit. Doing so will insure you peace of mind that all is well and you are on a healthy course!

### Blood Pressure Screening

Also known as “high blood pressure” or “the silent killer,” hypertension is easy to diagnose. The American Heart Association recommends having your blood pressure checked regularly; it is typically done every time you go to your healthcare provider. If your blood pressure is normal and you have not been diagnosed with hypertension, have it checked every two years.

If the reading is high, your healthcare provider will likely recheck it, as one reading showing high blood pressure does not necessarily mean that you have hypertension. If your blood pressure is near the top of the normal range, or if you have a family history of high blood pressure you are
at increased risk for hypertension.

Since you do not have your blood pressure checked routinely, we encourage you to find a location where you can be tested. Your physician, walk-in clinic or many community organizations offer this service. Play it safe and know if you are at risk!

**Pap Test**

A Pap test can find the earliest signs of cervical cancer - a common cancer in women. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells and treatment can prevent most cases of cervical cancer from developing. It is important for all women to have Pap tests, along with pelvic exams, as part of their routine health care.

According to the American College of Obstetricians and Gynecologists, women age 30 or under should get a Pap smear annually. Females age 30 or older who have had three normal Pap tests for three years in a row should talk to their physician about spacing out Pap tests to every two or three years. This is an important test as it offers the best chance to treat the onset of cervical cancer if found early in its growth. Because of this reality, you encourage you to schedule with your physician to determine the best routine for you.

**Mammogram**

A mammogram screen is an x-ray of the breast used to detect changes in a woman’s breast who has no signs or symptoms of breast cancer. It usually involves two x-rays of each breast. Mammograms make it possible to detect tumors that cannot be felt. Mammograms can also find tiny deposits of calcium that sometimes indicate the presence of breast cancer. The risk of breast cancer increases gradually as a woman gets older. However, research has shown that the following factors increase a woman’s chance of developing this disease. These include:

- Family history of breast cancer.
- Reproductive and menstrual history — Women who began having periods before age 12 or went through menopause after age 55 are at an increased risk of developing breast cancer. Women who have their first child after age 30 or who never have a child are at an increased risk of developing breast cancer.
- Body weight — Studies have found that the chance of getting breast cancer after menopause is higher in women who are overweight.
- Physical activity level — Women who are physically inactive throughout life may have an increased risk of breast cancer.
- Alcohol — Studies suggest that the more alcohol a woman drinks, the greater her risk of breast cancer.

Ms. Abbington, breast cancer can be treated and even cured if found early in its development. This is a screening that is important to you and we recommend you contact your physician to determine how to schedule this examination.

**Influenza Vaccination**

The single best way to protect against the flu is to get vaccinated each year! Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season. Influenza vaccinations, or flu shots, can be obtained in a number of places and are generally, available to everyone. Check with your healthcare professional to ensure that a flu shot is right for you.

As this is a very simple measure to stop the spread of influenza within your family, community and workplace, it is also strongly recommended that you receive your vaccination each and every year!

By following the established guidelines for receiving the preceding screenings and/or examinations, you have taken a strong first step toward better health. Keep up the good work.
Your mental health is as important as your physical health. In fact, your mental and physical health very much impact each other. Medical experts agree that the attainment of a balanced mental outlook has a positive impact on our body’s ability to fight disease and illness resulting in a healthier life and outlook!

Congratulations Ms. Abbington, your responses to the Health Survey indicate that, while you may experience periods of stress in your life, you seem to be pretty good at managing your stress. Your ability to maintain this positive balance is important for good health, enhanced relationships with your family and friends and even your time at work. Good for you!

It is not unusual for individuals to feel “blue” or sad every now and then. In fact, it’s healthy to experience a broad array of emotions ranging from happiness to sadness. Ms. Abbington, you indicated that you rarely or never experience periods of sadness or a decreased interest in activities that usually give you pleasure.

So that you are aware, sadness and decreased interest in things you like are just two of the symptoms often associated with depression. Other symptoms of depression include feelings of emptiness, pessimism, helplessness, restlessness, irritability, guilt, or problems with concentration or memory, difficulty making decisions, lack of energy, appetite or thoughts of suicide. Though this may not be an issue in your life right now, approximately 1 in 5 adults will suffer from depression at some point in their life. Should you notice these symptoms in the future, please take them seriously and seek the advice of your physician or health professional.

The human body is sometimes compared to a battery. It burns energy while awake and recharges when asleep. As a result, the quality of time we spend while awake is often a direct result of the quantity of our sleep!

Unfortunately, 63% of Americans suffer from sleep deprivation or a sleeping disorder which often contributes to lost productivity at work, increased medical expenses and time off the job. Ms. Abbington, congratulations, you may not be one of these Americans!

You indicated that you are experiencing 7 to 9 hours of uninterrupted sleep each night which is the amount recommended by leading health experts. Though most Americans do not know it, a good sleeping habit helps the body fight disease and illness and lessens their risk of heart disease, high blood pressure and even stroke.

You also stated that the quality of your sleep is not as good as it should be. This should not be taken lightly. A poor sleeping habit often contributes, for example, to your inability to cope with stressful situations which increases your risk of heart disease, high blood pressure or even stroke. Quite often, individuals experiencing sleeping disorders report cases of depression, the inability to focus for periods of time or lack of enjoyment in life. If you are experiencing any of these conditions or feelings or wish to achieve a more consistent sleeping routine, try the following tips.

- Establish a time to go to bed and a time to wake up.
Allow yourself 30 minutes, or so, to fall asleep and stick with this routine.

- Avoid taking alcohol close to bed time.

- Avoid coffee, soft drinks containing caffeine, heavy, spicy or sugary foods 6 hours before you go to bed.

- Exercise regularly. Following your evening meal, take a short walk but allow your body to “slow down” at least three hours prior to bedtime.

- Turn off the television! If you need to wind down in bed, pick up a book. Establish your bedroom as a place for resting.

- Try a light snack before you go to bed. Finish eating 2 hours before your regular bed time and try to restrict fluids close to bed time to avoid night time wakenings and trips to the bathroom.

Ms. Abbington, there is no set amount of sleep that works for everyone. You have to determine the right amount of sleep by monitoring how you feel when you sleep for different amounts of time. As long as you feel rested and do not need to rely on stimulants, like caffeine, to keep you going, then you are meeting your body’s need for sleep. As always, your primary care physician is a good place to turn should you have any questions about your sleeping pattern or how to enjoy a more peaceful sleep!

Medical researchers have made amazing advances in the treatment of disease and illness through the development of new technologies and medication. Prescriptions and over-the-counter medications are useful for improving one’s health and preventing future health problems. However, unless you follow the guidance provided by your physician, nurse practitioner or pharmacist, you may not achieve the full benefit of these advancements.

Ms. Abbington, you indicated that you have not been taking all of the medications your healthcare provider has recommended or that you may not always take them correctly. This may increase the likelihood of prolonged or future illness. Individuals will sometimes stop taking medications when they start to feel better. Some may feel that a medication is too expensive but not consider that stopping the medication might actually cost them more in the long run because their condition may worsen and the may miss work or be admitted to the hospital.

Sometimes individuals may be concerned about the “side effects” that might occur with a medication without realizing that the chances of experiencing side effects are low. If after taking a medication you experience a side effect, it is important to inform your healthcare provider right away!

Other times we don’t take our medications correctly or we simply forget. This is not surprising given how busy our lives can become. However, skipping a dose or not taking a medication on the appropriate schedule can have a serious impact on your health because a medication will not work to its full potential when not taken as recommended.

No matter what the cause or reason, you are asked to take a medication because it is often the best course for the most appropriate treatment of your illness or condition. Should you decide not to follow the recommended instructions for your prescribed medication, we encourage you to discuss any concerns you have with your healthcare provider or pharmacist. It is up to you to decide whether or not you are going to take a particular medication and make sure it is taken correctly. There are few things we can do to improve our health as much as taking the right medication and taking it correctly. By following the advice or your physician, healthcare professional or pharmacist, you will make the choice that is truly right for you!
Because your body mass index (BMI) is 25.66, you are overweight and increasing your physical activity is an important way to get this under control!

In addition, if one of your goals in becoming more active is to decrease your body weight, there is evidence to suggest that 150-250 minutes per week (that’s only 2.5 to 4 hours per week!) of moderate-intensity physical activity may be optimal! While this sounds easy enough, with busy work schedules, family obligations, and packed weekends, it can often be difficult to get the recommended amount of physical activity. Try these tips provided by the American College of Sports Medicine for incorporating exercise into your life:

• Do it in short bouts. Moderate-intensity physical activity can be accumulated throughout the day in 10-minute bouts, which can be just as effective as exercising for 30 minutes straight. This can be useful when trying to fit physical activity into a busy schedule.

• Mix it up. Combinations of moderate- and vigorous-physical activity can be used to meet the guidelines. For example, you can walk briskly for 30 minutes twice per week and jog at a higher intensity on two other days.

• Set your schedule. Maybe it’s easier for you to walk during your lunch hour, or perhaps hitting the pavement right after dinner is best. The key is to set aside specific days and times for exercise, making it just as much a regular part of your schedule as everything else.

• The gym isn’t a necessity. It doesn’t take a gym membership to get the daily recommended amount of physical activity. A pair of athletic shoes and a little motivation are all you need to live a more active, healthier life.

• Make it a family affair. Take your spouse, your children, or a friend with you during exercise to add some fun to your routine. This is also a good way to encourage your kids to be physically active and get them committed early to a lifetime of health.

No matter what you do, move that body! Once you begin to reap the benefits, the greater the likelihood you will look forward to exercising even more.

Since your responses indicated that you are active, we encourage you to keep up the good work! However, because your weight is above the recommended level considered optimal for good health, you might consider changing your diet. Recent evidence suggests that a modest decrease in your consumption of food combined with a modest increase in physical activity can lead to your goal of lifelong weight-loss.

All adults should strive to live an active life. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits. Ms. Abbington, because you engage in the amount of exercise recommended by health professionals, you are to be commended and encouraged to maintain this healthy behavior! Congratulations!

Also, we are pleased to note that you have been thinking about becoming more physically fit. Since you indicated that you are intentionally making an attempt to increase your level of activity, we wish to encourage this behavior! Any exercise is better than none and we hope that you will continue on this path and learn to build more and more physical activity into your daily routine. You will be pleased with the results.

Clearly, the quality of our health is directly related to the quality of our diet. Poor nutrition results in a host of
disease conditions including those that cause the greatest number of deaths. Here is what you need to know about what we’ve learned from you.

According to the Bureau of Labor Statistics, the average American spends 124.7 minutes eating and drinking each day. That’s over two hours a day or the equivalent of more than 30 days each year! And all too often, much of our dining occurs outside our home. But, eating out too often exposes us to foods that are high in fat, salt, preservatives and a host of other ingredients that are not good for our bodies.

Ms. Abbington, because you indicated on your Health Survey that you seldom dine out, your risk of disease and illness arising from too much “fast food” is decreased. By preparing foods at home, you have more control over the quality and quantity of food you choose and may be able to make better choices. For you, this is truly good news and we hope you maintain this healthy lifestyle choice!

For many, eating a healthy diet is a challenge. Hectic schedules with as much time spent away from the home as in the home makes eating a healthy diet a goal that is often difficult to achieve. Ms. Abbington, but this is not the case for you! Your responses to the Personal Health Survey indicate that you make choices recommended by leading nutrition experts! We would like to encourage you to continue this important routine to insure your health for years to come. Keep it up!

As you know, overweight and obesity are reaching levels higher than ever in United States. For the first time, the number of obese American adults surpasses the number of those who are merely overweight, according to the National Center for Health Statistics (NCHS). Currently, more than 34 percent of Americans are obese, compared to 32.7 percent who are overweight.

Obesity and overweight are terms used in combination with a Body Mass Index or BMI. Simply put, your BMI looks at how healthy your weight is for your height. The healthiest range for an individual’s BMI is between 18.5 and 24.9. If your BMI is higher than this, your risk of certain disease states and conditions increases. Someone with a BMI of 25 to 29 is classified as overweight.

Ms. Abbington, your BMI is 25.66 which means that, while you are not obese, you may be overweight. This is an important health concern and is something you should address right away.

Carrying more weight than is healthy for your body increases your risk for developing a variety of diseases and health conditions including, the following:

- Coronary heart disease
- Diabetes
- Cancers
• High blood pressure
• High total cholesterol or high levels of triglycerides
• Sleep apnea

The bottom line for decreasing your weight is to reduce the total number of calories you eat each day and to increase the calories you burn through physical activity. Focus on quality and quantity. Cut back on food portions by eating on a smaller plate and resist the urge to go back for seconds. Eat breakfast every day. Eating breakfast is a common trait among people who have lost weight and kept it off. Eating a healthful breakfast may help you avoid getting "over-hungry" and then overeating later in the day.

Increase your daily physical activity. To lose weight, the calories you consume through the consumption of food or beverages must be less than the calories your body burns, so increase your physical activity and exercise each day! Your current weight is an important health issue that you need to address right away!

We strongly recommend that you seek guidance from a qualified healthcare professional, such as a Registered Dietician, who can provide you the tools and education you need to start improving your health and reducing your weight. Small changes add up and help move you down the path to better health.

Nevertheless, your efforts to lose weight are a great start! Ms. Abbington, you are to be congratulated because this is an important step in your effort to achieve a healthier life. Keep up the good work!

The use of any tobacco product is bad for your health. But, you still "use." We used the word "use" because smoking or chewing any type of tobacco product is similar to using other drugs of addiction. It is bad for you and no good results from it! So why continue?

Since you use tobacco, consider the following facts: Smoking continues to be the number one cause of preventable death and disability in America. Each year, over 440,000 people die from smoking induced disease and illness. That's equal to the entire population of the city of Sacramento, California.

Tobacco, when smoked, delivers over 4,000 chemicals to your body including 200 poisons and 53 cancer-causing agents. And, because the components of tobacco are so hot when they are burned, tiny particles of the toxic smoke affect almost every organ in the body. It's no wonder smoking has such an incredible impact on our health!

The good news is that you stated your intention to quit within the next 6 months. We hope you are successful for the sake of your health.

**Personal Biometric Data**

**Blood Pressure**

- **Systolic/Diastolic (mm Hg)**
  - Healthy Trend
  - Nice Work!

The blood pressure you provided was 121/87 mm Hg.

Your blood pressure is defined as "prehypertensive". This means that while your blood pressure level is not in the "danger zone," it is something you should watch carefully. Be sure to have your blood pressure checked regularly and consult a health professional should it elevated beyond its present level.
**Blood Glucose**

<table>
<thead>
<tr>
<th>Category (Non-fasting)</th>
<th>Value (mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Hypoglycemia</td>
<td>Less than 40</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>40 to 70</td>
</tr>
<tr>
<td>Normal</td>
<td>70 to 139</td>
</tr>
<tr>
<td>Pre-diabetes</td>
<td>140 to 179</td>
</tr>
<tr>
<td>Diabetes</td>
<td>180 or higher</td>
</tr>
</tbody>
</table>

The blood glucose level you provided was 106 mg/dL. This reading suggests elevated blood glucose or pre-diabetes.

The normal blood glucose levels of people without diabetes is about 80-90 mg/dL before eating and may rise up to 120 mg/dL or a little more after they eat, depending on what kind of food they had. Pre-diabetes begins when your body is starting to lose control of blood sugar. While your fasting blood sugar levels may be not much higher than normal for pre-diabetes (100-125 mg/dL), after meals, the levels rise much higher than normal to almost 200 mg/dL.

For most people, good blood sugar levels are:
On waking up (before breakfast) - 80 to 120
Before meals - 80 to 120
2 hours after meals - 160 or less
At bedtime - 100 to 140

Your blood glucose level is something you should check at least annually and more frequently should you encounter a reading considered too high.

**Cholesterol**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal</td>
<td>Less than 100</td>
</tr>
<tr>
<td>Near Optimal</td>
<td>100 to 129</td>
</tr>
<tr>
<td>Borderline High</td>
<td>130 to 159</td>
</tr>
<tr>
<td>High</td>
<td>160 to 189</td>
</tr>
<tr>
<td>Very High</td>
<td>190 or higher</td>
</tr>
</tbody>
</table>

The cholesterol level you provided was 246 mg/dL. Your cholesterol level is high. It is important that you seek assistance from a health professional to ensure that your risk of heart disease arising from a high level of cholesterol is minimized. We encourage you to seek this advice right away and be sure to have your cholesterol level checked at least annually.

**LDL Cholesterol**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal</td>
<td>Less than 100</td>
</tr>
<tr>
<td>Near Optimal</td>
<td>100 to 129</td>
</tr>
<tr>
<td>Borderline High</td>
<td>130 to 159</td>
</tr>
<tr>
<td>High</td>
<td>160 to 189</td>
</tr>
<tr>
<td>Very High</td>
<td>190 or higher</td>
</tr>
</tbody>
</table>

The LDL level you provided was 134 mg/dL. Your LDL level is considered borderline high. Because LDL cholesterol has a major association with heart disease, it's the main focus of cholesterol-lowering treatment. Your target LDL number can vary, depending on your underlying risk of heart disease.

Most people should aim for an LDL level below 130 mg/dL. If you have other risk factors for heart disease, your target LDL may be below 100 mg/dL. If you're at very high risk of heart disease, you may need to aim for an LDL level below 70 mg/dL. If you've had a heart attack or if you have diabetes or carotid or peripheral vascular disease, you're at very high risk. In addition, having high blood pressure, low HDL cholesterol, a family history of heart disease or being a smoker can all increase your risk.

Be sure to monitor your LDL cholesterol at least annually and consult a healthcare professional should your reading and risk factors combine to place you in a higher risk category.

**HDL Cholesterol**

<table>
<thead>
<tr>
<th>Category (Female)</th>
<th>Value (mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>60 or higher</td>
</tr>
<tr>
<td>Good</td>
<td>50 to 59</td>
</tr>
<tr>
<td>Poor</td>
<td>Less than 50</td>
</tr>
</tbody>
</table>

The HDL level you provided was 54 mg/dL. Your HDL level is considered good. High-density lipoprotein (HDL) cholesterol is known as "good" cholesterol because it helps prevent arteries from becoming clogged. Higher HDL cholesterol levels
generally mean lower risk.

Because your reading is considered good, your risk of heart disease related to a low HDL is minimized. While a reading of 50 to 59 is considered good, over 60 is considered best. Be sure to monitor your HDL at least annually and take this seriously as a poor HDL reading can increase your risk of heart disease.

**Triglycerides**

The triglyceride level you provided was 165 mg/dL. This level is considered borderline high. Triglycerides are a type of fat found in your blood. When you eat, your body converts any calories it doesn't need to use right away into triglycerides. The triglycerides are stored in your fat cells. Later, hormones release triglycerides for energy between meals. If you regularly eat more calories than you burn, you may have high triglycerides.

Your triglyceride level is considered borderline high. This means that you may be at a higher risk of heart disease because of an elevated triglyceride level. While not something you need to act on immediately, this is an important health concern and is something you may choose to discuss with a health professional. And, by all means, have your triglycerides checked at least annually.

**HDL Ratio**

The HDL Ratio level you provided was 4.56 mg/dL. This level is considered desirable.

**Bone Density**

Your bone density score reveals that you may have osteoporosis - a dangerous condition that puts you at high risk for bone fractures. You should consult your physician for additional testing or treatment options.

**Heart Disease**

Based on the answers you provided, your risk of Heart Disease is HIGH. This indicates that there are certain factors in your life such as personal history, modifiable behaviors or biometric values (if submitted) that suggest you may be at a higher risk of heart disease. You are encouraged to review this Report carefully to understand which of these areas place you at a higher level of risk.
Diabetes

Your risk of Diabetes is MODERATE. This indicates that while you are not at high risk for diabetes, there are certain factors in your life that can lead to the onset of this disease. You are encouraged to review the text of this Report to learn about the factors in your life that can lead to diabetes and address them before your risk is elevated further.

Emotional Health

Good news! Your Emotional Health Risk is LOW. This means that stress and depression do not seem to be factors in your life!

Cancer

Your risk of Cancer is MODERATE. This indicates that while you are not at high risk for cancer, there are certain factors in your life that can lead to the onset of this disease. You are encouraged to review the text of this Report to learn about the factors in your life that can lead to cancer and address them before your risk is elevated further.

Composite Health Indices

There are three Composite Health Indices, the Whole Health Index, the Health Awareness Index and the Health Trend Index. The number represented by these indices is on a scale from 0 to 100 with 100 being the best or optimal health rating. These indices will change annually or with the completion of each Personal Health Survey and will provide you with an assessment of whether your health is improving or not. Please note that the Health Trend Index will only appear if you have taken two or more surveys.

Whole Health Index

The Whole Health Index is a composite score calculated using advanced algorithms across many health data points. It represents the general state of your health.

Your health characteristics, lifestyle or current biometric values (if they were provided) suggest you are at a moderate risk for certain disease or illness. You are encouraged to review the information provided in this report to better understand what risks you face and how you can change your behavior to address these risks.

Health Awareness Index

The Health Awareness Index has been designed to determine if you have a heightened awareness of or interest in decisions that can promote a healthier life.

The level of interest in your personal health can be improved. Demonstrating a greater interest in the promotion of a healthier life is fundamental to the attainment of this goal. To begin this journey, we encourage you to review the information in this report to learn of your risks and how they can be minimized. By doing so, the likelihood of a more positive outcome is
increased and you are on your way to enhancing your Health Awareness Index!

**Conclusion**

Ms. Abbington, it is hoped you found the information in this Personal Health Report helpful and that you better understand how you can address any health risks you may face. Now that you know what to do, it is important to take the next step! Choose only two or three of the suggestions you were provided and make them a part of your daily routine. Though seemingly small, these simple steps move you closer to your goal of enhanced health.

And remember, the health screenings and examinations recommended for you are your first line of defense in the fight against disease and illness! Take this seriously and schedule them right away. Finally, thank you for completing the survey and reviewing this report.

Now it is up to you!
As we pointed out in the Nutrition Section of your Personal Health Report, dining out can present some challenges to your desire to eat healthier. But, we also know that our busy lives often keep us from eating as healthy as we would like. So, Ms. Abbington, here are a few tips you can follow when enjoying a meal outside your home.

Make careful menu selections – pay attention to the descriptions on the menu. Dishes labeled deep-fried, pan-fried, basted, batter-dipped, breaded, creamy, crispy, scalloped, Alfredo, au gratin or in cream sauce are usually high in calories, unhealthy fats or sodium.

Drink water with your meal. Soda is a huge source of hidden calories. One 32-oz Big Gulp with regular cola packs about 425 calories, so one Big Gulp can quickly gulp up a big portion of your daily calorie intake. Try adding a little lemon to your water or ordering unsweetened iced tea.

"Undress" your food. When choosing items, be aware of calorie- and fat-packed salad dressings, spreads, cheese and sour cream. For example, ask for a grilled chicken sandwich without the mayonnaise. You can ask for a packet of ketchup or mustard and add it yourself, controlling how much you put on your sandwich.

Don't be afraid to special order. Many menu items would be healthy if it weren't for the way they were prepared. Ask for your vegetables and main dishes to be served without the sauces. Ask for olive oil and vinegar for your salads or order the dressing "on the side" and spoon only a small amount on at a time.

Watch portion size. An average fast food meal can run as high as 1000 calories or more, so choose a smaller portion size, order a side salad instead of fries, and don't supersize anything. At a typical restaurant, a single serving provides enough for two meals. Take half home or divide the portion with a dining partner.

Watch your salt. Fast food restaurant food tends to be very high in sodium, a major contributor to high blood pressure. Don't add insult to injury by adding more salt.

Avoid buffets – even seemingly healthy ones like salad bars. You'll likely overeat to get your money's worth. If you do choose buffet dining, opt for fresh fruits, salads with olive oil & vinegar or low-fat dressings, broiled entrees and steamed vegetables. Resist the temptation to go for seconds, or wait at least 20 minutes after eating to make sure you're really still hungry before going back for more.
The information in this report is not intended to provide a medical evaluation, examination, consultation, diagnosis or treatment nor is it intended to replace any advice provided by your physician. If you are concerned about your health or the health of a loved one, it is recommended that you contact a physician or your health professional for any medical or health-related matter.

The behavioral recommendations, health information and any suggested health examinations and screenings in this report follow protocols and health guidelines established by leading research, academic and governmental health organizations and health studies. These include:

- Centers for Disease Control and Prevention
- American College of Sports Medicine
- American Academy of Family Physicians
- American Cancer Society
- American Diabetes Association
- National Center for Health Statistics
- National Heart, Lung and Blood Pressure Institute
- National Institute on Alcohol Abuse and Alcoholism
- National Institute for Occupational Safety and Health
- United States Department of Health and Human Services

The management of Applied Health Analytics would like to recognize the extraordinary contribution of the health professionals at Vanderbilt University Medical Center, Nashville, Tennessee. Without their guidance, support and expertise, this educational health initiative would not have been possible.

Members of the Vanderbilt Development Team included:

- Jay Groves, Ed.D., Executive Director
- David Maron, M.D., Medical Director
- Lesa Abney, B.S.N., R.N.
- Kim Amsili, B.S.
- Colin Armstrong, Ph.D.
- Lisa Creekmur, R.N., B.S.N., L.M.T.
- Deanna Dillon, R.D., L.D.N., C.D.E.
- Kendall Faust, B.S., A.C.T.
- Barbara Forbes, M.S., A.R.N., G.N.P

- Mark Jacokes, M.D.
- Zack Klint, M.S.
- Charles Matthews, Ph.D.
- Jeremy McNatt, M.Ed.
- Jennifer Moore, R.D., L.D.N., M.P.H.
- Ronald Neufeld, B.S.W., L.A.D.A.C.
- Regina Trainor, M.B.A.
- Regina Tyree, M.S.
- Chris Ziegler, R.P.S.G.T.
Personal Health Survey
Swedish American Demo / Surveys - 2017

How to get started...

1. Be sure to answer all the questions as honestly as possible. Remember, all your answers will be kept strictly confidential!

2. DO NOT skip any questions unless you are instructed to do so.

3. Make solid marks that fill the circles completely and USE BLACK INK ONLY.

4. Please DO NOT alter the barcodes. DO NOT fold, tear, unstaple or mutilate this survey.

Correct
Incorrect
Dear Associate,

We all share the responsibility for the health of our community. That means encouraging, supporting, and rewarding healthy activities and lifestyles. Likewise, investment in employee health is a benefit to us all, ensuring a prosperous future while protecting, supporting, and enhancing our most distinctive advantage: our people.

This is why you are asked to complete this Personal Health Survey. Through your participation, you will have the opportunity to understand your health risks and learn how to lessen the impact of these risks to help you lead a healthier life!

Rest assured, the results you provide will be STRICTLY CONFIDENTIAL and are intended to help you achieve a healthier life by focusing on behaviors you can change. You do not need to be a marathon runner to be in good shape! The road to better health can be achieved by making simple changes in the decisions you make everyday.

Take the first step to better health by taking a few minutes to complete this Personal Health Survey. And remember, no matter how small, any positive change is a step towards better health!

Yours in good health,

Thomas Schiller, MD, FAAFP

Thomas Schiller, MD, FAAFP
Medical Director
CONTACT INFORMATION

Please print clearly in black ink only. For example: E x a m p l e

It is important that you provide all information on this page. Employee ID:

First Name:                                      Middle Initial:
Last Name:
Home Address:
Apt/Suite#:
City:
State:      ZIP Code:

What is the best e-mail address to reach you?

Date of Birth: (mm-dd-yyyy):  —  —  Your Age:
Last four digits of your Social Security Number:
What is the best telephone number to reach you?
Who is your health insurance provider? (For example: BlueCross BlueShield, CIGNA or Aetna):

Is your health insurance coverage provided by the government?
(For example: Medicare, Medicaid, Tri-Care, TennCare, MediCal)  ○ Yes  ○ No

Do you have a primary care provider whom you have seen within the last 2 years?
(For example: a doctor/physician, nurse practitioner)  ○ Yes  ○ No

If you answered “Yes” to the question above, what is the last name of your primary care provider?

In what city or town does your primary care provider practice?

Statement of Confidentiality

This personal health survey is intended to help you understand health risks you may face and offer suggestions on how best to minimize or eliminate these risks. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Your information will not be shared with your management or anyone who makes employment decisions about you. Your participation status may be used by human resources to determine your qualifications for participatory health plan discounts and other benefits.

This assessment is not intended to establish a patient health professional relationship nor replace any advice provided by your physician. If further medical treatment is indicated, it is your responsibility to make arrangements with the appropriate healthcare provider.

By providing information on the survey, you agree to all terms and conditions and also hold harmless all entities, agents, officers and employees associated with the survey for any and all claims which may arise from your participation. Information you provide may be made available to health and resource experts whose product or services may be appropriate to help you reduce health risks you may face. Your participation in these initiatives is strictly voluntary.
### ABOUT YOU

1. **Gender:**
   - Female
   - Male
   
   If female, are you currently pregnant?
   - Yes
   - No
   
   If No, but I have given birth within the last 18 months.

2. **Employment status:**
   - Full-time
   - Part-time
   - Spouse of an employee
   - Self-employed
   - Retired

3. **Highest educational level:**
   - High school/other
   - Some college, technical or trade school
   - College graduate
   - Post-graduate degree

4. **Marital status:**
   - Married
   - Widowed
   - Single

5. **Do you have children under the age of 18 living at home?**
   - Yes
   - No

6. **Do you live alone?**
   - Yes
   - No

7. **Do you live with someone who smoke cigarettes, cigars or a pipe?**
   - Yes
   - No

8. **What type of health insurance plan do you have?**
   - HMO
   - PPO
   - Indemnity
   - HSA/HRA
   - Other
   - I don’t know

9. **Are you currently participating in a coaching program to help improve your health, including programs such as smoking cessation, diabetes management or Weight Watchers®?**
   - Yes
   - No

10. **Is your spouse, family or domestic partner covered by your health insurance?**
    - Yes
    - No
    - Not applicable

11. **Race/ethnicity:**
    - White/Caucasian
    - Black/African-American
    - Native American
    - Asian or Pacific Islander
    - Hispanic/Latino
    - Multi-ethnic
    - Other

12. **Height:** feet inches
    
    **Current weight:** lbs.
# Section 1 PERSONAL MEDICAL HISTORY

Please indicate those conditions that you now have or have had in the past. If “yes,” also indicate if you are taking medications to control your condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES and on medication</th>
<th>YES but not on medication</th>
<th>NO I do not have</th>
<th>I Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer <em>(not including skin cancer)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent or constant back or neck pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines or frequent headaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Bronchitis, Emphysema or other Lung Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Section 2 FAMILY MEDICAL HISTORY

Please indicate the conditions that have ever been present in a blood relative such as a brother, sister, mother, father or grandparent.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>I Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer <em>(not including skin cancer)</em></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Heart Condition</td>
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<td></td>
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</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Bronchitis, Emphysema or other Lung Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3  SCREENINGS AND EXAMS

Please answer each question and select **only one answer** for each question. When answering these questions, think about the results of your last screening or examination.

<table>
<thead>
<tr>
<th></th>
<th>YES and the results were normal</th>
<th>YES and the results were NOT normal</th>
<th>NO I have not done this</th>
<th>I DON'T KNOW if I've done this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had a physical exam or check-up by your healthcare provider (physician or nurse practitioner) in the last 12 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you had a colon cancer screening within the past 10 years? (A colon cancer screening can include any of the following: colonoscopy, barium enema, sigmoidoscopy or a hemoccult card for blood in the stool.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have your blood pressure checked routinely?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you had a cholesterol level taken within the past five years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you had a fasting blood glucose (sugar) level tested in the past three years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had a bone density screening for osteoporosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you had a dental exam in the last 12 months?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Women Only**

<table>
<thead>
<tr>
<th></th>
<th>YES and the results were normal</th>
<th>YES and the results were NOT normal</th>
<th>NO I have not done this</th>
<th>I DON'T KNOW if I've done this</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have a mammogram every one to two years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mastectomy</td>
</tr>
<tr>
<td>2. Do you have a Pap smear every one to three years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hysterectomy</td>
</tr>
</tbody>
</table>

**Men Only**

<table>
<thead>
<tr>
<th></th>
<th>YES and the results were normal</th>
<th>YES and the results were NOT normal</th>
<th>NO I have not done this</th>
<th>I DON'T KNOW if I've done this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had a prostate cancer screening? This can include a PSA (prostrate specific antigen) blood test and/or a rectal exam.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5
Men and Women

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>I HAVE NO ABNORMAL RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If the results of any of the past screens, tests or exams listed were not normal, have you followed your healthcare provider's recommendations about treatment and future testing?</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>2. Do you receive the influenza (flu shot) vaccine annually?</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>3. Have you had a tetanus shot within the last 10 years?</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>4. Do you currently take an aspirin every day?</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>
Section 4 | EMOTIONAL HEALTH

While completing the questions in this section, please consider how you have felt during the past 30 days.

1. How often have you found yourself stressed or worried about your personal finances, such as not being able to pay your bills?
   - Never
   - Almost Never
   - Sometimes
   - Fairly Often
   - Very Often

2. How often have you found yourself stressed or worried about a health problem that you or a loved one is experiencing?

3. How often have you found yourself stressed or worried about a relationship problem within your family or with a friend or neighbor?

4. How often have you found yourself stressed or worried about problems at work?

5. Stress management includes regular relaxation, physical activity, talking with others or making time for social activities.

   Do you effectively practice stress management in your daily life? (select one)
   - No, and I do not intend to in the next 6 months.
   - No, but I intend to in the next 6 months.
   - No, but I intend to in the next 30 days.
   - Yes, I have been for more than 6 months.
   - Yes, but for less than 6 months.
   - I currently don’t have any stress in my life.

6. How often have you felt sad, down, blue or depressed?

7. How often have you had decreased interest in hobbies, work, socializing or activities that usually give you pleasure?

8. Depression prevention means using effective methods to keep depression from occurring, or if it does occur, to keep it as mild and brief as possible.

   The effective methods for preventing depression are:
   * Controlling negative thinking every day
   * Engaging in healthy, pleasant activities on most days
   * Exercising for 30 minutes or more on most days
   * Practicing stress management on most days
   * Getting professional help when needed.

   Do you effectively practice depression prevention in your daily life? (select one)
   - No, and I do not intend to in the next 6 months.
   - No, but I intend to in the next 6 months.
   - No, but I intend to in the next 30 days.
   - Yes, I have been for more than 6 months.
   - Yes, but for less than 6 months.
   - I have never been depressed.
9. Would you like to learn more about options that might help you manage your stress?  
   YES  NO

10. Would you like to learn more about options that might help you with sadness or depression?  
    YES  NO

Section 5  SLEEP

1. Approximately how many hours of uninterrupted sleep do you average per night?  
   Do not include the time you may get out of bed or lay awake.
   O 4 or less  O 5  O 6  O 7  O 8  O 9  O 10 or more

2. Do you consider this amount of sleep adequate for you?  
   YES  NO

3. Do you consider the quality of your sleep to be good?  
   YES  NO

4. During the past 30 days, have you typically felt rested?  
   YES  NO

5. Would you like to learn more about options that might help you improve your sleep?  
   YES  NO

Section 6  TAKING MEDICATION

Healthcare providers such as doctors, physician assistants and nurse practitioners often recommend over-the-counter or prescription medications for their patients. If you currently are NOT taking medications AND no healthcare provider has recommended that you take medications within the last few years, PLEASE SKIP TO SECTION 7.

1. Within the past few years, have you ever decided not to begin a medication your healthcare provider has recommended?  
   YES  NO

2. Within the past few years, have you decided to stop taking a recommended medication for reasons such as side effects, cost, inconvenience or because you felt it was not necessary?  
   YES  NO

3. Do you tend to forget to take your medications once or more per week?  
   YES  NO

4. Do you usually follow instructions when taking your medications? (At the right time? Correct amount? On a full or empty stomach? Not with particular foods or liquids?)  
   YES  NO

5. Would you like to learn more about options that might help you take your medications correctly and on time?  
   YES  NO
When answering the questions below, you will be asked about your "moderate physical activity" and your "vigorous physical activity.”

Regular exercise means doing:

* Moderate physical activity that increases your breathing rate and causes you to break a light sweat (such as brisk walking, golf, or raking leaves) for at least 150 minutes (2 hours and 30 minutes) each week.

**OR**

* Vigorous physical activity that causes big increases in your breathing and heart rate and makes conversation difficult (such as jogging or running) for at least 75 minutes (1 hour and 15 minutes) each week.

**OR**

* A mix of moderate and vigorous physical activity that is equal to at least 150 minutes of moderate activity, such as 90 minutes of moderate activity and 30 minutes of vigorous activity each week. (Keep in mind that 1 minute of vigorous activity equals about 2 minutes of moderate activity.)

1. Do you engage in regular exercise according to any of the definitions above?

   - No, and I do not intend to in the next 6 months.
   - Yes, I have been for more than 6 months.
   - No, but I intend to in the next 6 months.
   - Yes, but for less than 6 months.
   - No, but I intend to in the next 30 days.

2. During a typical week, on how many days do you do moderate physical activity or exercise that causes light sweating or slight to moderate increases in your breathing or heart rate (pulse)?

   - Zero days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

If you answered "Zero days" PLEASE SKIP TO QUESTION 4 BELOW.

3. On average, on the days that you do moderate physical activity or exercise, how much time do you usually spend doing that activity?

   - Less than 10 minutes
   - 10 to 19 minutes
   - 20 to 29 minutes
   - 30 to 44 minutes
   - 45 to 59 minutes
   - 60 minutes or more

4. During a typical week, on how many days do you do vigorous physical activity or exercise that causes heavy sweating or rapid breathing or heart rate (pulse)?

   - Zero days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

If you answered "Zero days" PLEASE SKIP TO QUESTION 6 ON THE NEXT PAGE.

5. On average, on the days that you do vigorous physical activity or exercise, how much time do you usually spend doing that activity?

   - Less than 10 minutes
   - 10 to 19 minutes
   - 20 to 29 minutes
   - 30 to 44 minutes
   - 45 to 59 minutes
   - 60 minutes or more
6. During a typical week, on how many days do you intentionally increase your activity level by going for walks, parking farther away or taking the stairs rather than an elevator?
- Zero days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

7. How many hours per day do you sit? Please consider time at work and at home and include activities such as sitting in front of a computer or television.
- None
- 1 - 2
- 3 - 4
- 5 - 6
- 7 or more

8. Would you like to learn more about options that might help you become more physically active?  YES  NO

Section 8  NUTRITION

1. Other than just coffee, do you eat breakfast daily?  YES  NO

2. During a typical week, how many meals do you eat at a fast-food, casual dining or sit down restaurant?
- Never
- 1 - 2
- 3 - 4
- 5 - 6
- 7 or more

3. How many sweetened beverages do you consume per day? Please include regular and diet soft drinks, energy and sports drinks. One beverage = 12 oz.
- None
- 1 - 2
- 3 - 4
- 5 - 6
- 7 or more

4. Do you eat at least 2 cups of fruit and 2½ cups of vegetables per day? (A cup is equal to 1 cup 100% fruit or vegetable juice, 1 cup cooked vegetables, 2 cups raw leafy vegetables, 1 piece of fruit, or ½ cup dried fruit.)
- No, and I do not intend to in the next 6 months.
- Yes, but for less than 6 months.
- Yes, I have been for more than 6 months.

5. How many cups of vegetables do you eat each day? (A cup is equal to 1 cup of cooked vegetables, 2 cups of raw leafy vegetables, 1 cup 100% vegetable juice.)
- Less than 1 cup
- 1-2 cups
- 2-3 cups
- 3 cups or more

6. How many cups of fruit do you eat each day? (A cup is equal to 1 cup 100% fruit juice, 1 piece of fruit or ½ cup of dried fruit.)
- Less than ½ cup
- ½ -1 cups
- 1-2 cups
- 2 cups or more

7. Do you choose 100% whole grain bread, pasta, rice, cereal and crackers more often than the regular (white) variety?  YES  NO

8. Do you choose baked, broiled, grilled or fresh items more often than deep fried items? For instance: Choosing grilled chicken more often than fried chicken; grilled vegetables or green salad as a side more often than French fries?  YES  NO

9. Do you read the Nutrition Facts panel on food labels?  YES  NO

10. Would you like to learn more about options to improve your eating habits?  YES  NO
Section 9  WEIGHT MANAGEMENT

1. Are you happy with your current weight?
   ☐ Yes.
   ☐ No, I would like to lose weight during the coming year.
   ☐ No, I would like to gain weight during the coming year.

   If you want to gain weight, PLEASE GO TO SECTION 10.

2. In the past month, have you been actively trying to lose weight?

3. In the past month, have you been actively trying to keep from gaining weight?

4. Are you seriously considering trying to lose weight to reach your goal in the next 6 months?

5. Have you maintained your desired weight for more than 6 months?

6. Would you like to learn more about options that might help you lose weight?

Section 10  TOBACCO USE

If you do not use tobacco products at all, PLEASE SKIP TO SECTION 11.

1. Have you quit smoking cigarettes?
   ☐ Yes, I quit more than 6 months ago, but less than 5 years ago.
   ☐ Yes, I quit more than 5 years ago.
   ☐ I've never been a regular smoker.

   If you do currently smoke, how many cigarettes do you smoke during a typical day?
   ☐ 10 or less  ☐ 11 - 20  ☐ 21 - 30  ☐ 31 - 40  ☐ 41 - 50  ☐ 51 - 60  ☐ 61 or more

2. Do you currently dip or chew tobacco, smoke cigars or a pipe?
   ☐ Yes  ☐ No

   If "yes," how much do you use during a typical day?
   ☐ Less than ½ a can, pouch, cigar etc.  ☐ One half to 1 can, pouch, cigar etc.  ☐ 2 cans, pouches, cigars etc.  ☐ More than 2 cans, pouches, cigars etc.

3. Would you like to learn more about options that might help you eliminate or cut back on your tobacco use?
For the questions below, a “drink” equals one beer, one glass of wine, one shot of liquor or one mixed drink.

1. How many drinks do you have on a typical **weekend day**?
   - Zero  
   - 1  
   - 2  
   - 3  
   - 4  
   - 5 or more

2. How many drinks do you have on a typical **weekday**?
   - Zero  
   - 1  
   - 2  
   - 3  
   - 4  
   - 5 or more

3. How often do you have five or more drinks within a 24-hour period?
   - Daily or almost daily  
   - Less than once a week  
   - Less than once a month  
   - Once or twice a year  
   - Never

4. Have you been told that your drinking is contributing to problems such as strained relationships, health problems, financial difficulties or problems at work?
   - Yes  
   - No

5. Do you limit your drinking to less than 5 drinks (for men) / 4 drinks (for women) within a 4 hour period?
   - No, and I do not intend to in the next 6 months.  
   - Yes, but for less than 6 months.  
   - No, but I intend to in the next 6 months.  
   - Yes, I have been for more than 6 months.  
   - No, but I intend to in the next 30 days.

6. Would you like to learn more about options that might help you eliminate or cut back on your use of alcohol?
   - Yes  
   - No
<table>
<thead>
<tr>
<th>Section 12</th>
<th>FINANCIAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Please rate your degree of financial stress on the scale.</strong></td>
<td>I have no financial stress</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
</tr>
<tr>
<td><strong>2. I am comfortable with the amount of debt I have.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. I have a handle on my cash flow so I spend less than I make each month.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4. I pay my bills on time each month.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5. My family has enough money to afford the kind of lifestyle we would like to have.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6. How confident are you that you will be able to retire comfortably when you want to?</strong></td>
<td>No Confidence</td>
</tr>
<tr>
<td><strong>7. How confident are you that you have enough life and disability insurance to take care of your family?</strong></td>
<td></td>
</tr>
</tbody>
</table>

Thank you! You have completed the survey.
Statement of Confidentiality Addendum

This Personal Health Survey is intended to help you understand health risks you may face and offer suggestions on how best to minimize or eliminate these risks. The information you provide WILL BE KEPT STRICTLY CONFIDENTIAL and WILL NOT BE SHARED WITH YOUR INSURANCE CARRIER. Any information shared with your employer WILL NOT IDENTIFY ANY SINGLE INDIVIDUAL and will only be presented to represent the workforce as a whole.

This assessment is not intended to establish a patient-health professional relationship nor replace any advice provided by your physician. Information you provide may be made available to health resource experts whose products or services may be appropriate to help you reduce health risks you may face. Your participation in these initiatives is strictly voluntary.

Consent and Release for Screening Addendum

This Personal Health Survey is intended to help you understand health risks you may face and offer suggestions on how best to minimize or eliminate these risks. The information you provide WILL BE KEPT STRICTLY CONFIDENTIAL and WILL NOT BE SHARED WITH YOUR INSURANCE CARRIER. Any information shared with your employer WILL NOT IDENTIFY ANY SINGLE INDIVIDUAL and will only be presented to represent the workforce as a whole.

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Aggregate Health Analysis

Trended Report

Swedish American Demo
Rockford, Illinois
January 24, 2018

Surveys - 2016 and Surveys - 2017
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Swedish American Demo

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- Age Distribution

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- Back Pain
- Cancer
- COPD
- Depression
- Diabetes
- Heart Condition
- High Cholesterol
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- Blood Pressure
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- Cholesterol
- Colon Cancer Screening
- Flu Shot
- Mammogram
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- Blood Glucose
- Blood Pressure
- BMI
- Bone Density
- Cholesterol
- HDL Cholesterol
- HDL Ratio
- HgbA1C
- LDL Cholesterol
- LDL Ratio
- Nicotine
- PSA
- Pulse
- Triglycerides
The onset of disease and illness arises from health characteristics unique to each member. Personal history, lifestyle choices, weight relative to height, level of physical activity, diet and utilization of preventive interventions all play an important role in influencing the quality of one’s health. Members completing the Personal Health Survey provided information sufficient to determine their individual risk of heart disease, diabetes, cancer and emotional health concerns.

The Disease State Risk Scores provided below have been developed using guidelines established by nationally respected health experts and represent the cumulative average of individual member Health Risk Scores. These are presented on a 100 point scale utilizing the following scoring algorithm:

- Low Risk = 0 - 33
- Moderate = 34 - 66
- High Risk = 67 - 100

Your Company's Disease State Risk Scores are provided below:

Heart Disease
- (Surveys - 2017) Low: 66, Moderate: 86, High
- (Surveys - 2016) Low: 37, Moderate: 38, High

Diabetes
- (Surveys - 2017) Low: 56, Moderate: 76, High
- (Surveys - 2016) Low: 31, Moderate: 41, High

Emotional Health

Cancer
Demographic

While certain demographic information, such as age and gender, represent individual characteristics that cannot be changed, they do provide data that, when combined with other characteristics, work to identify high risk concerns. For example, the medical literature tells us that men aged forty or greater, who are also overweight, have a greater risk of heart disease than those who are not. Therefore, demographic information serves to provide a better understanding of health concerns when viewed in context with the cumulative characteristics of a population.

Is Pregnant Distribution

The bar graph segments the age of your member population by decade. Though not conclusive of indicating health risks, this distribution is important when contemplating any strategy intended to enhance population health.

Age Distribution

Gender Distribution

Gender of surveyor, including Male, Female and No Response.
A dependent is a person or persons relying on the surveyor for support, and may include the spouse and/or unmarried children (under the age of 18 whether natural, adopted or step) of the surveyor.

Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern. Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate.
The Personal Health Survey, the data collection tool utilized to produce the Aggregated Analysis, includes a set of questions about an individual's personal, or realized, health history. These questions form an important aspect of the Aggregate Analysis because they highlight previously experienced health concerns or events. Characteristics defined under the Personal Medical History section become more important when compared with behaviors or biometric information that may suggest a repeated or aggravated state of the previously experienced condition.

### Allergies Distribution

**Summary & Prevention Guidelines**

An allergy refers to an exaggerated immune system reaction in response to bodily contact with certain foreign substances. Foreign substances usually seen by the body as harmless elicit no response in non-allergic people, but allergic people's bodies recognize the foreign substance as harmful and turn on part of the immune system in response. Allergy-producing substances, or allergens, include pollens, dust mite, molds, pet danders, and foods.

**Total At Risk: 36**

### Arthritis Distribution

**Summary & Prevention Guidelines**

Arthritis is a joint disorder featuring inflammation. Arthritis is frequently accompanied by joint pain. There are many types of arthritis (over 100 identified), ranging from those related to wear and tear of cartilage (such as osteoarthritis) to those associated with inflammation resulting from an overactive immune system (such as rheumatoid arthritis). Arthritis is classified as one of the rheumatic diseases, have a tendency to affect the joints, muscles, ligaments, cartilage, and tendons, and many have the potential to affect other internal body areas. Together, the many types of arthritis make up the most common chronic illness in the United States.

**Total At Risk: 27**

### Asthma Distribution

**Summary & Prevention Guidelines**

Asthma is a disease in which the airways become blocked or narrowed. These effects are usually temporary, but they cause shortness of breath, breathing trouble, and other symptoms. If an asthma episode is severe, a person may need emergency treatment to restore normal breathing. An estimated 20 million people in the United States have asthma and, despite the availability of treatments, it remains poorly controlled among many. This health problem is the reason for nearly 500,000 hospital stays each year. People with asthma can be of any race, age or sex. Its treatment costs billions of dollars each year.

**Total At Risk: 13**
Diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn’t make enough insulin or can’t use its own insulin as well as it should. This causes sugar to build up in your blood.

Heart Condition Distribution

Coronary artery disease is the most common cause of death in the United States. Over a million people each year will have a heart attack and 25% will die before they get to the hospital while in the Emergency Department. Diagnosis of heart disease is often made by careful history taken by a health care practitioner. The plan of treatment needs to be individualized for each patient diagnosed with heart disease as some individuals may have atypical symptoms, including almost none at all. Treatment of heart disease depends upon the severity of disease, and is often directed by the symptoms experienced by the affected individual.

High Cholesterol Distribution

Cholesterol is needed for the body to function normally. Your body makes enough cholesterol for its needs. When there is too much cholesterol in your body, it is deposited in arteries, which can lead to the narrowing of the arteries and to heart disease. Blood cholesterol can be easily checked and should be conducted at least annually.

Hypertension Distribution

A blood pressure test is used to determine if an individual may have high blood pressure, an often undiagnosed condition that can lead to heart disease and even death. A blood pressure screen is recommended at least annually and more often in higher risk individuals.
Modifiable Behavior

Certain lifestyle behaviors increase the risk of disease or illness. Changing unhealthy behaviors is an effective strategy to enhance member health and reduce claims expense. The following analysis is an aggregate representation of individual member health data by Modifiable Behavior. This data is intended to highlight areas of opportunity for health improvement and quantify the number of members exhibiting unhealthy characteristics.

**Alcohol Use Distribution**

<table>
<thead>
<tr>
<th>Statistical Comparison (%)</th>
<th>Aggregate Distribution (%)</th>
<th>Stages of Change Stratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Surveyors</td>
<td>Number of Surveyors</td>
<td>Within Guidelines: 164</td>
</tr>
<tr>
<td>US</td>
<td>6</td>
<td>No Response: 0</td>
</tr>
<tr>
<td>Year 1</td>
<td>6</td>
<td>At Risk: 17</td>
</tr>
<tr>
<td>Year 2</td>
<td>9</td>
<td></td>
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</tbody>
</table>

Many Americans drink alcohol occasionally. For many people, moderate drinking is safe and may even have health benefits including reducing your risk of heart disease. For others, drinking poses a risk to their health.

**Nutrition Distribution**

<table>
<thead>
<tr>
<th>Statistical Comparison (%)</th>
<th>Aggregate Distribution (%)</th>
<th>Stages of Change Stratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Surveyors</td>
<td>Number of Surveyors</td>
<td>Within Guidelines: 147</td>
</tr>
<tr>
<td>US</td>
<td>19</td>
<td>No Response: 1</td>
</tr>
<tr>
<td>Year 1</td>
<td>19</td>
<td>At Risk: 33</td>
</tr>
<tr>
<td>Year 2</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

In human medicine, nutrition is the science or practice of consuming and utilizing foods. Nutrition also focuses on how diseases, conditions and problems can be both prevented or caused by the foods we eat. As an example, experts have found that people who ate their "five-a-day" portions of fruit-and-veggies tended to live longer than those who did not.
Once inhaled, the nicotine in tobacco delivers over 4,000 chemicals to your body including 200 poisons and 53 cancer-causing agents. The same is true for tobacco products that are chewed.

Nearly 64% of American adults are either overweight or obese! According to health experts, being overweight is a primary reason why heart disease, diabetes and cancer are so common in the United States. If this is a health concern in your life, we encourage you to reduce your weight to a healthier standard. To assist you in this important matter, we suggest you follow the advice provided in your Personal Health Report.
Stress is what we feel when we have to handle more than we are accustomed to. When you are stressed, your body responds as though you are in danger. It makes hormones that speed up your heart, makes you breathe faster and give you a burst of energy. Some stress is normal and even useful. Stress can help if you need to work hard or react quickly. But if stress happens too often or lasts too long, it can have bad effects on your health and can be linked to headaches, an upset stomach, back pain and trouble sleeping. It can even weaken your immune system making it harder to fight off disease.
**Cholesterol Distribution**

**Statistical Comparison**

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>180</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>0</td>
</tr>
<tr>
<td>Non-Compliant + Person History</td>
<td>1</td>
</tr>
<tr>
<td>Not Surveyed</td>
<td></td>
</tr>
</tbody>
</table>

Summary & Prevention Guidelines

Abnormal cholesterol levels such as high LDL cholesterol or low HDL cholesterol are a major risk factor for heart disease and stroke. An unhealthy diet can cause high cholesterol. Sometimes high cholesterol runs in families. A low-cholesterol diet can help improve cholesterol levels. If the low-cholesterol diet does not work to lower bad cholesterol and increase good cholesterol, your doctor may prescribe medications.

---

**Colon Cancer Screening Distribution**

**Statistical Comparison**

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>154</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>56</td>
</tr>
<tr>
<td>Non-Compliant + Person History</td>
<td>0</td>
</tr>
<tr>
<td>Not Surveyed</td>
<td></td>
</tr>
</tbody>
</table>

Summary & Prevention Guidelines

Colon cancer and cancer of the rectum usually begin as a small polyp. While most colon polyps are benign, some do become cancerous. Colon cancer symptoms may include a change in bowel habits or bleeding, but usually colon cancer strikes without symptoms. That's why it's important to get a colon cancer screening test, such as a colonoscopy. If the cancer is found early, the doctor can use surgery, radiation, and/or chemotherapy for effective treatment.

---

**Flu Shot Distribution**

**Statistical Comparison**

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>125</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>58</td>
</tr>
<tr>
<td>Non-Compliant + Person History</td>
<td>0</td>
</tr>
<tr>
<td>Not Surveyed</td>
<td></td>
</tr>
</tbody>
</table>

Summary & Prevention Guidelines

While flu symptoms may seem harmless, the flu can be life threatening for some children and adults.
Physical Exam Distribution

Summary & Prevention Guidelines
A physical examination is an evaluation of the body and its functions using inspection, palpation (feeling with the hands), percussion (tapping with the fingers), auscultation (listening) and includes gathering information about a person's medical history and lifestyle. Even if you feel healthy, it is important to have routine physical examinations by your physician. This is an important step in maintaining good health and an equally important way to uncovering disease or illness in its early stage.

PSA Screening Distribution

Summary & Prevention Guidelines
The prostate is a gland that only men have. The prostate is located in front of the rectum and just below the bladder. As men age, the prostate tends to increase in size. This can cause the urethra to narrow and decrease urine flow. Prostate cancer is made up of cells that do not grow normally. The cells divide and create new cells that the body does not need, forming a mass of tissue called a tumor. These abnormal cells sometimes spread to other parts of the body, multiply, and cause death.

Tetanus Shot Distribution

Summary & Prevention Guidelines
Tetanus is a dangerous nerve ailment caused by the toxin of a common bacterium, Clostridium tetani. Bacterial spores are found in soil — most frequently in cultivated soil, least frequently in virgin soil. The spores can remain infectious for more than 40 years in soil. They also exist in environments as diverse as animal excrement, house dust, operating rooms, contaminated heroin, and the human colon. If the spores enter a wound that penetrates the skin and extends deeper than oxygen can reach, they germinate and produce a toxin that enters the bloodstream.
Pulse Distribution

Pulse (bpm)
- Below 60: Low
- 60 to 100: Normal
- Above 101: High

Total At Risk: 0%

Blood Pressure (Sys) Distribution

Systolic (mm/Hg)
- Below 120: Normal
- 120-139: Prehypertensive
- 140-159: Stage 1 Hypertension
- 160 and Above: Stage 2 Hypertension

Total At Risk: 38%

Blood Pressure (Dia) Distribution

Diastolic (mm/Hg)
- Below 80: Normal
- 80-89: Prehypertensive
- 90-99: Stage 1 Hypertension
- 100 and Above: Stage 2 Hypertension

Total At Risk: 31%

Mean Arterial Pressure Distribution

Mean Arterial Pressure (mm/Hg)
- Below 70: Hypotensive
- 70 to 100: Normal
- Above 100: Hypertensive

Total At Risk: 14%

A1c Distribution

HGBA1C (%)
- Normal: Below 5.7
- Pre-Diabetic: 5.7 to 6.39
- High: 6.4 to 7
- Very High: Above 7

Total At Risk: 0%

January 24, 2018 - Page 22
Personal Health Survey
BetterLife Wellness Demo / Survey-2017

How to get started...

1. Be sure to answer all the questions as honestly as possible. Remember, all your answers will be kept strictly confidential!

2. DO NOT skip any questions unless you are instructed to do so.

3. Make solid marks that fill the circles completely and USE BLACK INK ONLY.

4. Please DO NOT alter the barcodes. DO NOT fold, tear, unstaple or mutilate this survey.

Correct ○ ○ ○
Incorrect ☑ ☒ ☑
CONTACT INFORMATION

Please print clearly in black ink only. For example: Exa m p l e

It is important that you provide all information on this page. Employee ID:

First Name: ___________________________ Middle Initial: ________________

Last Name: ___________________________

Home Address: ________________________

Apt/Suite#: __________________________

City: _________________________________

State: ______________________ ZIP Code: ___________

What is the best e-mail address to reach you?

Date of Birth: (mm-dd-yyyy): ___________ Your Age: ___________

Last four digits of your Social Security Number: _______________________

What is the best telephone number to reach you? _______________________

Who is your health insurance provider? (For example: BlueCross BlueShield, CIGNA or Aetna):

Is your health insurance coverage provided by the government?
(For example: Medicare, Medicaid, Tri-Care, TennCare, MediCal) ___________

Do you have a primary care provider whom you have seen within the last 2 years?
(For example: a doctor/physician, nurse practitioner) ___________

If you answered “Yes” to the question above, what is the last name of your primary care provider?

In what city or town does your primary care provider practice?

Statement of Confidentiality

This personal health survey is intended to help you understand health risks you may face and offer suggestions on how best to minimize or eliminate these risks. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Your information will not be shared with your management or anyone who makes employment decisions about you. Your participation status may be used by human resources to determine your qualifications for participatory health plan discounts and other benefits.

This assessment is not intended to establish a patient health professional relationship nor replace any advice provided by your physician. If further medical treatment is indicated, it is your responsibility to make arrangements with the appropriate healthcare provider.

By providing information on the survey, you agree to all terms and conditions and also hold harmless all entities, agents, officers and employees associated with the survey for any and all claims which may arise from your participation. Information you provide may be made available to health and resource experts whose product or services may be appropriate to help you reduce health risks you may face. Your participation in these initiatives is strictly voluntary.
### Section 1  PERSONAL MEDICAL HISTORY

Please indicate those conditions that you now have or have had in the past. If “yes,” also indicate if you are taking medications to control your condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES and on medication</th>
<th>YES but not on medication</th>
<th>NO I do not have</th>
<th>I Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer (not including skin cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent or constant back or neck pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines or frequent headaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Bronchitis, Emphysema or other Lung Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 2  FAMILY MEDICAL HISTORY

Please indicate the conditions that have ever been present in a blood relative such as a brother, sister, mother, father or grandparent.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>I Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer (not including skin cancer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Bronchitis, Emphysema or other Lung Conditions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men and Women</td>
<td>YES</td>
<td>NO</td>
<td>I HAVE NO ABNORMAL RESULTS</td>
</tr>
<tr>
<td>---------------</td>
<td>-----</td>
<td>----</td>
<td>---------------------------</td>
</tr>
<tr>
<td>1. If the results of any of the past screens, tests or exams listed were not normal, have you followed your healthcare provider's recommendations about treatment and future testing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you receive the influenza (flu shot) vaccine annually?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you had a tetanus shot within the last 10 years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you currently take an aspirin every day?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Would you like to learn more about options that might help you manage your stress?  
   YES ☐ NO ☐

10. Would you like to learn more about options that might help you with sadness or depression?  
    YES ☐ NO ☐

**Section 5  SLEEP**

1. Approximately how many hours of uninterrupted sleep do you average per night?  
   Do not include the time you may get out of bed or lay awake.  
   ☐ 4 or less ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 or more  
   YES ☐ NO ☐

2. Do you consider this amount of sleep adequate for you?  
   YES ☐ NO ☐

3. Do you consider the quality of your sleep to be good?  
   YES ☐ NO ☐

4. During the past 30 days, have you typically felt rested?  
   YES ☐ NO ☐

5. Would you like to learn more about options that might help you improve your sleep?  
   YES ☐ NO ☐

**Section 6  TAKING MEDICATION**

Healthcare providers such as doctors, physician assistants and nurse practitioners often recommend over-the-counter or prescription medications for their patients. If you currently are NOT taking medications AND no healthcare provider has recommended that you take medications within the last few years, PLEASE SKIP TO SECTION 7.

1. Within the past few years, have you ever decided not to begin a medication your healthcare provider has recommended?  
   YES ☐ NO ☐

2. Within the past few years, have you decided to stop taking a recommended medication for reasons such as side effects, cost, inconvenience or because you felt it was not necessary?  
   YES ☐ NO ☐

3. Do you tend to forget to take your medications once or more per week?  
   YES ☐ NO ☐

4. Do you usually follow instructions when taking your medications? (At the right time? Correct amount? On a full or empty stomach? Not with particular foods or liquids?)  
   YES ☐ NO ☐

5. Would you like to learn more about options that might help you take your medications correctly and on time?  
   YES ☐ NO ☐
6. During a typical week, on how many days do you intentionally increase your activity level by going for walks, parking farther away or taking the stairs rather than an elevator?

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero days</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

7. How many hours per day do you sit? Please consider time at work and at home and include activities such as sitting in front of a computer or television.

<table>
<thead>
<tr>
<th>Hours</th>
<th>None</th>
<th>1 - 2</th>
<th>3 - 4</th>
<th>5 - 6</th>
<th>7 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

8. Would you like to learn more about options that might help you become more physically active?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

### Section 8 NUTRITION

1. During a typical week, how many meals do you eat at a fast-food, casual dining or sit down restaurant?

<table>
<thead>
<tr>
<th>Meals</th>
<th>Never</th>
<th>1 - 2</th>
<th>3 - 4</th>
<th>5 - 6</th>
<th>7 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

2. How many naturally or artificially sweetened beverages do you consume per day? Please include regular and diet soft drinks, energy and sports drinks.

<table>
<thead>
<tr>
<th>Beverages</th>
<th>None</th>
<th>1 - 2</th>
<th>3 - 4</th>
<th>5 - 6</th>
<th>7 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

3. Do you eat at least 2 cups of fruit and 2½ cups of vegetables per day?

(A cup is equal to 1 cup 100% fruit or vegetable juice, 1 cup cooked vegetables, 2 cups raw leafy vegetables, 1 piece of fruit, or ½ cup dried fruit.)

<table>
<thead>
<tr>
<th></th>
<th>Yes, but for less than 6 months.</th>
<th>Yes, I have been for more than 6 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, and I do not intend to in the next 6 months.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>No, but I intend to in the next 6 months.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>No, but I intend to in the next 30 days.</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

4. Other than just coffee, do you eat breakfast daily?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

5. Do you choose 100% whole grain bread, pasta, rice, cereal and crackers more often than the regular (white) variety?

| | O | O |

6. Do you choose low fat or reduced fat items more often than regular or full-fat products?

| | O | O |

7. Do you read the Nutrition Facts panel on food labels?

| | O | O |

8. Do you plan to improve your diet during the next 6 months?

| | O | O |

9. Would you like to learn more about options to improve your eating habits?

| | O | O |
For the questions below, a “drink” equals one beer, one glass of wine, one shot of liquor or one mixed drink.

1. How many drinks do you have on a typical weekend day?
   - Zero
   - 1
   - 2
   - 3
   - 4
   - 5 or more

2. How many drinks do you have on a typical weekday?
   - Zero
   - 1
   - 2
   - 3
   - 4
   - 5 or more

3. How often do you have five or more drinks within a 24-hour period?
   - Daily or almost daily
   - Less than once a week
   - Less than once a month
   - Once or twice a year
   - Never

4. Have you been told that your drinking is contributing to problems such as strained relationships, health problems, financial difficulties or problems at work?
   - Yes
   - No

5. Do you limit your drinking to less than 5 drinks (for men) /4 drinks (for women) within a 4 hour period?
   - No, and I do not intend to in the next 6 months.
   - Yes, but for less than 6 months.
   - No, but I intend to in the next 6 months.
   - Yes, I have been for more than 6 months.
   - No, but I intend to in the next 30 days.

6. Would you like to learn more about options that might help you eliminate or cut back on your use of alcohol?
Statement of Confidentiality Addendum

This Personal Health Survey is intended to help you understand health risks you may face and offer suggestions on how best to minimize or eliminate these risks. The information you provide WILL BE KEPT STRICTLY CONFIDENTIAL and WILL NOT BE SHARED WITH YOUR INSURANCE CARRIER. Any information shared with your employer WILL NOT IDENTIFY ANY SINGLE INDIVIDUAL and will only be presented to represent the workforce as a whole.

This assessment is not intended to establish a patient-health professional relationship nor replace any advice provided by your physician. Information you provide may be made available to health resource experts whose product or services may be appropriate to help you reduce health risks you may face. Your participation in these initiatives is strictly voluntary.

Consent and Release for Screening Addendum

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BLW Corporate Wellness Overview, Retail Services, Lab Panels
Healthy Companies Depend on Healthy Employees

BetterLife Wellness believes that no company can be truly successful without paying attention to the well-being of their people—and people can't be successful without feeling good every day. BetterLife Wellness enriches the health and well-being of your employees by bringing balance to their physical, emotional, mental, social and spiritual health. Our holistic approach, led by a multi-disciplinary team, ensures each employee has the tools and resources necessary to achieve their personal health and wellness goals.

Expert Guidance

- 20 years experience and research on the impact of lifestyle medicine and health
- Past program results in over 20 scientific articles in peer-reviewed medical journals
- First healthcare system in the region to successfully integrate complementary therapies
- Medically integrated approach with YMCA partnership

Building a Culture of Wellness and Care Together

We offer wellness plans that address, improve and control health factors in employee populations.

At the core of each of our plans, we put your employees in control of their health, in addition to the support of our team of experts, creating a culture of wellness and care together, every step of the way. Research demonstrates one of the number one ways to improve a person's health is to be engaged in one's healthcare. Our health risk assessment and biometric screening help your employees know and understand their numbers, while comprehensive educational content empowers them to make informed and impactful decisions.

Benefits of Choosing a Local Partner

At SwedishAmerican we are committed to making a difference in the population health of the community. As an employer you can be assured that we are invested in improving the health of your employees. The dollars you will be investing in your employees will remain local and reinvested back into this community. Our partnership with UW Health strengthens our direct access to cutting edge research and further reinforces our commitment to improving the overall health and well-being of the region.

Choosing BetterLife Wellness as your partner in corporate wellness will give your employees access to on-site/near-site and hands-on learning experiences and face-to-face therapeutic interventions. Partnering with SwedishAmerican also would provide availability to the SwedishAmerican wellness partnerships that could be difficult to match by a non-regional provider.

200 Y Blvd., Rockford, IL 61107 • (779) 696-9700 • betterlifewellness@swedishamerican.org
Therapeutic Massage
Massage can improve overall health, enhance fitness training, reduce pain, aid in rehabilitation and promote relaxation. Our skilled therapists can provide a variety of massage styles to complement your needs.
90 minute massage: $90
60 minute massage: $65
30 minute massage: $40

New Directions Weight Management Program
New Directions is a comprehensive, multidisciplinary weight management program that is FDA approved and prescribed by a board certified physician. There are two primary meal replacement options: A Very Low Calorie Diet (VLCD) and a Low Calorie Diet (LCD). The program incorporates behavior modification, nutrition education, physical activity and group support to reinforce lasting lifestyle changes. Call BetterLife Wellness for pricing.

Cooking Classes
Eating healthfully doesn’t have to be complicated, expensive, nor boring! Taught by a licensed dietitian, learn practical food choice tips and see how to make simple and healthy recipes that will inspire you to eat well for life. Tasty samples and written recipes provided. Class offerings include Organic, Vegan, Diabetic, Heart Healthy and Gluten-Free recipes. $25 per participant

Healthy Grocery Tour
Spend some time walking through Woodman’s Grocery Store with a licensed dietitian to discuss ingredients, read labels and get answers to all your grocery shopping questions. You will receive a number of resources to help make healthy grocery shopping easier, including pantry must-haves, shopping list and meal planning tips. $15 per participant

Action Weight Management
Action Weight Management is a highly successful program for people who want to lose weight and keep it off. Learn the skills needed to manage weight, including regular exercise, healthy nutrition and lifestyle modifications. Taught by healthcare professionals, this 12 week education and support class is held at BetterLife Wellness within the I.D. Pennock Family YMCA, includes a three month YMCA membership, visit with a personal trainer and access to the YMCA’s ActivTrax program. $225 per participant

Smoking Cessation Program
More than 70 percent of smokers want to quit and attempt to do so each year, but without help, most of them remain unsuccessful. The American Cancer Society’s proven smoking cessation program can significantly increase your employees’ chances of quitting for good. Taught by trained professionals, the four-week program meets weekly for an hour and focuses on managing stress, developing a new self-image and staying smoke-free for life. $25 per participant

Health Coaching
Looking for motivation, support or accountability to make your change? For individuals and groups, BetterLife Wellness health coaches can help! A health coach is like a “personal trainer” except the focus will be on the whole self. Our coaches work in partnership with your employees to identify obstacles to change and create strategies for moving forward toward their goals to live a more optimal life. $50 per hour

Healthy Connections
Healthy Connections is a one-year coaching program designed to improve the health and well-being of high risk employees resulting in increased presentism, reduced sick days and reduced health claims. High risk employees are identified through biometric screen results. In addition to health coaching, the program includes several services from grocery tours and cooking classes to access to unlimited fitness classes and smoking cessation program to provide the greatest opportunity for long-term success. Call BetterLife Wellness for pricing.
**BASIC Health Screening (2 panel/8 results)**

Includes 2 panels and 7 results and 1 additional panel and result would be run on those with a fasting glucose greater than 99. Cholestech is 2 panel with 5 results.

- Lipid profile includes the following
  1. Total cholesterol
  2. Triglyceride
  3. HDL cholesterol
  4. LDL cholesterol
  5. VLDL cholesterol
  6. Cholesterol/HDL ratio

- Fasting glucose (1 test)

If needed

- Hemoglobin A1C fasting glucose >99 (1 test)

**PREMIUM Health Screening (4 panel/37 results)**

Includes 4 panels with 36 results and 1 additional panel and result would be run on those employees with a fasting glucose greater than 99.

- Lipid profile includes the following
  1. Total cholesterol
  2. Triglyceride
  3. HDL cholesterol
  4. LDL cholesterol
  5. VLDL cholesterol
  6. Cholesterol/HDL ratio

- CMP- Complete Metabolic Panel includes the following:
  1. Electrolytes: Sodium, Potassium, Chloride, Total CO2, Anion gap
  2. Bun
  3. Creatinine
  4. Estimated GFR
  5. B/C ratio
  6. Calcium
  7. Total Bilirubin
  8. ALT
  9. AST
  10. ALKP
  11. Total protein
  12. Albumin
  13. Globulin
  14. A/G ratio

- Fasting glucose

- CBC-Complete Blood Count includes the following:
  1. White blood cell count
  2. Red blood cell count
  3. Hemoglobin
  4. Hematocrit
  5. MCV
  6. MCH
  7. MCHC
  8. RDW
  9. Platelet count
  10. MPV

If needed

- Hemoglobin A1C for fasting glucose > 99 (1 test)
The SwedishAmerican laboratories have received national accreditation by the College of American Pathologists and The Joint Commission. One of the key benefits of having a local partner like BetterLife Wellness (BLW) is having access to the state-of-the-art lab services at SwedishAmerican. Currently, there are five full-time pathologists and more than 70 medical laboratory scientists, medical laboratory technicians, histotechnicians, cytotechnologists and support staff. Together, they provide cutting edge, comprehensive clinical and anatomical laboratory testing and will be working to provide your employees quality and timely results. Because SwedishAmerican operates its own laboratory, there is no outside contracting with local laboratories to test and obtain the results on HRA lab screens and in return, those cost savings are passed along to the BLW corporate wellness clients.
Samples of BetterLife Wellness Programming
ALL BENEFITS-ELIGIBLE ASSOCIATES are eligible and are encouraged to participate. Associates and spouses, if applicable, who complete the health screen and health survey will earn a $20 per paycheck discount for their 2017 health insurance benefits.

Register for your free onsite biometric screening that includes the following tests:

- **Height and Weight** (optional)
- **Blood Pressure**
- **Lipid Panel**
- **Glucose**
- **A1C if glucose >100**
- **NEW! CMP and CBC (or PSA)** will not be tested

**NEW LOCATION!**

Screenings will be performed at the Camelot Tower, Lower Level (Arcade, former Employee Health offices) **and most offsite locations**

**August 8-September 2, 2016.**

- Fast for at least 8 hours prior to test—
  - Black coffee, tea and water allowed
- Blood draws done by trained phlebotomists
- Hydrated veins are easier to draw!
- Drink plenty of water before your screen!

**NEW! SPOUSE INFORMATION:**

Spouses of associates working at off-site locations can be screened at that off-site location or Camelot Tower. Spouses need to complete their online survey before attending their health screening. Spouses must participate in order to receive the $20 discount per paycheck in 2017.

Please schedule your appointment at your worksite. Screenings will be performed by appointment only. **NEW! You must complete the online survey prior to attending your health screening.** Spaces are limited. Please plan ahead and arrive on time. No walk-ins will be accepted.

Reserve your appointment online at SwedishAmerican.EzOnlineRegistration.net

Questions: Call BetterLife Wellness at (779) 696-9700.
INTRODUCING THE SWEDISHAMERICAN WELLNESS INCENTIVE PROGRAM

betterlife wellness
Your Connection to Healthy Living

HOW THE PROGRAM WORKS
My Betterlife Rewards is an exciting new way to earn discounts on your health insurance premiums. The program is designed to reward you for actively pursuing healthy lifestyle behaviors and activities.
If you are enrolled in SwedishAmerican's health plan, the choice to use My Betterlife Rewards is entirely yours.

RECEIVE DISCOUNTS TWO WAYS

• Complete Your Annual Health Evaluation — Save $20 per pay period ($520 per year)
  Receive a discount on your health insurance premium by completing your biometric screening and online health assessment.

• Earn Points Through Activity — Save $10 per pay period ($260 per year)
  Complete SwedishAmerican Wellness Committee-approved activities throughout the year and once you’ve earned at least 50 points, receive an additional discount.
  Betterlife Wellness will be responsible for tracking the individual’s participation and will supply Human Resources with the names of those who qualify for their health insurance discounts on their health premiums.
  Employees who elect to participate will be responsible for collecting, recording and reporting the necessary documentation to Betterlife Wellness in a timely manner in order to qualify.
If you are under the care of your physician and are unable to achieve enough points to meet minimum qualifications, you may contact Betterlife Wellness to discuss a reasonable alternative standard to qualify for the incentive.
  Questions? Call (779) 696-9700 or email betterlifewellness@swedishamerican.org

My betterlife Rewards Plan
### MY BETTERLIFE WELLNESS PROGRAM ACTIVITY MENU

**Earn 50 points from January 1, 2015 to August 31, 2015 & earn additional wellness insurance discount**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ACTIVITY</th>
<th>SCHOLARSHIP INFORMATION</th>
<th>TERRITORY</th>
<th>WELLNESS, HEALTH, SIGNATURE</th>
<th>MAXIMUM FREQUENCY</th>
<th>MAXIMUM POINTS</th>
<th>TERMS OF POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COACHING &amp; SUPPORTING</td>
<td>Meet with RWY Coach</td>
<td>Call (779) 694-9700 for appointment</td>
<td>Wellness stamp from health coach</td>
<td></td>
<td>10 points per visit, up to 2 visits</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Meet with AH/ Registered Dietitian</td>
<td>Call (779) 694-9700 for appointment</td>
<td>Wellness stamp from registered dietitian</td>
<td></td>
<td>5 points per visit, up to 2 visits</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Referral tobacco, complete FREE Tobacco Cessation Program</td>
<td>Call (779) 694-9700 to register</td>
<td>Wellness stamp from class facilitator</td>
<td></td>
<td></td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Participants in SAHS Wellness Committee Event</td>
<td>Weight loss</td>
<td>Wellness stamp from SAHS Wellness Committee coordinator or manager signature</td>
<td></td>
<td></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Participate in yoga at H Smith or other facility twice weekly for 5 visits (minimum visits per week)</td>
<td>Visit the HUB for class schedule for WCA group classes; rockfordymca.org</td>
<td>Wellness stamp from RWY staff member or implementation verification from yoga facility</td>
<td></td>
<td>10 points every 2 months, up to 4 times</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Participate in a daily mindful breathing exercise of your choice</td>
<td>One round</td>
<td>On Your Hoop - Complete and sign Mindful Health Work Form</td>
<td>Signature/Dated Receipt from the HUB</td>
<td>10 points for daily participation (January 1, 2015 - August 31, 2015)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>MANAGE YOUR HEALTH</td>
<td>Complete FREE 6 month biometric checked on March 1, 2015</td>
<td></td>
<td>Wellness stamp from RWY staff member</td>
<td></td>
<td>5 points</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Complete vision screening</td>
<td></td>
<td>Written documentation from provider</td>
<td></td>
<td>5 points</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Complete dental screening</td>
<td></td>
<td>Written documentation from provider</td>
<td></td>
<td>5 points</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Designate a Primary Care Provider (PCP) and visit provider for annual exam or wellness/evaluation care</td>
<td></td>
<td>Written documentation from provider</td>
<td></td>
<td>15 points</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Visit Specialty Provider as referred by PCP</td>
<td></td>
<td>Written documentation from provider</td>
<td></td>
<td>5 points</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Participate in Weight Management Program for 12 week session</td>
<td>weightwatchers.com and the HUB for information and payment required</td>
<td>Wellness stamp from RWY staff member</td>
<td></td>
<td>10 points, up to 2 sessions</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Attend a SAHS or RWY Community Health Education and/or Healthy Cooking Class</td>
<td>Visit the HUB for class schedule</td>
<td>Wellness stamp from RWY event or signature from provider</td>
<td></td>
<td>5 points, up to 2 sessions</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Participate in SAHS Breakfast Committee Event</td>
<td>Visit the HUB/Web or E-mail details will be available in April</td>
<td>Wellness stamp from SAHS Wellness Committee coordinator or manager signature</td>
<td></td>
<td>5 points</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Participate in aerobic exercise at YMCA or any fitness center for a minimum of 90 minutes weekly for 8 weeks (minimum visits per month)</td>
<td>For YMCA class schedule; Rockfordymca.org</td>
<td>Wellness stamp from RWY staff member or attendance verification from fitness center</td>
<td></td>
<td>10 points every 2 months, up to 4 times</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Participate in aerobic exercise: run, bike, walk, swim, etc. for a minimum of 90 minutes weekly (52 weeks) and for a minimum of 90 minutes weekly (52 weeks)</td>
<td>N/A</td>
<td>Wellness stamp from RWY staff member or attendance verification from fitness center</td>
<td></td>
<td>10 points every 2 months, up to 4 times</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Participate or volunteer in community walk/run/bike/walk event or team sport</td>
<td>N/A</td>
<td>Wellness stamp from RWY event or signature on verification of your participation</td>
<td></td>
<td>5 points, up to 2 events</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Complete $5000 Wellness goal as outlined by RWY health coach</td>
<td></td>
<td>Wellness stamp from RWY health coach</td>
<td></td>
<td>10 points per goal achieved, maximum $500</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

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**BetterLife Wellness**

Your Connection to Healthy Living

The Wellness Incentive Program has been designed to help you improve your personal health and wellbeing. Please be honest about your wellness actions or achievements—it's for your own good! I understand that I will receive a $20 per pay period ($520 per year) discount on my health insurance premiums during the 2016 Plan Year because I have participated in the wellness screening program during September, 2015.

I also understand that I must earn at least 50 points by participating in personal wellness activities from 1/1/2015 through 6/30/2015 in order to qualify for an additional $10 per pay period ($260 per year) discount on my health insurance premiums during the 2016 Plan Year. My total annual health insurance premium discount for the 2016 Plan Year can result in an annual health insurance premium discount of $760 if I participate in the wellness screening program and earn 50 points for various wellness activities.

By signing below, I declare my wellness activity information provided to BetterLife Wellness is truthful and accurate.

[Signature]

[Printed Name]

[Employee ID] [Date]
Presents another ....

Creative Canvas event!

When: Thursday, February 15th, 2018 6 – 8:30 pm

Where: NEW Location!
The Olympic
2327 North Main St., Rockford, IL

Who: Local artist, Jori Lee, will guide you in creating a work of art!

What:

Call SwedishAmerican Health Connect 779-696-7081 to Register

- All supplies are furnished
- Pre-registration is required. Cost is $ 35.00
- The event is limited to 20 participants –
- Don’t be discouraged if you get on the wait list!

Come and join in on the fun!

***

Want to plan a private event for your friends or co-workers?
Please contact: Dody Rupprecht 779-696-2841
drupprecht@swedishamerican.org
# YOGA & TONING CLASS SCHEDULE

**Northeast YMCA, 8451 Orth Road** * Puri Family YMCA, 1475 S. Perryville Rd  
ID Pennock YMCA, 200 Y Blvd. * BetterLife Wellness, 200 Y Blvd. (inside IDP)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:45 - 11:45 am</td>
<td>8:00 - 8:45 am</td>
<td>9:45 - 10:45 am</td>
<td>8:00 - 8:45 am</td>
<td>8:00 - 9:00 am</td>
<td>9:00 - 10:00 am</td>
</tr>
<tr>
<td>Northeast Family YMCA</td>
<td>Yoga - Any Level</td>
<td>ID Pennock - YMCA</td>
<td>Yoga - Any Level</td>
<td>Northeast Family YMCA</td>
<td>Cecilia / BLW</td>
</tr>
<tr>
<td>11:00 am - 12:15 pm</td>
<td>Yoga - Any Level</td>
<td>11:15 - 12 noon</td>
<td>8:45 - 9:45 am</td>
<td>ID Pennock - YMCA</td>
<td>&quot;STRICTLY TONING&quot;</td>
</tr>
<tr>
<td>ID Pennock - YMCA</td>
<td>Yoga - Any Level</td>
<td>Friendly Yoga - Any Level</td>
<td>Northeast Family YMCA</td>
<td>Yoga - Any Level</td>
<td></td>
</tr>
<tr>
<td>11:15 am - 12 noon</td>
<td>Greg /SAH Reg Cancer Cntr</td>
<td>Tai Chi - Beginner</td>
<td>Yoga - Any Level</td>
<td>ID Pennock YMCA</td>
<td></td>
</tr>
<tr>
<td>Stretch/Strengthen-CancerPts</td>
<td>Yoga for Cancer patients</td>
<td>Yoga - Any Level</td>
<td>PiYo - Beginner</td>
<td>Puri Family YMCA</td>
<td></td>
</tr>
<tr>
<td>12 noon - 1 pm</td>
<td>12:10 - 12:45 pm</td>
<td>10:00 - 10:15 am</td>
<td>10:15 - 11:00 am</td>
<td>&quot;DANCE FITNESS&quot;</td>
<td></td>
</tr>
<tr>
<td>Northeast Family YMCA</td>
<td>Tai Chi - Beginner</td>
<td>9:00 - 10:00 am</td>
<td>9:00 - 10:00 am</td>
<td>10:00 - 10:15 am</td>
<td></td>
</tr>
<tr>
<td>12:10 - 12:45 pm</td>
<td>Yoga - Any Level</td>
<td>Nicole/SAH Reg Cancer Cntr</td>
<td>Yoga for Cancer patients</td>
<td>Yoga - Any Level</td>
<td></td>
</tr>
<tr>
<td>Puri Family YMCA</td>
<td>PiYo - Beginner</td>
<td>Puri Family YMCA</td>
<td>PiYo - Beginner</td>
<td>Puri Family YMCA</td>
<td></td>
</tr>
<tr>
<td>5:30 - 6:30 pm</td>
<td>PiYo - Any Level</td>
<td>5:00 - 6:00 pm</td>
<td>5:30 - 6:30 pm</td>
<td>Nicole / BLW</td>
<td></td>
</tr>
<tr>
<td>Nicole / BLW</td>
<td>Yoga - Any Level</td>
<td>SAH! 1st Flr Conf Rms &quot;DESK JOB BODY FIX&quot;</td>
<td>Yoga - Any Level</td>
<td>Yoga - Any Level</td>
<td></td>
</tr>
<tr>
<td>6:30 - 7:30 pm</td>
<td>PiYo - Any Level</td>
<td>6:00 - 6:00 pm</td>
<td>6:30 - 7:30 pm</td>
<td>ID Pennock - YMCA</td>
<td></td>
</tr>
<tr>
<td>Northeast Family YMCA</td>
<td>Yoga - Any Level</td>
<td>ID Pennock - YMCA</td>
<td>Yoga - Any Level</td>
<td>Yoga - Any Level</td>
<td></td>
</tr>
<tr>
<td>5:00 - 6:00 pm</td>
<td>Cecilia / BLW</td>
<td>&quot;STRICTLY TONING&quot;</td>
<td>6:05 - 6:50 pm</td>
<td>Yoga - Pilates Fusion</td>
<td></td>
</tr>
<tr>
<td>6:15 - 7:00 pm</td>
<td>Cecilia / BLW</td>
<td>&quot;DANCE FITNESS&quot;</td>
<td>6:10 - 6:50 pm</td>
<td>&quot;FAT BURNER&quot;</td>
<td></td>
</tr>
</tbody>
</table>

**Legend:**
- Orange highlighted classes - SAH Regional Cancer Cntr
- Purple highlighted classes @ SAH 1st Flr Conf Cntr
- Yellow highlighted classes @ BLW-YMCA
Wellness Education Sessions

Stress Management

- Calm In The Chaos
- “Balance” – Balance & Resiliency
- It is Ok To Care For Yourself
- Stressed
- Are We Having Fun Yet?

Nutrition

- Mindful Eating On The Run- Balancing Fast Foods with Healthy Eating
- Snappy Summertime Recipes and Ideas
- Nutrition and Disease Prevention
- Healthy Comfort Foods
- Wonders of Water
- Sugar or Sugar Substitute
- Portion Distortion – Super Size Me Not
- Organic Food – To Buy or Not To Buy
- Label Reading
- How to Eat a Healthier Breakfast
- Truth About GMO’s
- Health for Life: Nutrition 101
- Healthy Choices for Holiday Parties
- Be Good to Your Gut
- Get a Taste for Nutrition – History of Healthy Eating
Integrative

- Mind-Body-Spirit Connection- Holistic Care & Healing
- Aromatherapy- Use of Essential Oils (clinical focus)
- Aromapsychology In Cancer Care

Mindfulness

- Have An Attitude Of Gratitude
- Positive Affirmations
- How To Turn Negative Energy Into Positive Energy
- How to Beat the Winter Blues
- One Minute Relaxation and Mindfulness Strategies

The Art of Listening

- What Kind of Animal Are You? – Personality types
- Appreciative Parenting: Finding What's Right With Your Child

Activity

- Resistance Training
- Stretch & Move
- Desk Stretching and Exercise
- How Exercise is Medicine
- Living an Active Lifestyle with a Busy Schedule
- Living Healthy for a Lifetime and Not a Brief Time
Change

- What Is Health Coaching?
- Maintaining Momentum - How to stay on track when you feel like throwing in the towel
- Stages of Change - Are You Ready?
- Progress Not Perfection - Coaches

Health Topics

- Heart Disease - How To Decrease Your Risk
- Hypertension
- Smoking Cessation (informational)
- Know Your Numbers
- An Epidemic Of Arthritis
- Latest In Migraine Treatment
- The Cost of How We Live

Diabetes

- Diabetes: What's New
- Diabetes and Heart Disease
- Pre-Diabetes: The Epidemic
- Food and Your Blood Sugars
Jeanie Burke’s Tour of Woodman’s Grocery Store

50 POINTS BY June 30, 2017! Receive 5 MyRewards Wellness points by attending an event

Learn what to look for on a food label and where to find the healthiest options! Classes are held on Wednesdays, 6:00 pm – 7:30 pm
September 21  October 5  October 19  November 2  November 16  December 7  December 21

+++++++++++++++++++++++++++++++++++++++++++++++++++++++++

Jeanie’s Cooking Classes at BetterLife Wellness

Taste test several recipes, Come Hungry!!

Wednesday, September 28  6 pm – 7:30 pm  “Recipes with an International Flair” Featuring:

Coconut Lentil Dahl:  India out-did themselves with this recipe and if you’ve never tried the “Low-fat Coconut Milk” you’ll see why its’ so popular!

Colorful Beet Salad with Carrot, Quinoa & Spinach:  Quinoa is the marvelously flavored grain known to Bolivians as “The Mother Grain”

Quinoa Tabouli:  Another International dish from the East! The colors and texture will dazzle your taste buds!

Honey Baked Pears with Warm Lemon Sauce:  What else needs to be said? Mmmmm Mmmmmm Good!

<table>
<thead>
<tr>
<th>UPCOMING CLASSES</th>
<th>11 am – 12:30 pm 6pm-7:30 pm</th>
<th>Creative Vegetarian Cooking</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 12</td>
<td></td>
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<tr>
<td>October 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 9</td>
<td>11 am – 12:30 pm 6 pm – 7:30 pm</td>
<td>A Taste of Italy</td>
</tr>
<tr>
<td>November 23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 14</td>
<td>11 am – 12:30 pm 6 pm – 7:30 pm</td>
<td>All New Mexican Dishes</td>
</tr>
<tr>
<td>December 28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To register, call Health Connect at 779-696-7081

Woodman’s tours: $12 ($15 public price)  Cooking Classes: $15 ($25 public price)
Bring Your Health Back to Healthy

Physician-led, rapid weight loss. Personalized to your needs with a team of healthcare professionals.

FDA Approved New Direction® Weight Management System Provides Treatment for:

- Obesity
- Hypertension
- Diabetes
- Cardiovascular Disease
- Sleep Apnea
- Pre-surgery Weight Loss

We Can Do It Together.

Visit bringyourhealthback.com or call 779-696-9700
Let's get started today.

SWEDISHAMERICAN
A DIVISION OF UW HEALTH

betterlife wellness
Your Connection to Healthy Living
Join us for an open house on
Wednesday, January 24
4:30 PM - 6:30 PM
Betterlife Wellness, within the ID Pennock YMCA

- Physician-led, rapid weight loss. Personalized to your needs with a team of healthcare professionals.
- FDA Approved to Treat:
  - Obesity
  - Diabetes
  - Pre-surgery Weight Loss
  - Hypertension
  - Cardiovascular Disease
- Sample delicious products and learn how the program can be successful for you.
- RSVPs appreciated but not required. Please call 779-696-9700.
ACTION Weight Management Program
Activity – Change – Thoughts – Individualized – Options – Nutrition

Twelve-week program combining education, fitness, group support and individual coaching accountability to empower participants to lose weight and keep it off!

Each week the group will participate in the following activities:
- One hour GROUP education/support led by Licensed Clinical Professional Counselor & Licensed Dietitian.
- Additional health professionals will share their expertise
- 30 minute GROUP aerobic exercise led by YMCA staff
- 30 minute GROUP relaxation/stretching

Each individual will also schedule at their convenience:
- Body fat composition testing
- One 30 minute therapeutic massage or reflexology session
- Two personal health coaching sessions

Includes 3 month YMCA membership!

**Free** for SwedishAmerican Associates, Spouses, & Dependents over 15

Public Pricing: 12 week program = $385

Space is limited Call (779)696-9700 to register
Class Topics

Week One:  Introductions
            Nutrition Options/Monitoring

Week Two:  Proper Portions/Metabolism
            Protein: Am I getting enough?
            Label Reading

Week Three: What's my Motivation?
           Saboteur Sleuthing

Week Four:  Good Carbs/Bad Carbs
            The Fiber Train

Week Five:  Emotional Eating/Stress Awareness

Week Six:   Healthiest Fats
            What's up with Cholesterol?
            Recipe Modification

Week Seven: Break a Bad Habit/Start a Healthy One

Week Eight: Sensible Snacks
            Recipes and Taste Testing

Week Nine:  Perseverance
            Progress not Perfection

Week Ten:   Handling Special Events
            Yes you can Eat Out!

Week Eleven: Why is Change so Hard?

Week Twelve: Vitamins, Antioxidants
            Next Steps
The New Direction System – CORE PROGRAM

Under the direction of Dr. Gurpreet Boparai, Fellow of the Obesity Medicine Association (FOMA)
Ann Sammons, LDN, CWWS, Manager
Emily Apitz, MS, LDN, Registered Dietitian
Beatriz Licon, Phlebotomist

Jocelyn Turek, Supervisor
Jeanne Perian, LDN, Registered Dietitian
Jetaun Lambert, Coordinator

The New Directions System is supervised by a medical team of health care providers: physician, dietitian, exercise and behavior specialists. You will learn about healthy living, nutrition, exercise and positive behaviors. Weekly, your weight and blood pressure will be monitored. Also included are monthly lab tests and EKG’s if necessary. The weekly professional and peer group will help you form new eating and exercise habits that promote weight management skills. Program held at BetterLife Wellness. Monthly visits with Dr. Gurpreet Boparai at SAMG Five Points clinic can be billed through your insurance.

• Medically supervised 800 calorie diet
• Appropriate for females who have at least 40 pounds to lose, males who have at least 50 pounds to lose, BMI>30 or BMI >27 with obesity related co-morbidities.

• Aggressive weight loss of 3-5 pounds per week for women and 4-7 pounds per week for men.
• Ketogenic program utilizing 4 New Direction products as sole source of nutrition.
• Safe for people that have type 2 diabetes
• Effective treatment for pre and post bariatric surgery.
• Four phased approach – One year system
  a. Screening- Lab tests, orientation, meet with BLW staff. $200. Physician visit not included in price but can be billed through insurance.
  b. Reducing – 16 weeks. Includes all foods (Products: shakes, pudding, soup, cocoa, bars) weight, blood pressure, support/education class and monthly lab tests. Once/month visit with physician (not included in price). $160/week
  c. Adapting – 10 weeks. Begin self-prepared foods while reducing New Direction products. Weight, blood pressure, support/education class and monthly lab work. Once/month visit with physician (not included in price). $100 weekly
  d. Sustaining – 26 weeks. Weekly or twice/month weight, blood pressure and support/education class. $100 total cost for 26 weeks.

We’ve Got You Covered for One Year of Education and Support!

BetterLife Wellness
YMCA – ID Pennock branch
200 Y Blvd.
Rockford, IL 61107
Phone: 779/696-9700
Fax: 779/696-9704

Dr. Gurpreet Boparai
SAMG Five Points clinic
2404 Charles Street
Rockford IL 61108
Phone: 779/696-7910
Fax: 779/696-7918
The New Direction System
MODIFIED PROGRAM

Looking for a program but have less weight to lose? This program is for you!

Designed for patients that have at least 10 pounds to lose. Combine self-prepared food with New Direction products for a 1000 - 1200 calorie meal plan. Weekly weight, blood pressure, support/education class and monthly lab work. Begin with the same screening as in the New Directions Core Program. (Monthly visits with Dr. Gurpreet Boparai at SAMG Five Points clinic can be billed through your insurance). Daily meal plan:

- On self-prepared meal, 3 products (shake, pudding, soup or cocoa) + 1 bar.

Register for one month at a time. Continue for as long as you wish. Once your goal weight is reached, continue with weekly or twice/month weight, blood pressure and support/education class.

Screening – Lab tests, orientation, meet with BLW staff. Physician visit not included in price but can be billed through insurance.

Weeks 1-3: New Direction products, weight, blood pressure, support/education class.
Week 4: As above, add lab tests, schedule visit with Dr. Boparai.

Fees:
Screening: $200.
Weeks 1-4: $159.50/week
Congratulations! As a Rockford Company Employee or Spouse who participated in the 2017 Wellness Screenings, you are receiving this coupon to redeem at a participating YMCA for a **FREE 30 Day Individual Trial Membership**.*

Bring the coupon below and a photo ID to one of the participating YMCA locations below before the end of 2018 to start your 30 Day Individual Trial Membership:

1) YMCA of Rock River Valley (3 locations)  [www.rockrivervmca.org](http://www.rockrivervmca.org)
   A) I.D. Pennock Family YMCA  200 Y Blvd, Rockford, IL 61107
   B) Northeast Family YMCA  8451 Orth Rd, Loves Park, IL 61111
   C) Pur Family YMCA  1475 Perryville Rd, Rockford, IL 61108

2) Belvidere Family YMCA  [www.belviderefamilyymca.org](http://www.belviderefamilyymca.org)
   220 W Locust St, Belvidere, IL 61008

3) Stateline Family YMCA  [www.statelineymca.org](http://www.statelineymca.org)
   9901 Main St, Roscoe, IL 61073

4) Family YMCA of Northwest IL  [www.freeportymca.org](http://www.freeportymca.org)
   2998 W Pearl City Rd, Freeport, IL 61032

5) Dixon Family YMCA  [www.dixonymca.org](http://www.dixonymca.org)
   110 North Galena, Dixon, IL 61021-2118

Wishing you continued wellness,

**BetterLife Wellness**
779-696-9700
[betterlifewellness@swedishamerican.org](mailto:betterlifewellness@swedishamerican.org)

*If you are a current paying YMCA member — you may redeem your coupon for credit on your account. You may be credited the value of an individual membership. If you and your spouse have a “family” membership (EX: 2-adults or 2-adults+children) — you have the following options:
   a) Combine the 2 trial coupons and not pay anything for the next month
   b) Apply the “value” of the trial membership ($42) to the monthly dues for 2 separate months and just pay the difference for each of those months that is applicable to your membership type.
Please contact the YMCA for specific membership questions.*
Therapeutic Thursday
Lunch and Learn

“What is Health Coaching?”
by Jane Greenlee RN, BHA, HN-BC
Thursday, February 8
12-1pm in the cafeteria

Employees who participated in the HRA screening are eligible for two complimentary health coaching sessions.

Call BetterLife Wellness at 779.696.9700 to schedule an appointment.
Maintain Campaign

It’s that time again!

Weigh-Out for the Holiday Maintain Campaign
(November ‘17 thru January ‘18 session)
• All participants will receive 5 Wellness points
• If you’ve stayed within 2 pounds of your Weigh-in weight your name will be entered into the drawing for a chance at one of 50 - $25. Visa gift cards!

New!

MARCH MADNESS — Maintain Campaign 2018
• Didn’t participate in the November Maintain Campaign? Weigh in for March Madness on one of the dates below!
• Already a participant? You will automatically be entered into the March Madness Campaign with your weigh-out from the Nov/Jan campaign on one of the dates below.

Earn 5 Wellness Points for participating in March Madness!
Tuesday, 1/9 7:30 – 8:45 Plaza – Conference Rm 2
Wednesday, 1/10 7:30 – 8:45 Plaza – Conference Rm 3
Thursday, 1/11 7:30 – 8:45 Plaza – Conference Rm 3
Associate Health Survey & Health Screening Event
August 1 through September 8

Associates that enroll or plan to enroll in 2018 medical insurance will need to complete the survey and screening in order to earn a $20 discount per pay period beginning January 1, 2018.

In you enroll your spouse in medical benefits, he or she must also complete the survey and screening.
Do you have a Pain in the Neck?

Or Back? Or Knee? Or Hip?

“The Centers for Medicaid and Medicare Services spends more money on arthritis than any other condition, more than heart disease, stroke or cancer.”

Lunch and Learn
August 24, 2017
Cafeteria
12:00-1:00pm

Thomas M. Schiller, MD, MBA, FAAFP, Chief Clinical Integration & Chief Quality Officer at SwedishAmerican Health System a Division of UW Health and Medical Director of BetterLife Wellness will be on site to discuss the short and long term effects of joint and back conditions which become more prevalent as we move into our 30’s, 40’s, and 50’s.

Some of the questions that will be addressed in this lunch and learn will be:

- What symptoms should I worry about and when is it time to see a doctor?
- What issues can be treated in primary care setting and when is it time to see a specialist for my joint or back pain?
- What test do I really need to have done to diagnose my joint or back pain?
- What are the typical courses of treatment for joint and back pain?
- Are there any holistic care options that I can utilize for my joint or back pain?
- How can I prevent long term joint and back problems?
Samples of Promotional and Communication Materials
The Wellness Journey - Meet Anne

This is Anne's Story
I am a retired high school science teacher and also have taught at Rock Valley College. After retiring, I gained weight on my already round body because I wasn't moving as much.

At the time, I was a member of the Rock River YMCA and would swim, but had some joint trouble and felt as though I couldn't do many of the other fitness classes. I was motivated to learn about ways to be active so I signed up with a YMCA personal trainer. I worked with my trainer twice a week for 30 minutes and started doing strength training. At first, I didn't use weights but then gradually increased my strength so I could use weights. I knew my strength had improved because I can now throw around the 25-lb bags of cat food that I once needed help moving!

I was curious about BetterLife Wellness and walked in to check it out. A Weight Management Course was starting so I signed up. The positive support from group leaders and other members was inspiring. The information from the nutritionist about portion sizes and eating healthy was also helpful. I had gotten into a habit of not eating many vegetables, even though I had been a vegetarian. The food and recipes shared by the Weight Management leaders reignited my love for vegetables.

The Midwestern diet can be quite bland and include too many fried, fatty foods. People forget how many great spices and herbs can be used to add flavor. Some of my favorites include basil, turmeric and garlic, and I love eating spinach and broccoli, especially raw in salads. Lately, I have been eating tomatoes, such as Cherokee Purple and Yellow Pineapple, straight from my garden.

I believe watching my portion sizes and increasing the amount and types of vegetables I ate combined with the strength training really did the trick. I lost about 12 pounds in two months and became motivated to continue. I realized that even at 63 I could regain strength and energy... and I still fit in my smaller size clothes. This was definitely transformative!

Ann loves cooking with fresh tomatoes from her garden.
Activity Along the Way

Top of Your To-Do List
'Tis the season...for making a list and checking it twice. If an increase in demand on your time has you fretting and feeling frenzied, adding a yoga class to your to-do list may offer some relief.

Although there are many varieties and styles of yoga, most general yoga classes combine stretching exercises, controlled breathing, and relaxation.

Some of the potential health benefits of yoga include:

Stress reduction. When you are feeling stressed, tension is stored in the body and can make you feel tight. Physical activity is good for relieving stress, and this is particularly true of yoga. Participating in yoga can help release tension and enhance your mood and overall sense of well-being. Yoga also teaches that focusing attention on your breath can help you control your body and quiet your mind.

Improved fitness. Moving and stretching in new ways can help you become more flexible and improve balance, range of motion and strength. The series of movements or yoga poses are geared toward increasing strength and flexibility. As we age, flexibility typically decreases. Practicing yoga regularly can enhance not only flexibility, but help build core strength, and boost your balance. These benefits can also help improve your performance of everyday activities.

So, if you are motivated to put yoga at the top of your to-do list, check out the most recent BetterLife Wellness calendar. It lists a variety of fitness classes, including All-Level Yoga, days, and times. Call (779) 696-9700 to register for a class or for additional information. Namaste.

RESOURCES:
• http://www.mayoclinic.org/healthy-living/stress-management/in-depth/yoga/art-20044733
• http://yoga.about.com/od/beginningyoga/a/benefits.htm

Resiliency Restored

The Wonders of Water
Although beverages such as candy cane cocoa or spicy autumn punch may steal the spotlight this season, it's really water that plays a leading role.

With about 60% of our bodies made up of water, it's no secret that staying hydrated helps our bodies function optimally. In fact, every system in our body depends on water.

Need more reasons to fill your glass with water? WebMD identifies several:

Boosting Energy and Reducing Stress. Lack of water can lead to dehydration and dehydration can drain your energy and make you feel tired. About 70% to 80% of your brain tissue is water, so if you're dehydrated, both your body and mind are stressed. To keep energy levels up and stress levels down, think about drinking small amounts of water throughout the day.

Hungry or Thirsty? How Water Helps a Diet. It's also very difficult for the body to tell the difference between hunger and thirst. If you're feeling hungry, you might just be dehydrated. Try drinking a glass of water instead of a snack. Research has also shown that drinking a glass of water right before a meal can help you to feel full and eat less.
The Digestive Health Benefits of Water. Along with fiber, water is important for good digestion. Water helps dissolve waste particles and passes them smoothly through your digestive tract. If you’re dehydrated, your body absorbs all the water, leaving your colon dry and making it more difficult to pass waste.

RESOURCES:

### MEAL MAKEOVER

#### The Original Potato Salad*

**Ingredients:**
- 2 lbs. potatoes, peeled and cubed
- 1 cup mayonnaise
- 2 Tbs. vinegar
- 1 ½ tsp. salt
- 1 tsp. sugar
- ¾ tsp. ground black pepper
- 1 cup thinly sliced celery
- 1/2 cup chopped onion
- 2 hard-cooked eggs, chopped (optional)

In a large salad bowl, combine mayonnaise, vinegar, salt, sugar, and pepper. Add potatoes, celery, onion, and eggs, and toss gently. Serve chilled or at room temperature.

**Serving size ¼ c. Serves eight.**

**Nutrition Information per serving:**
- Calories 300
- Fat 21 grams
- Fiber 2 grams
- Protein 4 grams
- Sodium 650 mg
- Cholesterol 60 mg

*Source: http://www.bestfoods.com/recipes/detail/31353/1/the-original-potato-salad

#### Veggie Potato Salad

**Ingredients:**
- 2 lbs. small red potatoes, cooked and cubed
- 1 ½ cup sliced celery
- ⅛ cup chopped red onion
- ⅛ cup sliced radishes
- 2 Tbs. chopped green pepper
- 1/3 cup reduced fat Caesar type dressing
- 2 Tbs. skim or dairy-free milk
- ½ tsp. dill weed

In a large salad bowl, toss the potatoes and vegetables. In a small bowl, blend the salad dressing, milk, and seasonings; add to potato mixture and toss to coat. Cover and refrigerate for at least one hour before serving.

**Serving size ¼ c. Serves eight.**

**Nutrition Information per serving:**
- Calories 165
- Fat 5 grams
- Fiber 6 grams
- Protein 5 grams
- Sodium 123 mg
- Cholesterol 0

Weighing in at just about one half the calories of the Original Potato Salad, the Veggie Potato Salad (165 calories versus 300 calories), is a healthier choice on all fronts. Most notable is only 5 grams of fat versus 21 grams and 123 mg of sodium versus 650. So what’s stopping you? Go ahead, makeover that meal!
SATURDAY, APRIL 30
8:00 am-11:00 am

Stateline Clinic
4282 E. Rockton Road, Roscoe

Call (779) 696-7081 to make an appointment.*

Cost: $25. *Appointments are limited.

SCREENINGS INCLUDE:
• Complete Cholesterol and Glucose screening
• Body Mass Index (BMI)
• Blood Pressure
• Cardiac Risk Assessment
• Personal Health Report
• Heart Healthy Educational Materials

• Ask the Experts:
A nurse, dietician, exercise physiologist and Dr. Gurtizen will be available to answer your questions.
# February Calendar

**Classes in **PURPLE** are FREE for members.**

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<td>Band-Exercise Class</td>
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<td>YMCA Parent’s Night Out</td>
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**Why Wellness? Am I ready to change?**

Speakers: Dr. Kathy Kelly

**FREE - Call for appointment**
February 2018

SwedishAmerican “Heart Care - Ask the Experts” February 5th 5:00 pm- 8:00 pm
5:00 pm- Tour heart care exhibits & receive free information. 6:00 pm- Program Begins:
“Code Blueberry- Let Food be your Medicine” Presented by Lisa McDowell, MS, RD, CSSD.
SAH “Ask the Experts” panel discusses the latest innovations in heart care and answer your questions. Location: Giovanni’s 610 N Bell School Rd. Registration is required call HealthConnect at (779)696-7081

“Desk Job Body Fix” - February 13th
11:30-12:00 pm & 12:30-1:00 pm
Need to learn a little loving self-care? Join us for another famous BLW Lunch ‘n Learn. Presented by BLW’s new fitness instructor, Ceci Meador. Let Ceci show you how to take a stretching break and learn about other fitness classes too!

Cuddle with Caring Canines!
February 14th 11:30 am - 1:30 pm Meet some of the SAH Caring Canine therapy dog team. Come for some Valentine’s Day doggy snuggles and grab a cookie while you’re here!

SwedishAmerican Heart Institute Open House! February 15th 11:00 am - 1:00 pm
Meet our doctors, surgeons, nurses & staff from SA-UW. Tour our new facility, enjoy heart healthy snacks & refreshments, giveaways, enter to win an iPad Mini, and watch CPR & AED demonstration. Location: SwedishAmerican Heart Institute 1340 Charles St. #300

Creative Canvas
February 15th 6:00 pm - 8:30 pm
Come and enjoy a fun de-stressor with your friends & co-workers. All supplies are furnished. Local artist, Jori Lee, will guide you in creating a work of art! Location: The Olympic 2327 North Main St. Fee: $35

“Massage: Therapy for the Heart & Soul” February 19th 6:30 pm - 8:00 pm
More information: www.mendedhearts.org

BetterLife Wellness Cooking Class
February 22nd 5:30 pm - 8:00 pm
Join Sarene Alsharif, LD, MPH as she demonstrates how to make two delicious dishes of Apple Beet Salad and Freekeh!
Location: BetterLife Wellness YMCA 200 Y Blvd. Fee: $25

Register for all fee-related classes. Call Health Connect at (779) 696-7081.
Knowing your numbers is important! This presentation will help you get a better understanding of your numbers, including ways you can lower your health risk by improving them.

Presented By: Thomas M. Schiller, MD, MBA, FAAFP, Chief Clinical Integration & Chief Quality Officer at SwedishAmerican Health System a Division of UW Health and Medical Director of BetterLife Wellness
REGISTER NOW...

Health Risk Screening & Flu Shot
FREE to all Employees & Spouses

Schedule your appointment and take your survey at:
https://alpinebank.ezonlineregistration.net

7:30 AM - 9:30 AM
E. State - October 3rd & 4th
Highcrest - October 10th & 11th
Belvidere - October 12th

Flu Shots ONLY Available the 4th, 11th, & 12th

This year participation in the health risk screening includes:

- Online Health Risk Assessment
- Biometrics and On-site lab tests (4 panel/ 37 results)
- Hemoglobin A1C if glucose is >99
- 15% off BetterLife Wellness retail services
- 30 day YMCA membership
- Wellness Education

You must fast for 8-10 hours before your screening.
This means no eating or drinking anything, except water and black coffee, no additives.
FREQUENTLY ASKED QUESTIONS

What is a health risk screening?
The health risk screening consists of 2 parts. The first part involves scheduling an appointment to have your biometrics of height, weight, waist circumference, blood pressure measured and blood drawn for the following tests: lipid profile, fasting glucose, CMP, CBC, and Hemoglobin A1C only if glucose >99. The second part requires the completion of a confidential health questionnaire. All of this information is then compiled into your personal health report.

Why do I need a personalized health report?
The report calculates your risk for heart disease, stroke, diabetes, high blood pressure and other medical conditions. By understanding your health status, you can learn what steps you need to take to maintain or improve your health. This health screening is being offered for educational purposes only. It is not intended to replace the sound medical advice of your doctor or replace your annual physical exam with your doctor.

How much time is required to participate in the screening?
The biometric screening takes approximately 10 to 15 minutes. The questionnaire takes about 20 minutes to complete.

Is there a cost to participate in the health screening program?
There is no cost to you for participating in this health screening.

Will I need to fast before the health screening?
Yes, it is important that you fast for 8-10 hours before your blood is drawn. This means drink only water or black coffee - no other eating or drinking. LDL cholesterol, triglycerides and glucose results are impacted by recent food intake; therefore these tests are most accurate after fasting. Make sure to drink plenty of water (starting at least 24 hours prior to the health screening), as this will help increase your blood volume & keep your body hydrated. If you are diabetic, please continue with your regular medication schedule and verify with your doctor whether you should fast. If you are taking Blood Pressure or any other prescribed medications, please continue to follow your regular schedule. Questions about your medications must be directed to your doctor to answer.

Who sees my results?
Your individual information is confidential. You will have access to your results electronically. Your employer sponsors the program and receives only a group report that summarizes the overall results of all participants. Your employer will not have access to any of your personal health information.

What happens to my biometric health screening data?
Your lab results are entered into your personal health history record and will be available to you for viewing or printing electronically within 2-3 business days after you are drawn. BetterLife Wellness collects the data and stores it in a HIPAA compliant database. BetterLife Wellness ensures that all participant identifiable information is kept private and confidential and is not shared without your express permission. Any questions regarding HIPAA or patient confidentiality should be directed to betterlifewellness@swedishamerican.org.

Will my doctor get a copy of my lab results?
If you are currently a patient at one of the SwedishAmerican Medical Groups (SAMG), your lab results will be accessible to your provider’s office. If you have a physician who is not part of the SAMG, then you need to provide permission for BetterLife Wellness to send your lab results to your doctor. All lab results are reviewed by the BetterLife Wellness Medical Director. Any participant who may have critical lab results will receive immediate notification from a BetterLife Wellness provider.

What is the online personal health questionnaire?
The second part of your health screening is the completion of an online health questionnaire. Please complete the ONLINE Health Questionnaire as soon as possible to finalize your personal health report. Your lab and biometric values are downloaded into your personal account and are used along with the questionnaire answers to create your personalized health report.
COMING SOON...

Health Risk Screening
FREE to all Employees & Spouses

October 30th & November 1st
7:30 AM - 10:30 AM

Location: Lower Level Training Room

This year your Wellness Plan includes:

- Online Health Risk Assessment
- Biometrics and On-site lab tests (4 panel/ 37 results)
- Hemoglobin A1C if glucose is >99
- Personal Health Report
- 2 60-minute therapeutic massages
- 2 Free Coaching Sessions
- Unlimited access to BetterLife Wellness fitness classes
- On-site chair massage periodically
- On-site smoking cessation class
- 20% off BetterLife Wellness retail services
- 30 day YMCA membership
- Complimentary HRA and Biometric re-check

Appointment and registration information to follow!
Earn an insurance premium discount
ALL BENEFITS-ELIGIBLE ASSOCIATES are encouraged to participate in SwedishAmerican’s annual health screening. Associates and spouses who complete the biometric health screen and health survey will earn a $20 per paycheck discount toward their 2018 health insurance benefits.

Biometric Health Screening
The biometric health screening includes the following tests:
• Height
• Blood Pressure
• Weight (optional)
• Lipid Panel
• Glucose
• A1C if glucose >99
Blood draws are done by trained phlebotomists.

How to prepare for Your Screening
• Before your screening appointment you are required to fast for at least 8 hours
• DO NOT eat or drink anything except water; black coffee and tea are allowed.
• DO drink plenty of water before your screening to stay hydrated; hydrated veins are easier to draw.
• DO wear a loose fitting shirt that allows you to roll up your sleeve for a blood pressure check.

Health Screenings Onsite and Offsite
Screenings will be performed at BetterLife Wellness in the lower level of Camelot Tower and offsite locations, August 1–September 8.

Off campus and clinic associates please refer to the registration site for appointment details.

Please complete the online survey prior to attending your biometric health screening. Spaces are limited. Please plan ahead and arrive on time. No walk-ins will be accepted.

Biometric Screening for Spouses
Biometric screenings for spouses will be held at BetterLife Wellness in the lower level of Camelot Tower and several off campus and clinic locations. Please refer to the registration site for appointment details. Spouses need to complete their online survey before attending their health screening. Spouse’s must participate in order to receive the $20 discount per paycheck in 2018.

Reserve your appointment online at SwedishAmerican.EzOnlineRegistration.net

Questions: Call BetterLife Wellness at (779) 696-9700.
ALL BENEFITS-ELIGIBLE ASSOCIATES are eligible and are encouraged to participate. Associates and spouses, if applicable, who complete the health screen and health survey will earn a $20 per paycheck discount for their 2017 health insurance benefits.

Register for your free onsite biometric screening that includes the following tests:

- Height and Weight (optional)
- Blood Pressure
- Lipid Panel
- Glucose
- A1C if glucose >100
- NEW! CMP and CBC (or PSA) will not be tested

**NEW LOCATION!**
Screenings will be performed at the Camelot Tower, Lower Level (Arcade, former Employee Health offices) and most offsite locations August 8-September 2, 2016.

- Fast for at least 8 hours prior to test – Black coffee, tea and water allowed
- Blood draws done by trained phlebotomists
- Hydrated veins are easier to draw!
- Drink plenty of water before your screen!

**NEW! SPouse INFORMATION:**
Spouses of associates working at off-site locations can be screened at that off-site location or Camelot Tower. Spouses need to complete their online survey before attending their health screening. Spouses must participate in order to receive the $20 discount per paycheck in 2017.

Please schedule your appointment at your worksite. Screenings will be performed by appointment only. **NEW! You must complete the online survey prior to attending your health screening.** Spaces are limited. Please plan ahead and arrive on time. No walk-ins will be accepted.

Reserve your appointment online at SwedishAmerican.EzOnlineRegistration.net

Questions: Call BetterLife Wellness at (779) 696-9700.
Healthy Heart Screenings

SATURDAY, FEBRUARY 27
8:00 am-12:00 pm

SwedishAmerican Heart Hospital
1401 East State Street, Rockford

Valet parking available.

Call (779) 696-7081 to make an appointment.*

Cost: $25. *Appointments are limited.

SCREENINGS INCLUDE:
• Complete Cholesterol and Glucose screening
• Body Mass Index (BMI)
• Blood Pressure
• Cardiac Risk Assessment
• Personal Health Report
• Heart Healthy Educational Materials

• Ask the Experts:
  A nurse, dietician, exercise physiologist and physician will be available to answer your questions.
Protecting Your Identity Seminar

Learn the risks of Identity Theft, what to do if you become a victim and how to protect yourself from Identity Theft

Wednesday, January 24th, 2018
4th Floor Commons – Conference Rooms B, C, E & F

2 - SAH Employee Lunch ‘n Learn sessions available:
11:30 am to 12:00 pm & 12:30 pm to 1:00 pm

JOIN US FOR THIS IMPORTANT SEMINAR!

** Earn 5 Wellness Points **

Questions? drupprecht@swedishamerican.org

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Look Good Feel Better...

Helping Women with Cancer

2018 Look Good Feel Better
Session Dates
SwedishAmerican Regional Cancer Center

Wednesday, February 21, 2018
Wednesday, May 16, 2018
Wednesday, August 15, 2018
Wednesday, November 14, 2018

Look Good Feel Better volunteer beauty professionals help you with:

- Skin and nail care
- Makeup application
- Tips on wig selection and wig care
- Scarves, turbans and hats
- Style tips

For registration information, please call
The American Cancer Society
1-800-227-2345

SwedishAmerican Regional Cancer Center
3535 N Bell School Road
Rockford, IL 61114

All sessions held from 1:30 – 3:30 PM and will be in the Katy’s Place (Room 2074).
MAKING A GREAT FIRST IMPRESSION:
WHAT YOUR FACE & SKIN SAY TO OTHERS
EMPLOYEE LUNCH AND LEARN

Tuesday, January 23
TWO SESSIONS
11:30 AM - 12:00 PM
12:30 PM - 1:00 PM
SwedishAmerican at the Plaza

Learn how caring for your largest organ, your skin, helps to make a great first impression!

Presented by SwedishAmerican InnovaMed Aesthetics
- Susan DeGuide, MD
- Linda Razbadouski, MD
- Sarah Ramirez, Licensed Esthetician
- Debra Marks, Aesthetic Coordinator

ENTER THE RAFFLE TO EARN AN ADDITIONAL 10% (TOTAL OF 30%) OFF OF SERVICES OR PRODUCTS.

Earn 5 MyRewards Wellness points for attending.
Join us for a FREE Open House!

SwedishAmerican Heart Institute
Thursday, February 15
11:00 AM - 1:00 PM
1340 Charles Street, #300, Rockford, IL

SwedishAmerican is pleased to welcome new providers to the SwedishAmerican Heart Institute, offering services for patients with coronary and peripheral vascular diseases. We have undergone extensive renovations and invite you to tour our spacious and comfortable clinic, including 20 exam rooms, X-ray and lab. Stop by and meet the region’s leading providers of comprehensive heart and vascular care!

- Tour the facility
- Enjoy heart healthy snacks and refreshments
- Receive giveaways and enter to win an iPad Mini
- Watch hands-on CPR & AED demonstrations
- Meet our doctors, surgeons, nurses and staff from SwedishAmerican and UW Health

Free valet parking!
To find a doctor or learn more, please call (779) 696-5888.
Join us for a FREE event to learn more about keeping your heart healthy.

Don’t miss this year’s event emcee, Eric Wilson, Evening Anchor for WTVO and FOX 39.

Giovanni’s Restaurant and Conference Center | 610 N. Bell School Road, Rockford

5:00 pm  Tour heart care exhibits and receive free information

6:00 pm  Program Begins

- Welcome by Dr. Michael Born, SwedishAmerican President & CEO
- Lisa McDowell, MS, RD, CSSD, will present “Code Blueberry:” Let Food Be Your Medicine
- Our expert panel will discuss the latest innovations in heart care and answer your questions.

Kendall Boone, MD
UW Health, Vascular Surgery

John H. Braxton, MD
Cardiothoracic Surgery

Ravi Dhingra, MD, MPH
UW Health, Heart Failure

Mazen Hadid, MD
Interventional Cardiology

John Kaminski, MD
Electrophysiology

Mary M. McNamara, APN
Family Medicine, Holistic Health

Daniel Retzer, MD
Family Medicine

Rehmat U. Sheikh, MD
Interventional Cardiology

Light refreshments will be served and everyone will receive a gift. All attendees will be entered into a drawing to win several raffle baskets. Admission is FREE.

Registration is required and seating is limited so register early by visiting https://tinyurl.com/HeartCare18 or call HealthConnect at (779) 696-7081.
Mended Hearts™
of Rock River Valley
Support Group

Dedicated to Inspiring Hope in Heart Disease Patients & Their Families

3rd Monday of Every Month, 6:30 - 8:00 pm

February 19, 2018
Massage: Therapy for the Heart & Soul
Jocelyn Turek, Holistic Health/BetterLife Wellness
and Metta Sacdyphoud, Holistic Health

March 19, 2018
Complimentary Integrative Therapies for Healing
Laura Padron, APN

Upcoming 2018 Dates:
April 16, May 21, June 18, July 16, August 20,
September 17, October 15 & November 19

SwedishAmerican Hospital 1st Floor Conference Center, Rooms 5 & 6
(Please enter through the Heart Hospital off of Charles Street.)

Call Cardio Pulmonary Rehab at 779-696-5863 for more information.

Mended Hearts is the nation's oldest peer-to-peer cardiac support group and the largest cardiovascular patient organization. Over 20,000 members, comprised of heart patients and caregivers, provide social, emotional, and practical support throughout the journey of recovery.

www.mendedhearts.org
Migraine Treatment - Future Directions

Wednesday, August 30, 5:30-6:30 PM
1st floor conference rooms 2 & 3
Heart Hospital at SwedishAmerican

Jeffrey Royce, MD, FAAFP, FAHS
Headache Medicine

Join us to learn about:
• New Oral Medications
• Antibody therapy
• Electric and Magnetic Stimulation of the Brain
• Botox
• Nerve Blocks

Light refreshments will be served. One lucky participant will win a prize. To register for this free presentation, please call SwedishAmerican HealthConnect at 779-696-7081.

*SwedishAmerican associates earn 5 BLW points for attending.
Caring for Your Heart the Holistic Way

Presented by Srivani Sridhar, MD
Family & Integrative Holistic Medicine

When? Thursday, February 8
Time? 3:15pm—4:15pm
Location? Katy’s Place inside Swedish American Regional Cancer Ctr
Address: 3535 N Bell School Rd, Rockford

Dr. Sridhar will discuss the integrative & holistic management of hypertension & heart disease as well as cardiac disease prevention

February is Heart Month

SWEDISHAMERICAN
A DIVISION OF UW HEALTH
Another famous Lunch ‘n Learn...

“Desk Job Body Fix”

When: Tuesday, February 13th, 2018
2 Sessions: 11:30 – 12:00 pm
                      12:30 – 1:00 pm

Where: SAH Hospital
       1st Floor Conference Rooms 5 & 6

Who: Ceci Meador
     BetterLife Wellness’ New Fitness Instructor

What: Need to Learn a Little Loving Self-Care?

- Let Ceci show you how to take a healthy stretching break
- Learn about other FREE fitness classes offered to SAH employees

Questions? Call Dody Rupprecht 779-696-2841
drupprecht@swedishamerican.org

SWEDISH AMERICAN
A DIVISION OF UW HEALTH
Rockford Public School District #205 Wellness Proposal
ROCKFORD BOARD OF EDUCATION
REQUEST FOR PROPOSAL ON SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES FOR ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205
ROCKFORD, ILLINOIS

RFP No. 18-5 Wellness Program Administrator Date: January 4, 2018

OFFERS WILL BE RECEIVED UNTIL: 2:00 PM (CDST) on Monday, January 29, 2018

FOR SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES SPECIFIED HEREIN. THE DATE AND THE TIME AS STATED IS ALSO THE TIME OF THE PUBLIC BID OPENING. IF YOU DESIRE TO SUBMIT A PROPOSAL, PLEASE DO SO ON THE FORMS PROVIDED AND RETURN TO THIS OFFICE.

Addressed to: BOARD OF EDUCATION
School District No. 205
501 Seventh Street, 6th Fl.
Rockford, Illinois 61104

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL PROPOSALS

The Board of Education (hereinafter occasionally referred to as Board or District as the context may require) reserves the right to reject any or all prices or bids submitted. One copy of this RFP is enclosed for your convenience.

a.) Please return a copy of the required forms AND an electronic PDF version of the proposal (including all required forms) on a CD or flash drive in a SEALED envelope with the bid number, subject and your firm’s name and address clearly indicated on the envelope. NOTE: FAXED and LATE proposal are not acceptable and will be rejected as non-responsive. Use of the included Bid Label is recommended.

b.) Proposals to be addressed as follows: Rockford Public School District Purchasing Department
501 Seventh St., 6th Floor
Rockford, IL 61104
Attn: Purchasing Department

The Board of Education reserves the right to return any merchandise for full price credit or replacement at the District’s discretion that does not comply with the conditions and specifications. The Board of Education reserves the right to increase or decrease quantities shown on bid.

The Board of Education reserves the right to cancel purchase orders if the delivery or completion is not performed in accordance with the bidding document and the date stated on the purchase order.

The Board of Education reserves the right to have any product analyzed at a laboratory to ascertain compliance with specifications. Expense of such testing shall be by the Board of Education unless such tests prove noncompliance with specifications at which time the expense shall be the responsibility of the Contractor.

Contract will be awarded to the company whose proposal is the best fit with the District and complies with these conditions and specifications. All rights are reserved by the Board of Education to select the proposal that in its judgment is in the best interest of the District and meets the needs or purposes intended. Such decisions shall be final and not subject to recourse.

The Bidder’s signature on the following page of this Form will be construed as acceptance of and willingness to comply with all provisions of the Acts of the General Assembly of the State of Illinois including, without limitation, laws rules and regulations relating to wages of laborers, and discrimination and intimidation of employees. This RFP and the resulting Contract are specifically subject to the Equal Employment Opportunity requirements of the Illinois Human Rights Act, Federal statutes and the policies and procedures of the District. Bidder agrees to comply in all respects with Federal, State, and local laws, ordinances and regulations pertaining to this RFP and to the performance of the Contract in the event the Bidder is awarded the contract. Provisions of applicable statutes enacted by governmental bodies having jurisdiction are hereby incorporated by reference as though fully set forth herein and became a part of this RFP and specifications.

Various statutes of the state of Illinois prohibit interest of School Board members in contracts and others prohibit interest of employees in contracts of the District as do District policies. Bidder by submitting a proposal agrees to refrain from entering into any contract with the District where a Board member or employee of the District has a prohibited interest.

18-15 Wellness Program Administrator 2
Complete, sign and return the following forms: General Conditions and Instructions for all Proposals, Bid-Rigging Certification, Minority and Women-Owned Business Concern Representation, Certificate Regarding Debarment, Suspension, Ineligibility and Exclusion, Certificate Regarding Lobbying, OFAC Compliance, Vendor Conflict of Interest Disclosure Form, and any other required submittals and certifications.

No proposals may be withdrawn after the official opening. All proposals submitted must be valid for a minimum period of sixty (60) days after the date set for the RFP opening. Please check the Terms and Conditions for any variation of this requirement.

All prices are F.O.B., Rockford, Illinois, which is further defined as meaning the price submitted in the proposal is the total price to this school district, including all freight and delivery charges. Under no circumstances may prepaid charges be added to the invoice.

A substitute item will be considered only if it is an item of regular manufacture as evidenced by literature, catalogs, etc. and not a pro-type or first article test item. Substitute or “as equal” items may be submitted with all supporting documents in advance of the bid due date for review and approval or rejection by the District. Such items are to be submitted to the Director of Purchasing for review. Permitted substitutions will be placed in an addendum to the RFP and issued by the District prior to the bid due date.

The successful Bidder must submit a separate invoice for each purchase order. The information on that invoice shall cover ONLY that one purchase order.

Any interested party, including all Bidders, may examine the RFP summary after proposals have been opened and awarded by the Board of Education. RFP summary will be available at the Board of Education Administration Building, Purchasing Department, 8:00 A.M., to 4:30 P.M., Monday through Friday. RFP recaps may also be reviewed by visiting www.DemandStar.Com.

Vendor’s signature on this RFP form must be an actual signature. A stamped, facsimile, or typed signature may disqualify the bid.

Please address all questions relative to any RFP in writing to the Purchasing Department, Director of Purchasing, Board of Education, 501 Seventh Street, Rockford, Illinois 61104 (via email to PurchasingDeptStaff@rrps205.com). All request for information must be submitted at least five business days (Monday-Friday) prior to the RFP due date and time. Responses to questions will be reviewed by the Purchasing Department and if a response or clarification to the RFP is issued it will be issued via addendum to the bid and published on the District website and, if applicable, Demand Star. Any request for information submitted after the deadline will not receive a response. Under no circumstances may any bidder or its representative(s) contact any employee or representative of the Rockford Public Schools regarding this bid prior to the closing date, other than in writing to the Purchasing staff provided above. Any violation of this condition may result in a Vendor being considered non-compliant and ineligible for award.

THIS SECTION BELOW MUST BE COMPLETED IN FULL AND SIGNED. FAILURE TO COMPLY MAY RESULT IN DISQUALIFICATION OF PROPOSAL.

The undersigned hereby certifies that he/she has read and understands the contents of this solicitation and agrees to furnish at the prices shown any or all of the items and/or services, subject to all Instructions, Terms and Conditions, Specifications and attachments hereto. Failure to have read all the provisions of this solicitation shall not be cause to alter any resulting contract or request additional compensation.

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL PROPOSALS FORM:

1313 E. State Street
Rockford, Illinois 61104
City & State

779
Area Code

696-7081
Telephone Number

SwedishAmerican Health System-BetterLife Wellness

(Federal Employer Identification) Or Social Security Number
(See Specifications for Determination)
Questions submitted as of 1/19/2018:

Would you like our quote to include dependents? If so can you give us a breakout of dependents, employees and spouses? Employees’ dependents are not eligible to participate in the Wellness Program, and therefore should not be included in a quote.

Is the effective date for the Wellness Program truly 6/1? Yes.

Regarding the Required Forms, we are not seeing the Certified Cleared Employee List; please provide this form if it is required with our RFP submission. Form is attached to this document.

Please confirm if you require a Certificate of Liability Insurance and completion of the W-9 with our RFP submission. A COI will need to be provided if the implementation of your program requires you to perform work on District property. The W-9 should be completed and included in your submission.

It does not appear that we are required to sign off on the General Terms & Conditions and Supplemental Terms & Conditions at this time. If we have comments or conflicts with any of these terms, would you like us to submit a red-lined document containing our edits/comments. Proposals are not binding. A contract will be drafted once a provider is selected and Board approved.

Please confirm the number of employees for the Wellness Program is 3,100. Please also confirm if spouses are eligible for the Wellness Program. Number of employees who participate in the program is 3,100; spouses are not eligible to participate.

Regarding question 26, please clarify what is meant by “Hot Links”. The intent of this provision was to ask if links could be created on the vendor website allowing the employee quick access to other documents specific to RPS 205. An example would be to have an RPS 205 logo that links to a page exclusive to District employees.

Who is the incumbent/current Wellness Program partner? Interactive Health.

What key wellness services are required on pages 36 and 38? We highly favor the biometric screening and health risk assessment. None of the services listed are required, however, we will be evaluating the perceived effectiveness of your overall program. We will be open to new and innovative approaches provided they bring clear value.

Is this RFP for flu shots as well? If not, is there opportunity to provide onsite flu shots for RPS. Flu shots are not within the scope of this RFP. The District does not have plans to obtain a new provider for flu shots in the near future.

What type of biometric screening has been used in the past as part of your Wellness Program – finger stick or venipuncture? Which type do you prefer? The answer to both questions is the Venipuncture 36 panel.

Is the HRA required to be in Spanish and English? Is the HRA required to be made available online and via paper? Yes, the HRA is required to be in both English and Spanish and made available online and via paper.
ROCKFORD PUBLIC SCHOOLS
REQUIRED RFP FORMS CHECK LIST

RFP No.: 18-15 Wellness Program Administrator

Listed below are the REQUIRED forms all bidders are REQUIRED to submit with sealed bids on or before the bid due date and time. Failure to submit ALL required forms may result in bidder being deemed non-responsive.

<table>
<thead>
<tr>
<th>Required Forms</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Bid Rigging Certification</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Minority and Women Owned Business Concern Representation</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Certificate Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Certificate Regarding Lobbying</td>
<td>![checkmark]</td>
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<tr>
<td>OFAC Compliance</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Vendor Conflict of Interest Disclosure Form</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Bidder's Certification</td>
<td>![checkmark]</td>
<td></td>
</tr>
<tr>
<td>Certified Cleared Employee List</td>
<td>![checkmark]</td>
<td>Complete, sign, and notarize the form. If you are uncertain of which employees will be working on the project, note this information on the form that the employee information will be forth coming BEFORE you start on the project, if awarded the contract.</td>
</tr>
<tr>
<td>Certificate of Liability Insurance</td>
<td>![checkmark]</td>
<td>Document must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.</td>
</tr>
</tbody>
</table>

Listed below are REQUIRED FORMS/DOCUMENTS that must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.

- Performance Bond (100% of Contract) to be purchased upon award of contract
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205
BID-RIGGING CERTIFICATION

I, Dr. Michael J. Born, M.D., a duly authorized (Agent) agent of
BetterLife Wellness a Division of SwedishAmerican Health System, do hereby certify that
(Contractor)

neither BetterLife Wellness a Division of SwedishAmerican Health System nor anyone
individual (Contractor)

presently affiliated with BetterLife Wellness a Division of SwedishAmerican Health System has been
(Contractor)

barred from bidding on a public contract as a result of a violation of either Section 33E-3 (bid-
rigging) or Section 33E-4 (bid rotating) of the Illinois Criminal Code, contained in Chapter 750,
Article 5 of the Illinois Compiled Statutes.

Authorized Agent

BetterLife Wellness A Division of SwedishAmerican Health System
Contractor
MINORITY, WOMEN and DISABLED-OWNED BUSINESS CONCERN REPRESENTATION

Minority-Owned Business: a minority-owned business concern means a business concern that: (1) is at least 51 percent unconditionally owned by one or more individuals who are considered to be a member of a minority group, or a publicly owned business having at least 51 percent of its stock unconditionally owned by one or more members of a minority group; and (2) has its management and daily business controlled and operated by one or more such individuals. Individuals who certify that they are members of minority groups (African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, and other minorities) are to be considered minority-owned enterprises.

Women-Owned Business: a business that is at least 51 percent owned by a woman or women who also control and operate it.

Disabled Owned Business: a business that is at least 51 percent owned by a person or persons with severe physical or mental disabilities which substantially limits one or more of the person's major life activities and which person or persons control and operate such business.

"Control" in this referenced context means exercising the power to make policy decisions. "Operate" means being actively involved in the day-to-day management of the business.

The District shall rely on written representations of concerns regarding their status as minority/women/disabled-owned businesses. Offeror agrees to submit information regarding the minority ownership of its subcontractors on request of District.

COMPLETE THE SECTION BELOW AND RETURN THIS FORM WITH BID. FAILURE TO DO SO MAY RENDER THE OFFEROR'S BID UNACCEPTABLE.

A. Representation. The offeror represents that it is ( ), not ( X ) a minority-owned business concern.

B. Representation. The offeror represents that it is ( ), not ( X ) a women-owned business concern.

C. Representation. The offeror represents that it is ( ), not ( X ) a disabled-owned business concern.

Please Check Appropriate Box/Boxes

☐ African American (AFRAM) ☐ Caucasian (CAUC) ☐ Native American (NAAM)

☐ Hispanic American (HISP) ☐ Asian-Pacific American (ASIAP) ☐ Asian Indian (ASIA) American

☐ Other, please identify: ____________________________ ☐ Woman Owned (W) ☐ Disabled Owned (D)

The offeror has ☐/has not ☐ X used the following procedures in searching for and obtaining suppliers and subcontractors:

☐ Place Minority-Owned Businesses on solicitation lists.

☐ Ensure that Minority-Owned are solicited whenever they are potential sources.

☐ Consider contracting with consortia of Minority-Owned Businesses when an intended contract is too large for any one such firm to handle on its own or, if economically feasible, divide larger requirements into smaller transactions for which such organizations might compete.

☐ Make information on contracting opportunities available and establish delivery schedules that encourage participation by Minority-Owned Businesses.

☐ Use the services and assistance of the SBA and Department of Commerce Minority Business Development Agency, as appropriate.

Company Name: BetterLife Wellness A Division of Swedish American Health System Address: 1415 E. State Street Ste. Arcade Level

City Rockford State Illinois Zip 61104

Phone # 779-696-7081 Fax # 815-967-5423 PEIN #: 36-3246511

Signature of Company Official ____________________________ Title: President & Chief Executive Officer

Date January 25, 2018
CERTIFICATE REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

BetterLife Wellness A Division of SwedishAmerican Health System  Wellness Program Administrator 18-15
Organization Name  PR/Award Number or Project Name

Dr. Michael J. Born, MD  President & Chief Executive Officer
Name of Authorized Representative  Title

Original Signature of Authorized Representative  January 25, 2018  Date
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR part 3485, including Subpart C Responsibilities of Participants Regarding Transactions (also see federal guidance at 2 CFR part 180). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.

CERTIFICATION

The prospective lower tier participant certifies, by submission of this Certification, that:

1. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

3. It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

4. It will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

5. The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and

6. Where the prospective lower tier participant is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

BetterLife Wellness A Division of SwedishAmerican Health System
Organization Name

Wellness Program Administrator 18-15
PR/Award Number or Project Name

Dr. Michael J. Born, MD
Name of Authorized Representative

President & Chief Executive Officer
Title

January 25, 2018
Date

Instructions for Certification

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.

2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.

3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to whom this Certification is submitted for assistance in obtaining a copy of these regulations.

5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the “GSA Government- Wide System for Award Management Exclusions” (SAM Exclusions) at http://www.sam.gov.

6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
The undersigned hereby certifies and represents that products and/or services provided under any contract with the Rockford Public Schools resulting from this bid shall be in compliance with economic or trade sanctions or restrictions implemented by the United States government such as those administered by the Office of Foreign Assets Control ("OFAC") of the U.S. Department of the Treasury and shall not utilize or engage, for performance of any activities related to the products and/or services, any persons or entities that, (i) appear on OFAC’s Specially Designated Nationals and Blocked Persons List ("SDN List"), as that list may be updated from time to time or any other similar list maintained by OFAC; (ii) are owned or controlled by any person or entities appearing on OFAC’s SDN List, as that list may be updated from time to time or any other similar list maintained by OFAC; or (iii) are located in any country subject to U.S. economic or trade sanctions, such as those administered by OFAC.

BetterLife Wellness A Division of SwedishAmerican Health System
Organization Name

Dr. Michael J. Born, MD
Name of Authorized Representative

President & Chief Executive Officer

Title

Original Signature of Authorized Representative

January 25, 2018
Date
DISCLOSURE STATEMENT:
All businesses (“Vendors” or “Vendor” or “Vendor’s”) that wish to conduct business with the Rockford Public Schools “RPS” must complete this form. Please note that all contracts with RPS are subject to RPS Code of Ethics which prohibits RPS employees and Board of Education members from having certain relationships with persons or entities conducting (or proposing to conduct) business with RPS and which limits the acceptance of gifts from Vendors. The entire Board Member Conflict of Interest Board Policy 2.100 and Board Policy 5.120 may be viewed at http://www2.rps205.com/District/BOE/Pages/GP-200.aspx. The Code and its definitions are incorporated by reference into this Disclosure Form. If a Vendor has a disclosable relationship, the Vendor should assume the relationship may pose a conflict of interest until notified to the contrary in writing by a RPS administrative staff member authorized to confirm that a determination has been made that a conflict does not exist. A principle of the Code of Ethics is to ensure that relationships do not influence any official decision or judgment of RPS employees or Board of Education members. Accordingly, disclosure also should be made for any person connected with Vendor (e.g., officer, director, partner, shareholder, employee) that is likely to: (i) materially contribute to Vendor’s preparation, drafting, or presentation of a proposal or bid for services and/or supplies, (ii) materially contribute to Vendor’s negotiation of a contract with RPS, or (iii) perform material services under a contract with RPS. Below, these persons are referred to as “Disclosable Persons.”

CERTIFICATION:
I hereby certify that, except as disclosed below, to Vendor’s knowledge, there is no conflict of interest involving the Vendor named below that would violate the RPS Code of Ethics, including that: (a) after inquiry, neither Vendor nor any Disclosable Person is involved or engaged in any private business venture or enterprise, directly or indirectly, with any RPS employee or Board of Education member or his or her family member; (b) no RPS employee or Board member or his or her family member owns or has a material personal financial interest (directly or indirectly) in Vendor or is engaged in a material personal business transaction with Vendor; and (c) no RPS employee or board of Education member or his or her family is employed by Vendor.

I further certify that neither the Vendor nor anyone acting on its behalf has requested that any RPS employee or RPS Board of Education member exert any influence to secure the award of this bid to the Vendor. Furthermore, no RPS Board of Education member, employee or agent has offered to influence to secure the award of this bid to the Vendor.

VENDOR INFORMATION:
Vendor Name: BetterLife Wellness A Division of SwedishAmerican Health System

Vendor Address: 1415 E. State Street Ste. Arcade Level
Rockford, Illinois 61104

Vendor Phone Number 779-696-7081

Vendor Email: kdinsmore@swedishamerican.org

Vendor FEIN: [redacted]
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:

I BELIEVE THE VENDOR NAMED ABOVE DOES have a potential conflict(s) of interest with a current RPS employee(s), or RPS Board of Education member(s).

☐ YES, the above statement is true.

☒ NO, the above statement is NOT true.

If you checked "YES" above, please provide the following information:

List all the Name(s) of RPS employee(s), RPS Board of Education member(s), or RPS employees’ or RPS Board of Education’s family member(s) with whom there may be a conflict of interest:

1. __________________________
2. __________________________
3. __________________________

Provide a brief description of the nature of the potential conflict(s) of interest:

SIGNATURE:

By my signature below, I certify that I am the Authorized Representative of the VENDOR named above and that all of the information provided above by signor is true and complete to the best of the signor’s knowledge:

Dr. Michael J. Born, MD

Print the Position Title of the Vendor’s Authorized Representative

President & Chief Executive Officer

Print the Position Title of the Vendor’s Authorized Representative

January 25, 2018

Date

Signature of the Vendor’s Authorized Representative
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

HOLD HARMLESS AGREEMENT

The Board shall not be responsible for the acts or omissions of any Bidder and the Bidder's employees. The term Board and District, for purposes of this Agreement, shall mean and include the Board of Education and Rockford School District No. 205 Winnebago and Boone Counties, Illinois. The undersigned Bidder agrees to defend, hold harmless and indemnify the Board of Education and every Board member, officer, agent, attorney, servant or employee of the Board from any lawsuit, action, proceeding, liability, judgment, claim, or demand which may arise out of:

a) Any injury to person or damage to property sustained by Bidder, its officers, agents, servants or employees or by any person, firm, or corporation employed directly or indirectly by them upon or in connection with their performance or failure to perform under any bid contract with the Board, except for such injury or damage wherein it is finally determined that the Board, its board members, officers, agents, attorneys, servants or employees were grossly negligent or committed willful misconduct;

b) Any injury to person or damage to property sustained by any person, firm, or corporation, caused by any negligent or intentional act, default, error or omission of Bidder, its officers, agents, representatives, servants, or employees or of any person, firm, or corporation, directly or indirectly employed by them upon or in connection with performance under any bid contract between Bidder and the Board;

c) Fines, penalties, costs and expenses which may be incurred by or levied and assessed against the Board, or any board member, officer, agent, attorney, servant or employee of the Board in connection with Bidder's performance or failure to perform under any bid contract with the Board.

Bidder at its own expense and risk shall defend any legal proceedings that may be brought against the Board, or any Board member, officer, agent, attorney, servant, or employee of the Board on any such claim or demand, and shall satisfy any judgment, fine or penalty which may be rendered or assessed against the Board, its Board member(s), or any officer, agent, attorney, servant, or employee of the Board arising out of any such claim or demand. The Board has and reserves the right to disapprove any attorney or law firm selected by Bidder to defend any such legal proceeding and to select an attorney or law firm to defend any such legal proceeding. The Board shall have the right to set off against any sums due Bidder under any bid contract with the Board the amount of any indemnity cost, expense and claim under this Agreement.

This indemnification, defense and hold harmless agreement shall apply to any lawsuit, action, proceeding, liability, judgment, claim or demand, of whatever name or nature, arising from or relating to acts or omissions of Bidder and/or its employees or agents with regard to the personnel, services, materials and goods provided to the Board by Bidder under any bid contract with the Board, notwithstanding that Bidder may deem the same to be frivolous or without merit. It is intended that this Indemnity be interpreted in the broadest manner possible so as to insulate all of the entities, parties and individuals named above from any liability, cost or judgment, monetary or otherwise, as the same may relate to the personnel, services, material and goods provided to the Board under any bid contract with Bidder; provided however, this indemnification, defense, and hold harmless agreement shall not apply to any lawsuit, action, proceeding, liability, judgment, claim, demand, fine or penalty to the extent and wherein it is finally determined that the Board, its Board members, officers, agents, servants or employees were grossly negligent or committed willful misconduct which caused damage.

The provisions of this Hold Harmless Agreement shall survive termination of any bid contract with the Board.

Bidder: BetterLife Wellness A Division of SwedishAmerican Health System

Dr. Michael J. Born, MD

Signature of the Bidder's Authorized Representative

Print Title of Bidder's Authorized Representative

January 25, 2018

Date

Notary Public

Commission Expires: 7/30/2021

"OFFICIAL SEAL"
GINA BOETTCHER
Notary Public, State of Illinois
My Commission Expires 9/30/2021

18-15 Wellness Program Administrator
IRS regulations require our School District to have on file appropriate taxpayer identification data concerning you or your firm. This information consists of either a Federal Employer Identification Number (F.E.I.N) or Social Security Number (S.S.N.) and will have their payments reported to the IRS on form #1099-Misc.

Below is the legal name and address for you or your firm as shown on our official records. Please make any necessary corrections. Space is also provided to enter the appropriate tax identification number and to indicate (by checking a box) the correct legal status. Failure to complete and return this form could result in a $50,000 IRS penalty. In addition, we would be required to withhold 20% of payments due and remit this amount to the IRS until we receive the correct tax data.

For your convenience we request you fax this form back to sender (or to Purchasing at 815-966-3088). Please do this today so we can both fulfill our reporting obligations and ensure prompt payments.

Reminder: If LEGAL STATUS is “Sole Proprietorship”, the Taxpayer Identification Number must be either the Social Security Number of the owner or assigned FEIN.

**LEGAL STATUS: (Check One)**

- [X] Corporation
- [ ] Limited
- [ ] Partner(ship) (one owner)
- [ ] Religious, Charitable, Educational or Governmental Agency (circle one)
- [ ] Sole Proprietorship (legal owner’s name):
- [ ] Individual
- [ ] Other – Please identify:

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<thead>
<tr>
<th>TAXPAYER (federal) ID# -- FEIN or Soc Sec</th>
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<td>(use the line corresponding to your legal status line)</td>
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<td>FEIN: _________________________________</td>
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<tr>
<th>Owner’s Social Security Number</th>
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<td>SSN: _________________________</td>
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**UNDER PENALTIES OF PERJURY, I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.**

Signature: ____________________________ Title: President & CEO Date: 01/25/2018

Phone: (779) 696-4003 Fax: (815) 967-5423

Website & Email address: www.swedishamerican.org mborn@swedishamerican.org

If minority/women owned business, list here:

**Vendor:** Enter Name and Address Below
BetterLife Wellness A Division of SwedishAmerican Health System
1415 E. State Street Ste. Acraide Level
Rockford, Illinois 61104

<table>
<thead>
<tr>
<th>Vendor #:</th>
<th>18-15</th>
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<tbody>
<tr>
<td>School:</td>
<td>Rockford Public School District 205</td>
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<tr>
<td>18-15 Wellness Program Administrator</td>
<td>14</td>
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</tbody>
</table>
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

BIDDER'S CERTIFICATIONS

NON-COLLUSION AFFIDAVIT
The undersigned Bidder certifies that it has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by Bidder, entered into any combination, collusion, or agreement with any person relative to the price to be bid by anyone at such letting, nor to prevent any person from bidding, nor to induce anyone to refrain from bidding, and this Bid is made without reference to any other bid and without any agreement, understanding, or combination with any other person in reference to such bidding.

The undersigned Bidder further states that no person, firm, or corporation has, or will receive directly or indirectly, any rebate, fee, gift, commission, or thing of value based upon awarding of the Contract.

Dr. Michael J. Born, MD
Name of Bidder (Please Print)
Bidder or authorized agent (Signature)/Date

EQUAL OPPORTUNITY
The undersigned hereby certifies that Bidder is in compliance with the Equal Employment Opportunity Clause and the Illinois Fair Employment Practices Act.

Dr. Michael J. Born, MD
Name of Bidder (Please Print)
Bidder or authorized agent (Signature)/Date

SEXUAL HARRASSMENT
The undersigned hereby certifies that Bidder has complied and will comply with the requirements of Section 2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105) with respect to sexual harassment policies. The terms of that law, as applicable, are hereby incorporated into the Contract.

Dr. Michael J. Born, MD
Name of Bidder (Please Print)
Bidder or authorized agent (Signature)/Date

NO SMOKING/NO TOBACCO
District are smoke free facilities. Bidder agrees that it and its employees will abide by the District's no smoking/no tobacco use policy (including snuff, electronic cigarettes and e-vapor products) at all times while on District grounds.

Dr. Michael J. Born, MD
Name of Bidder (Please Print)
Bidder or authorized agent (Signature)/Date

DRUG FREE WORKPLACE
Each Bidder, if having twenty-five employees or more, does hereby certify, pursuant to Section 3 of the Illinois Drug-Free Workplace Act (30 ILCS 580/3), that it shall provide a drug-free workplace for all employees engaged in the performance of services under the Contract by complying with the requirements of the Illinois Drug-Free Workplace Act, and further certifies that it is not ineligible for award of this Contract by reason of debarment for a violation of the Illinois Drug-Free Workplace Act.

Dr. Michael J. Born, MD
Name of Bidder (Please Print)
Bidder or authorized agent (Signature)/Date
GENERAL BIDDING CERTIFICATIONS
The undersigned further certifies that:

1. Bidder has read, understands, and agrees that the District’s acceptance of Bidder’s offer by issuance of an award will create a binding Contract; subject to any District requirement for a formal written contract.

2. The undersigned is an authorized agent of Bidder, and is expressly authorized to execute this Certification on Bidder’s behalf, to bind Bidder to the terms and conditions contained in this Bid Package, and to execute the Contract immediately upon notification by the District in the event Bidder’s Bid is successful and Bidder is selected by the District to perform the Contract.

3. Bid submission is in compliance with Illinois Compiled Statutes 105 ILCS 5/10-20.21 - Contracts, and 105 ILCS 5/10-22.34c, Third Party Non-instructional Services

4. Bidder is the following type of business entity, in good standing with the State of Illinois:
   Health Care Institution
   Bidder is qualified to conduct business in the State of Illinois and is in good standing.

5. Bidder confirms it operates in compliance with HIPAA, FERPA and all other legal requirements.

6. Bidder has and will at all times fully comply with the requirements of 105 ILCS 5/10-20.21(b) pertaining to the Illinois Use Tax Act.

7. All figures and responses submitted on this Bid Form are true, complete, and accurate. All documents attached to and submitted with this Bid Form are true, complete, and authentic.

8. Bidder’s current financial statement is attached, which has been certified by a Certified Public Accountant or is authenticated by Bidders signature on this form as true, complete and accurate.

9. Bidder hereby offers and agrees to furnish the services and equipment specified in this Bid Package, during the term specified in the Bid Package, at the rates stated in the bid, and subject to the attached General Instructions, General Terms and Conditions, Supplemental Terms and Conditions, Specifications, and the other requirements of the Bid Package, including Addenda, if any.

10. This Bid is firm and irrevocable for a period of sixty (60) days after Bid Opening, as detailed in the attached Instructions for Bidders.

Dr. Michael J. Born, MD
Name of Bidder (Please Print)
ROCKFORD PUBLIC SCHOOLS DISTRICT NO. 205

GENERAL TERMS AND CONDITIONS

“IFB” means an Invitation for Bid issued by the District at any time or times, identified by a unique bid number.
“Bidder” means a person or entity submitting a bid to the District in response to an IFB; including successful Bidders who may also be referred to as “Contractor”.

1. BID OPENING. Sealed bids will be received at the District Purchasing Department until the date and time specified at which time they shall be opened in public. No other bids will be considered after this date and time unless it is evidenced and determined that the bid was in the District’s possession prior to the scheduled bid opening time and date. Late bids shall be rejected and shall remain unopened. The District does not prescribe the method by which bids are to be transmitted; therefore, it cannot be held responsible for any delay, regardless of the reason, in transmission of the bids. All bids delivered in person shall be deposited with the District Purchasing Department, 6th Floor, 501 Seventh Street, Rockford, IL, 61104.

2. BID PREPARATION. Bids must be submitted on this form and all information and certifications called for must be furnished. Bids submitted in any other manner, or which fail to furnish all information or certificates required, may be summarily rejected. Bids may be modified or withdrawn prior to the time specified for the opening of the bids. Bids shall be filled out legibly in ink or typewritten with all erasures, strikeovers and corrections initialed in ink by the person signing the bid. The bid shall include the legal name of the bidder, the complete mailing address, a valid email address, and be signed in ink by a person or persons legally authorized to bind the bidder to a contract. Name of person signing should be typed or printed below the signature. A checklist of required forms is included in the IFB and its use by the Bidder is recommended.

3. BID ENVELOPES. Envelopes containing bids must be sealed and addressed to the District Purchasing Department. The name and address of the Bidder and the bid number must be shown on the envelope. Use of the Bid Label included in the IFB is recommended.

4. ERRORS IN BIDS. Bidders are cautioned to verify their bids before submission. Negligence on the part of the Bidder in preparing the bid confers no right for withdrawal or modification of the bid after it has been opened. In case of error in the extension of prices in the bid, the unit prices will govern and bind Bidder.

5. RESERVED RIGHTS. The District reserves the right at any time and for any reason to cancel an IFB, accept or reject any or all bids or any portion thereof, or to accept an alternate offer which meets all terms and conditions of the IFB. The District reserves the right to waive any minor irregularity or defect in any IFB and bid. Unless otherwise specified, the District will award a bid or reject bids within 90 days of the date of bid opening. The District may seek clarification from any Bidder at any time and failure to respond promptly is cause for rejection.

6. INCURRED COSTS. The District will not be liable for any costs incurred by Bidders in responding to an IFB.

7. AWARD. The District will evaluate bids and will award a contract to the lowest responsive and responsible bidder whose bid, conforming to the solicitation and specifications will be most advantageous to the District. Determination of the lowest responsible bidder conforming to the solicitation shall not be restricted to the price quotation alone, but will include such other factors (where applicable) as (a) adherence to all conditions and requirements of the technical specifications; (b) price; (c) qualifications of the bidder, including past performance, financial responsibility, general reputation, experience, service capabilities, and facilities; (d) delivery or completion date; (e) product appearance, workmanship, finish, taste, feel, overall quality, and results of product testing; (f) maintenance costs and warranty provisions; (g) repurchase or residual value; and (h) other such related items. The District is interested in obtaining the best overall value and reserves the right to make a selection based on its judgment of the bid that is best suited for the purpose intended. The District may (1) reject any or all bids, (2) accept other than the lowest bidder, and (3) waive informalities or minor irregularities in bids received. The District may accept any item or group of items of an offer, unless the bidder qualifies the bid by specific limitations. The District reserves the right to determine the lowest responsible bidder on the basis of an individual item, groups of items, or in any way determined to be in the best interests of the District. A written award or acceptance of a bid mailed or otherwise furnished to the successful Bidder within the time for acceptance specified in the bid shall result in a binding contract without further action by either party provided, the District at its discretion may elect to require a formal written contract in which event the
 binding contract is not formed until the written contract is signed.

8. PRICING. The price quoted for each item is the full purchase price, including delivery to destination, and includes all transportation and handling charges, premiums on bonds, material or service costs, patent royalties and all other overhead charges of every kind and nature. Unless otherwise specified, prices shall remain firm for the contract period.

If at any time after a contract is awarded, the successful Bidder(s) makes a general price reduction in the comparable price of any material covered by the contract to customers generally, an equivalent price reduction based on similar quantities and/or considerations shall apply to the contract for the duration of the contract period (or until the price is further reduced). Such price reduction shall be effective at the same time and in the same manner as the reduction in the price to customers generally. For the purpose of this provision, a “general price reduction” shall mean any horizontal reduction in the price of an article or service offered (1) to successful Bidder’s customers generally, or (2) in the successful Bidder’s price schedule for the class of customers, i.e., wholesalers, jobbers, retailers, etc., which was used as the basis for bidding on this contract. An occasional sale at a lower price, or sale of distressed merchandise at a lower price, would not be considered a “general price reduction” under this provision. The successful Bidder shall invoice the District at such reduced prices indicating on the invoice that the reduction is pursuant to the “price reduction” provision of this contract. The successful Bidder, in addition, shall within ten (10) days of any general price reduction, notify the Executive Director of Budget and Purchasing of such reduction by letter. Failure to do so may result in termination of the contract.

Option year pricing, if any, may include price increases as stated in the bid specifications.

9. DISCOUNTS. Prices quoted must be net after deducting all trade and quantity discounts.

10. SPECIFICATIONS. Reference to brand names and numbers is descriptive, but not restrictive, unless otherwise specified. Substitute or “as equal” products may be submitted to the Purchasing Department not less than 5 days prior to the opening date of the IFB along with all supporting documentation. If the substitute or “as equal” product is accepted, the District will issue an Addendum approving the product. Bids on equivalent items will be considered, provided the bidder clearly states exactly what is proposed to be furnished, including complete specifications. Bidder by submission of a bid is offering a referenced brand item as specified or is bidding as specified when no brand is referenced, and does not propose to furnish an “equal.” The District reserves the right to determine whether a substitute is equivalent to and meets the standard of quality and salient characteristics indicated by the referenced brand name and number.

11. SAMPLES. Samples of items, when called for, must be furnished free of expense. Individual samples must be labeled with the Bidder’s name, IFB number, item reference, manufacturer’s brand name and number. If samples are requested, they must be sent under separate cover and not included with bid. The District will not be responsible for any bid enclosed with sample boxes.

12. INTERPRETATION OR CORRECTION OF BIDDING DOCUMENTS. Bidders shall promptly notify the Rockford Public School District of any ambiguity, inconsistency or error which they may discover upon examination of the IFB documents. Interpretations, corrections and changes to the IFB may only be made by the issuance of an addendum by the District. Each Bidder shall ascertain prior to submitting a bid that all addenda have been received and acknowledged in the offer.

13. INDEMNIFICATION. The Bidder agrees to indemnify and hold harmless the Board of Education of and Rockford School District No. 205, Winnebago and Boone Counties, Illinois according to the terms and conditions of the Hold Harmless Agreement included in the IFB and signed by Bidder.

14. DEFAULT. If delivery of acceptable items or rendering of services is not completed by the time promised, the District reserves the right, without liability, in addition to its other rights and remedies, to terminate the contract by notice effective when received by Bidder, as to stated items not yet shipped or services not yet rendered and to purchase substitute items or services elsewhere and charge the Seller with any or all losses incurred. The District
shall be entitled to recover its attorney fees and expenses in any successful action by the District to enforce this contract.

15. INSPECTION. Materials or equipment purchased are subject to inspection and approval at the District’s destination. The District reserves the right to reject and refuse acceptance of items which are not in accordance with the IFB, instructions, specifications, drawings or data or Bidder’s warranty (express or implied). Rejected materials or equipment shall be removed by, or at the expense of, the Bidder promptly after rejection and if not removed within 10-calendar days after notice, such shall be returned via collect shipping.

16. WARRANTY. Bidder warrants that all goods and services furnished hereunder will conform in all respects to the terms of this proposal, including any drawings, specification or standards incorporated herein, and that they will be free from latent and patent defects in materials, workmanship and title, and will be free from such defects in design to the best of the Bidder’s knowledge. In addition, Bidder warrants that said goods and services are suitable for, and will perform in accordance with, the purposes for which they are purchased, fabricated, manufactured and designed or for such other purposes as are expressly specified in this solicitation. Bidder further warrants, if installation of product or materials is included in the bid, that installation shall comply with manufacturer’s instructions, or if none, in accordance with industry best practice. The District may return any nonconforming or defective items to the Bidder or require correction or replacement of the item at the time the defect is discovered, all at the Bidder’s risk and expense. Acceptance of delivery shall not relieve the Bidder of its responsibility.

17. REGULATORY COMPLIANCE. Bidder represents and warrants that the goods or services furnished hereunder (including all labels, packages and container for said goods) comply with all applicable standards, rules and regulations in effect under the requirements of all Federal, State and local laws, rules and regulations as applicable, including without limitation, the Occupational Safety and Health Act as amended and any regulations of the Illinois State Board of Education and Regional Office of Education, Winnebago-Boone County region, with respect to design, construction, manufacture or use for their intended purpose of said goods or services. Bidder shall furnish “Material Safety Data Sheets” in compliance with the Illinois Toxic Substances Disclosure to Employees Act, if applicable.

18. ROYALTIES AND PATENTS. Bidder shall pay all royalties and license fees. Bidder shall defend all suits or claims for infringement of any patent, copyright or trademark rights and shall hold the District harmless from loss on account thereof.

19. COMPLIANCE WITH LAWS AND REGULATIONS. Bidder represents and warrants that throughout the term of any contract arising from award of a bid and any extension thereof, Bidder and all products shall be and shall remain in compliance with all applicable federal, state, and local laws and regulations.

20. TERMINATION FOR CAUSE.

a. The District may terminate this contract in whole or in part, without liability:

- if deliveries are not made at the time and in the quantities specified,
- if the Bidder fails to perform any of the provisions of the IFB, the bid, and the resulting contract, or so fails to make progress as to endanger performance of the contract in accordance with its terms, and in either of these circumstances does not cure such failure within 30 days or such period of time as the District may direct,
- if it is determined that the successful Bidder knowingly falsified information provided to the District,
- if it is determined that the successful Bidder offered substantial gifts or gratuities to a District official, employee, or agent whether in their official capacity or not,
- or in the event of a breach or failure of the Contractor to comply with any of the other terms or conditions herein.

b. The District shall notify the contractor in writing of the specific nature of the breach and shall request that it be cured. If the Contractor does not cure the breach within thirty (30) days of such notice, the District may immediately terminate this contract. To terminate, the District shall give notice to the Contractor in writing, and to the extent specified therein, Contractor shall immediately terminate deliveries under the contract. Termination of the contract
shall not preclude the District from pursuing any and all remedies available to it at law or at equity.

c. Any termination by the District, whether for default or otherwise, shall be without prejudice to any claims for damages or other rights of the District against Contractor.
d. The District shall have the right to audit all elements of any termination claim and Contractor shall make available to the District on request all books, records, and papers relating thereto. The Contractor shall be paid only for the performance work up to the date of termination if the District exercises its right to terminate.

21. TERMINATION WITHOUT CAUSE. Unless otherwise specified in the Invitation for Bid, a contract resulting from award of a bid may be unilaterally terminated by the District, for any or no reason, upon sixty (60) days written advance notice to the Bidder. Bidder may submit claims for actual work performed up to and including the day of notice of termination with appropriate documentation supporting such claim for materials, labor, or acquired inventory for equitable adjustment and any such material shall become the property of the District upon settlement.

22. ASSIGNMENT. The Bidder may not assign, subcontract, delegate or otherwise transfer this contract or any of its rights or obligations hereunder, nor may it contract with third parties to perform any of its obligations hereunder except as contemplated in this contract, without the District’s prior written consent.

23. FORCE MAJEURE. The obligations of the Bidder to perform under this contract will be excused during each period of delay caused by acts of God or by shortages of power or materials or government orders which are beyond the reasonable control of the Bidder obligated to perform (“Force Majeure Event”). In the event that the Bidder ceases to perform its obligations under any contract formed by award of bid due to the occurrence of a Force Majeure Event, the Bidder shall: (1) immediately notify the District in writing of such Force Majeure Event and its expected duration; (2) take all reasonable steps to recommence performance of its obligations under this contract as soon as possible. In the event that any Force Majeure Event delays Bidder’s performance for more than thirty (30) days following notice pursuant to this contract, the District may terminate this contract immediately upon written notice to the Contractor.

24. BID CERTIFICATION. The Bidder’s signature on a bid certifies: (a) The bid is genuine and not made in the interest of, or on the behalf of, any undisclosed persons, firms or corporation and is not submitted in conformity with any agreement or rules of any group association, or organization. (b) Bidder has not directly or indirectly induced or solicited any other Bidder to enter a false or sham bid. (c) Bidder has not solicited or induced any person, firm or group to refrain from bidding. (d) Bidder has not sought by collusion or otherwise to obtain for self-interest any advantage over any other Bidder or the Owner. The Bidder’s signature on the Bid Form certifies that they have read and understand the contents of this solicitation and agree to furnish at the prices shown any or all of the items and/or services, subject to all instructions, conditions, specifications and attachments hereto. Failure to have read all the provisions of the IFB shall not be cause to alter any resulting contract, request additional compensation, or relieve Bidder from obligation to perform under this contract.

25. MODIFICATIONS. This contract can be modified only by written bi-lateral modification signed by the parties or duly authorized agents.

26. ADDENDA. If it becomes necessary to revise any part of the IFB, a written addendum will be issued by the District and posted on the District webpage and may also be posted with Demandstar. If the District issues written addenda, such addenda shall become part of the contract documents. A Bidder who fails to review an addendum and who has previously submitted an offer, shall not be relieved from any obligation in the bid submitted.

27. BINDING EFFECT. The terms, conditions, provisions, and undertakings of any contract formed by award of a bid shall be binding upon and inure to the benefit of each of the parties thereto and their respective successors and assigns.

28. EQUAL OPPORTUNITY EMPLOYER. The Rockford Public School District is an Equal Opportunity Employer and encourages bids or proposals from any company or individual regardless of race, gender, national origin, religion or age.

-END OF GENERAL TERMS AND CONDITIONS-
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SUPPLEMENTAL TERMS AND CONDITIONS

1. INTENT. It is the intent of these specifications that the Rockford School District No. 205 (herein the “District”) will procure all specified products of first class workmanship to ensure complete and acceptable product performance in all aspects, within the budget limitations, and in accordance with offering procedures as outlined by the Statutes and Regulations of the State of Illinois, applicable Federal Statutes and Regulations, and policies of the Board of Education of Rockford School District No. 205, Winnebago and Boone Counties, Illinois. It is further the intent of these specifications to secure adequate competition from qualified suppliers however standards of quality will not be sacrificed based solely on price.

2. EVALUATION CRITERIA. Although price is a consideration in the award of bids, this award will not be based on price alone. This solicitation for bids will evaluated utilizing the following criteria, but not in any prescribed order.
   a. Price
   b. Adherence to these specifications
   c. Ordering and delivery
   d. Quality of services
   e. Contractor past performance
   f. Service
   g. Review of references
   h. Rebate program (if applicable)
   i. Financial Stability of Firm (provide a copy of your firm's most recent annual report, if requested)

The District reserves the right to reject any or all bids or to accept the bid or any part of bid, including substitutions, which embraces such combination of proposals as may promote its interest.

3. TAX IDENTIFICATION NUMBER. The School District is required to have on file appropriate tax identification information concerning Bidder. This information should be a Federal Employer’s Identification Number, but in the instance of some independent contractors, this number may be a Taxpayer’s Identification (Social Security) Number.

IN ORDER FOR A BID TO BE CONSIDERED BY THE SCHOOL DISTRICT, THE ABOVE REFERENCED TAX IDENTIFICATION NUMBER MUST BE PROVIDED ON THE FACE SHEET IN THE SIGNATURE SECTION. IT IS ALSO REQUESTED THAT YOU IDENTIFY THE LEGAL ORGANIZATIONAL STATUS OF YOUR FIRM IN THE SIGNATURE SECTION. PLEASE IDENTIFY WHETHER YOUR FIRM IS A CORPORATION, PARTNERSHIP, PROPRIETORSHIP, ETC. SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS TAX IDENTIFICATION NUMBER, PLEASE CONTACT THE PURCHASING DEPARTMENT.

4. RESPONSIBILITY TO COLLECT AND REMIT ILLINOIS USE TAX. The Bidder acknowledges and understands that any bid for goods and services resulting in a contract award to a bidder requires that as a contractor the person or entity and all affiliates of the person or entity will collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act (35 ILCS 105/1 et seq.) regardless of whether the person/entity or affiliate is a “retailer maintaining a place of business within this State” as defined by the Use Tax Act (35 ILCS 105/2).

5. TERMINOLOGY. "Owner", "Board", or "District" shall mean Rockford School District #205, Winnebago County, Illinois, acting through its authorized representative. "Bidder" shall mean the individual, firm, or corporation submitting a bid to the District in response to a public solicitation. “Contractor” shall mean the entity awarded a bid by the District. “Contract” shall mean an awarded bid and resulting contract.

6. INTERPRETATION OF ERRORS. Should questions arise that require interpretation, such questions shall be submitted to the Director of Purchasing in writing only (also via email: PurchasingDeptStaff@rps205.com). Verbal inquiry is not accepted. The District decision shall be conclusive and binding for all parties involved. No advantages
SUPPLEMENTAL TERMS AND CONDITIONS

shall be taken by any party of manifest clerical errors or omissions in the specifications. All contractors are requested to notify the District immediately of any errors or omissions that may be discovered.

7. RETURN OF BID INFORMATION. The District has established that only one copy of a bid will be sent to a vendor. It is imperative that, if bidding, an original signature exists on the bid sheets returned. If additional copies of original bid sheets made on a copy machine or are requested, they must also contain original signatures where applicable. When multiple copies are submitted one copy shall be labeled as “Original” on the face page.

8. USE OF PREMISES. The Bidder shall have access to the relevant District grounds and facilities for the purpose of familiarization with the conditions, delivery points for products, and/or sites for performance of service(s), if applicable, in order to fulfill the requirements of the Contract; all subject to compliance with District policies for visitors on school grounds.

9. OWNERSHIP OF MATERIALS AND EQUIPMENT. It is clearly understood that all materials and/or equipment supplied by or for the Bidder shall remain the Bidder's property until such time as accepted by the District.

10. EQUIVALENCY AND SUBSTITUTES. The District shall be the sole and final judge whether any substitute is of equivalent or better quality. This decision is final and will not be subject to recourse. Substitutions may be submitted with supporting documentation to the Director of Purchasing. Approval of submitted substitutes will appear in an IFB addendum prior to the bid due date. IFB specifications are to be used as identifying those minimum salient characteristics in determining the quality or materials, performance of product(s), and workmanship required, however, the District may purchase equipment and materials that in the District’s judgment will best serve the interests of the school district even if at a higher cost based on features that are considered desirable and exceeding those minimum requirements or that represent a breakthrough technology for that industry; provided that the District will comply with governing laws as to selection of the lowest responsible bidder.

11. STORAGE OF EQUIPMENT. The Contractor shall be responsible for the storage and safeguarding of the equipment provided in performing an awarded bid and resulting contract. The Contractor shall have the necessary quantities available at the required time, but shall not make delivery to the premises until agreed upon or requested.

12. SCOPE OF WORK. This bid requires that the Contractor provide all necessary services, personnel, labor materials, and equipment; and furnish and deliver said products in accordance with all conditions and specifications.

13. PROPERTY DAMAGE AND INJURY. The Contractor shall take all necessary precautions to prevent damage to the premises or properties of others. In case of any damage, resulting from operations under the Contract, Contractor shall make proper restitution. The Contractor shall exercise due caution for the protection of persons, and shall protect the District from expense and hold the District harmless from liability by reason of injury, including death, to any person or persons, or from any damage to the property of others occurring as a result of Contractor’s performance under the Contract in accordance with the signed Hold Harmless Agreement. The Contractor's signature on the Bid Offer Form; certifies to the District that the Contractor has the required insurance coverage for any vehicle that may be utilized in the delivery of products or materials on the District's property.

14. INSURANCE REQUIREMENTS. All bidders shall have a certificate of Insurance and provide policy endorsements evidencing specific coverage of the types of insurance in the amounts specified below and deliver to the Purchasing department upon award of a bid such qualifying certificate or certificates of insurance. Coverage shall be placed with a responsible company licensed to do business in the State of Illinois, and with a minimum insurance rating of A:VII as found in the current edition of A.M. Best’s Key Rating Guide. Each policy shall bear an endorsement precluding the cancellation or reduction of said policies without providing to the District thirty (30) days prior notice thereof in writing. All required insurance shall be maintained by the contractor in full force and effect during the life of the contract, and until such time as all work has been approved and accepted by the District. The Contractor is responsible for all insurance deductibles and Self-Insured Retentions. During the term of the Contract, Contractor
shall maintain insurance at or above the limits specified, and each such policy shall include the District as an additional insured. Such policies shall cover any loss or liability that may be incurred by the District, its board members, administrators, employees, staff members, agents, attorneys, and all other representatives, resulting from Contractor’s maintenance, operation, or use of a Vehicle in performing transportation services pursuant to the attached Contract, or from Contractor’s performance of any other duty under the Contract. Contractor shall furnish all such policies, with proper certification, to the District upon execution of the Contract. All such policies shall contain a cancellation clause requiring the insurer for each respective policy to notify the District at least thirty (30) days in advance of the expiration of that policy or any decreases in the scope of its coverage below the requirements of this Section or the attached Specifications. In the event of such expiration or decrease, the District may withhold money due and owing to Contractor, or which may become due and owing to Contractor, in an amount sufficient to obtain insurance to the levels required by this Section, and may then apply those funds for that purpose. All deductibles required by all such policies shall be paid by Contractor, and the District shall have no obligation to pay them. The insurance required by this section shall cover any loss or liability resulting from Contractor’s transportation of students to and/or from any interscholastic athletic or other interscholastic or school sponsored activity in a van, or any other vehicle designed to transport between not less than seven (7) and not more than fifteen (15) people, as provided in 105 ILCS 5/29-6.3.

The insurance required by this section shall meet the minimum limits established in Section 12-707.01 of the Illinois Vehicle Code, 625 ILCS 5/12-707.01, including a minimum of personal injury liability insurance in the amount of $1,000,000 for any one person in any one accident, and subject to the limit for one person, $5,000,000 for two or more persons injured by reason of the operation of the vehicle in any one accident.

The cost of all policies required by this Section shall be reflected in the prices stated on the Bid Form, and Contractor shall not be entitled to receive from the District any additional compensation for any such insurance costs. At all times during the term of the contract, the Contractor and its independent contractors shall maintain, at their sole expense, insurance coverage for the Contractor, its employees, officers and independent contractors, as follows:

<table>
<thead>
<tr>
<th>INSURANCE TYPE</th>
<th>MINIMUM ACCEPTABLE LIMITS OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Compensation</td>
<td>Statutory</td>
</tr>
<tr>
<td>Employers Liability</td>
<td>Statutory</td>
</tr>
<tr>
<td>A. Each Accident</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B. Each Employee-disease</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>C. Policy Aggregate-disease</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>**Commercial General Liability ****</td>
<td>Statutory</td>
</tr>
<tr>
<td>A. Per Occurrence</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B. General Aggregate</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>1. General Aggregate- Property</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>2. General Aggregate – Per project</td>
<td>$3,000,000</td>
</tr>
<tr>
<td>3. General Aggregate - Products/ Completed</td>
<td>$3,000,000</td>
</tr>
</tbody>
</table>
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SUPPLEMENTAL TERMS AND CONDITIONS

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Auto Liability</td>
<td>$5,000,000 bodily injury and property damaged combined</td>
</tr>
<tr>
<td></td>
<td>$150,000 per person, $500,000 aggregate</td>
</tr>
<tr>
<td>Uninsured Motorist Coverage</td>
<td></td>
</tr>
<tr>
<td>Fire Legal Liability (any one fire)</td>
<td>$100,000</td>
</tr>
<tr>
<td>General Umbrella Excess Liability</td>
<td>$3,000,000 - $5,000,000*</td>
</tr>
<tr>
<td>**Business Auto Liability ****</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

* Minimum $3,000,000.00; maximum $5,000,000.00 as prescribed in the Bid documents.
** An Additional Insured Endorsement as well as endorsements for Waiver of Subrogation and Insurance is Primary and Non-Contributory to additional insured insurance coverage in addition to a Certificate of Insurance
**** Garage Liability (combines standard GL & Auto Liability) Garage Keepers Liability

If any policy or coverage is written as "claims made" then coverage must be maintained for 4 years after project completion.

Notwithstanding the existence of required insurance, Contractor agrees it is responsible for injury and damage to persons and property including such damages as may exceed the limits set forth above, resulting from its own negligence and the negligence of its owners, employees, agents and representatives and further for the negligence of others under Contractor’s direction and control when arising from or in any way related to the bid and resulting contract and Contractor’s performance of its contract obligations.

The District and its officers and employees shall be named as additionally insured on all certificates of insurance. Insurance certificates shall also reference project name and BID NUMBER. Certificates should be faxed (and hard copy mailed) to: Rockford Public Schools, Purchasing Department, 501 Seventh Street, Rockford, Illinois 61104.

15. METHOD OF AWARD. The District reserves the right to award related items on a group basis if deemed in its best interest, even if not stated as such on the specifications. The District further reserves the right to make an aggregate award if in its best interest.

16. GENERAL AWARD. The award on this bid will not be made at the time specified for the receiving and opening of bids. The bid will be awarded at a later date by the Board of Education.

17. SCHEDULE OF AWARD. In order that Bidders may more accurately complete a bid, it is anticipated that the Board of Education will consider the award on this IFB within 60 days of the date of bid opening; the successful Bidder(s), if any, will be notified immediately thereafter.

18. WITHDRAWING OF BIDS. No bid may be withdrawn by a Bidder after the time and date of the official public opening. All bid prices submitted must be valid for a period of sixty (60) days after the date set for the bid opening. This period of time is reserved to permit the Owner to evaluate bids, conduct tests, make the award and issue either a contract or purchase order(s).

19. VALIDITY OF PRICES. All bid prices must remain valid and firm on awarded bids until product(s) is/are delivered or project completed, and until accepted by the District and invoiced by the Contractor.

20. PERIOD FOR ACCEPTANCE OF BIDS. In compliance with the solicitation, the bidder agrees, if this bid is accepted within sixty (60) calendar days from the date specified in the solicitation for the receipt of bids, to furnish any or all items upon which prices are bid at the price set opposite each item, delivered at the designated point(s).
within the time specified in the solicitation.

21. COMPLETION DATES. Contractors are to complete projects as required. Unless stated differently in the solicitation, the product(s) and/or service(s) are to be delivered or completed within the dates required. Should a Contractor be unable to comply with the required completion date, the Contractor is to notify the District immediately.

22. INSPECTION AND ACCEPTANCE. At the time the Contractor has completed work in accordance with the specifications, the Contractor shall, with the District, make a final inspection. After the final inspection, if the District and the Contractor are in agreement, the Contractor shall submit invoices for payment in accordance with the payment section of these specifications.

23. SIGNATURES. It is required that the Bidder’s signature appears on ALL the following forms:
   a. Second page of General Conditions and Instructions for All Bids Form
   b. Bid-Rigging Certification
   c. Minority and Women Owned Business Form
   d. Certification Regarding Debarment Form
   e. Certificate Regarding Lobbying Form
   f. OFAC Compliance Form
   g. Vendor Conflict of Interest Disclosure Form
   h. Form W-9 Department of the Treasury Internal Revenue Service
   i. Bidder’s Certifications
   j. Bid Offer Form
   k. Other forms specified in the IFB

24. PAYMENT. Payment on proper invoices submitted by contractor will be made in compliance with the Local Government Prompt Payment Act, 50 ILCS 505/1, et. seq. and District Policy within forty-five (45) days after invoice approval by the District. THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER MUST APPEAR ON EACH INVOICE REQUESTING PAYMENT. (See clause entitled, "Tax Identification Number", for further clarification.) Invoices are to be submitted to the Accounts Payable Department at 501 Seventh St, Rockford, IL 61104.

25. WORK CHANGES. Changes in the Contract or Purchase Order must be agreed upon in writing between the District and the Contractor before execution of any changes involved may be implemented or payment may be withheld pending a determination that such change is required and ratified by the District.

26. SAFETY CODES. It is required that all equipment be in full compliance with any and all Federal and State Statutes, including, without limitation, OSHA Safety Standards, Environmental Protection Agency and Life Safety Codes, Health Codes, the School Code, and any applicable regulations and ordinances of the City of Rockford and County of Winnebago, Illinois.

27. QUANTITIES. After bids have been evaluated, the District reserves the right to increase or decrease quantities as stated on the bid for budgetary reasons. The District further reserves the right to accept or reject any or all alternate offers, or to alter the original solicitation document in order to comply with budgetary requirements.

28. BID. Bidders must return the following when submitting a sealed bid:
   a. Second page of General Conditions and Instructions for All Bids Form
   b. Bid-Rigging Certification
   c. Minority and Women Owned Business Form
   d. Certification Regarding Debarment Form
SUPPLEMENTAL TERMS AND CONDITIONS

c. Certificate Regarding Lobbying Form
f. OFAC Compliance Form
g. Vendor Conflict of Interest Disclosure Form
h. Form W-9 Department of the Treasury Internal Revenue Service
i. Bidder's Certification
j. Bid Offer Form
k. Any required literature or information

29. CONTRACT. A response to this Invitation for Bid (IFB) is an offer to contract with the District based upon the
terms, conditions, and specifications contained in the District's IFB and any District issued and published addenda.
Bids become contracts upon award to the successful Bidder by the Board of Education and no further documents need
be executed; provided, certain IFBs may require, in the discretion of the District, the creation and execution of a
separate formal contract in which case no contract is formed until a formal contract is created and until executed by
the District. All of the terms and conditions of the contract are contained in the IFB, unless any of the terms and
conditions are modified by an IFB Amendment, a Contract Amendment, or by mutually agreed terms and conditions
in the contract documents.

30. TERM OF CONTRACT. Resultant contract period shall be from the effective date of award through the
termination date specified in the IFB plus any specified option terms. The District exercises an option term by
written notice signed by the Director of Purchasing. Notwithstanding, the District's obligation under this contract is
contingent upon the availability of budgeted funds from which payment for contract purposes can be made. No legal
liability on the part of the District for any payment may arise until funds are made available for this contract.

31. OPTION TO EXTEND THE TERM OF THE CONTRACT
   a. The District may unilaterally extend the term of this contract for an option year, annually by written notice to
      the Contractor at least thirty (30) days prior to contract expiration.
   b. If the District exercises this option, the extended contract shall be considered to include this option provision.
      The option is deemed exercised when mailed or otherwise furnished to the contractor.
   c. Upon the exercise of any option period(s), the District may add additional facilities or locations to this contract.
      Supplies/services will be provided for these facilities or locations for the time periods as specified. All contract
terms and conditions will apply to these facilities or locations added.
   d. The District may exercise the options contained in the "Option to Extend the Term of the Contract" clause of this
      contract by providing the written notice as required by the clause. Upon the exercise of an option year period,
supplies and services will be provided for the time periods as specified in the solicitation.
   e. The total duration of this contract, including the exercise of any options under this clause, shall not exceed five
      (5) years.

32. EVALUATION OF OPTIONS
   a. The District will evaluate bids by determining the lowest base period price. Since option year pricing is based on
      limits established in the “Pricing” clause, option year pricing is automatically considered when evaluating the
      base year price. All options are therefore considered to be evaluated. Evaluation of options will not obligate the
district to exercise the option(s).
   b. The District may reject a bid if exceptions are taken to the price provisions of the “Pricing” clause, unless the
      exception results in a lower maximum option year price. Such offers will be evaluated without regard to the
      lower option year(s) maximum. However, if the Bidder offering a lower maximum is awarded a contract, the
      award will reflect the lower maximum.
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SUPPLEMENTAL TERMS AND CONDITIONS

33. TEMPORARY CONTRACT EXTENSION. The District reserves the right to temporarily extend this contract for an additional ninety (90) calendar days from its original or any exercised option year expiration date without exercising a full option year for any reason and any and all pricing then in effect shall continue through the temporary extension period.

34. ALTERNATE BIDS. Alternate bids are not acceptable and will be rejected by the District. Alternate bids are defined as bids that do not comply with the bid terms, conditions, and specifications. Bidder may submit more than one bid providing that all such bids comply with the bid terms, conditions, and specifications.

35. PREVAILING RATE OF WAGE. It is required on this bid that the Contractor complies with all statutes, both Federal and State, governing payment of wages to employees. The Contractor certifies that by submitting their bid that they will pay the prevailing rate of wage in this area (if applicable) for the particular type of labor, in accordance with State of Illinois statutes and the Illinois Department of Labor. If applicable, the Contractor and each Subcontractor shall keep an accurate record to show names and occupation of all workmen employed by them in connection with this IFB. The actual hourly wage paid to each shall be recorded. These records shall be open for inspection during all working hours to any authorized District’s agent and any authorized agent of the Illinois Dept. of Labor.

The following clause shall be a part of this contract.

“If during the course of this contract the Department of Labor revises the prevailing rate hourly wages to be paid under this contract for any trade or occupation, the prevailing rate of wage is available on the Department of Labor official website. Contractor is directed to such website. Contractor shall have the sole responsibility and duty to ensure that the revised prevailing rate of hourly wage is paid by Contractor and all Subcontractors to each worker to whom a revised rate is applicable. Revisions to the prevailing wage as set forth above shall not result in an increase in the contract sum.”

Should any Contractor need information concerning the prevailing rate of wage, said information is available at the Purchasing Department via email. The Contractor further certifies that all Subcontractors will comply with these same acts. If requested, bidders will submit to the District required information concerning the basic rate of wages per hour that he is either currently or will be paying for the particular type of trade required.

36. PROHIBITED CONTRACTOR EMPLOYEES ON SCHOOL PREMISES. Contractor employees, agents and principals and its consultants and consultants employees and agents shall not perform work within District buildings for more than 30 school days within any school year (July 1 to June 30) unless a criminal history records check has been conducted by Contractor, the individual(s) is found to have not violated any of the drug or criminal offenses listed in the criminal history records check provisions in the School Code 105 ILCS 5/10-21.9(f) (the Act), and the Contractor so certifies the same to be true on the Certified Cleared Employee List.

Contractor employees, agents and principals and its consultants and consultant's employees and agents shall not be permitted to be present on District grounds unless a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check has been conducted regarding all such employees in accordance with and subject to the provisions of the Act. Contractor employees, agents and principals and its consultants and consultant's employees and agents who are found to have had convictions of the enumerated criminal or drug offenses listed in the Act or who appear in the noted databases shall not be permitted at any time to be present on school grounds.

Not less than 10 days prior to the commencement of work, Contractor shall submit to Owner a written certification on a form provided by Owner (Certified Cleared Employee List), signed by Contractor under oath that the employees listed on the certification have been the subject of a criminal history records check (for employees working more than 30 school days in District buildings), and a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check for all employees accessing District grounds. Contractor shall update the certification as and when necessary to keep such certification list current.
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

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37. EMPLOYEE CONDUCT. All of Contractor’s employees, agents, principals, and consultants shall abide by Federal, State and Local Laws and Board of Education policy while on District premises. No employee, agent or principal of Contractor and its consultants and vendors shall fraternize with any student of the school district. Any employee whose conduct is judged unfit by District shall not be permitted to work on the project. Contractor agrees to comply with and abide by all rules, regulations and policies of the District relating to access to and conduct upon District Premises.

Contractor employees accessing school grounds are required to have in their possession identification issued by the District. All such persons must check in with the school main office to receive a visitor’s identification at which time the individual must present a government issued photo identification which will be used to verify the individual’s name appears on the Certified Cleared Employee List. At the conclusion of the work day, plastic or hard cover identification must be returned to the school.

The District may from time to time and at multiple times in their discretion and without notice check the identification of all persons accessing school grounds by or through the Contractor to assure such persons appear on the certification list and have in their possession a valid District issued identification. Contractor warrants that it shall immediately notify the District if a certified cleared employee is convicted of an enumerated offense or their name appears on any of the noted Databases. A violation of this section is a material breach of contract.

38. COMPLIANCE WITH FREEDOM OF INFORMATION ACT. The District is required by law to comply with the provisions of the Freedom of Information Act, 5ILCS 140/1 et seq., as amended from time to time (“Act”). The Act requires the District to provide, if requested to do so by any person, copies of documents that maybe in your possession and related to this contract. As a condition of this contract, Contractor agrees to and shall provide to the District copies of all such documents when directed to do by the District. All such documents shall be delivered to the District’s Legal Department NO LATER THAN five (5) working days after the date of the District’s direction to provide such documents. Failure of the Contractor to provide documents within said five (5) working days as provided above shall result in the assessment of any and all penalties, damages, and/or costs incurred by the District to the Contractor which shall be paid immediately by the Contractor upon demand of the same by the District.

39. RECORDS, RETENTION, AUDIT

a. Records. The Contractor shall have or upon award of bid establish and maintain a reasonable accounting system that enables the District to readily identify Contractor’s assets, expenses, costs of goods and use of funds related to the Project (the Records). Such Records shall include, but not limited to, accounting records, written policies and procedures; subcontractor files (including proposals of successful and unsuccessful bidders, bid recaps, etc.); all paid vouchers, including those for out-of-pocket expenses, other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips, bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back-charge logs and supporting documentation; insurance documents, payroll documents; timesheets; memoranda; and correspondence.

b. Retention. The Contractor shall, at all times during its performance of the Project and for a period of seven years after the completion of the Project, maintain Records, together with all supporting or underlying documents and materials. The Contractor shall upon written request by the District at any time or times, whether during or after completion of the Project, and at the Contractor’s expense, produce the Records for inspection, copying and audit (including copies and extracts of records as required) by the District. The Records shall be made available to the District, upon three-day written notice, during normal business hours at Contractor’s principal office if located in Rockford, Illinois or at such other location specified by the District including the District offices. Upon expiration of the retention period specified in this paragraph 44b, prior to destruction of the Records, Contractor shall provide not less than 30 days written notice of its intent to destroy any part or all of the Records, specifying the nature, character and extent of Records to be destroyed and the District may at its discretion and expense obtain all Records or copies of Records intended to be destroyed. The Contractor shall ensure the District’s right to access and audit the Records in the possession, created or maintained by Contractor’s agents, assigns, successors, and subcontractors. Contractor shall notify in writing its agents, assigns, successors and
SUPPLEMENTAL TERMS AND CONDITIONS

subcontractors of the requirements of records, retention and audit as set forth in this paragraph 44. Any and all contracts or agreements between Contractor and any other party related to the Project shall expressly include the records, retention and audit provisions of this paragraph 44.

c. The District and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all Records (in whatever form they may be kept, whether written, electronic, or other), including, but not limited to, those kept by the Contractor, its agents, assigns, successors, and subcontractors.

d. Cost of any examination or audit of Records conducted by the District will be borne by the District (excluding any cost to produce Records under paragraph 44b), except where the examination or audit identifies overpricing or overcharges (of any nature) by the Contractor to the District in excess of one-half of one percent (0.5%) of the total contract billings in which event the entire cost of the examination or audit shall be Contractor’s cost and Contractor shall reimburse the District for the total cost of the examination or audit. If the examination or audit reveals substantive findings of fraud, misrepresentation, or non-performance by Contractor, its employees, agents, representatives, assigns, successors or subcontractors, the Contractor shall pay all costs of the examination or audit; and if paid by the District, reimburse the District for all such costs. In the event Contractor fails to pay such costs within 30 days of demand by the District, District may offset any such costs unpaid by Contractor from any balance due Contractor by the District or at the election of the District proceed to collect such costs by any available means including litigation in which event the costs of collection including reasonable attorney’s fees shall also be paid by Contractor.

QUESTIONS
During the time the bid is in the **open solicitation and unwarded phase**, Bidders may not contact any District staff to inquire about the bidding process or any of the details contained in the Bid Package other than in writing directed to the Director of Purchasing (also via email: PurchasingDeptStaff@rps205.com). Verbal inquiries will not be accepted. **Communication with District representatives in a manner other than identified herein may result in disqualification.**
Wellness Request for Proposal

General Information

Organizational Overview

The Rockford Public School District #205 is a public entity located in Rockford, Illinois. The District has over 3,100 benefit eligible employees and covers over 7,900 individuals (employee/spouse/children) on the medical and prescription drug plans.

Purpose

The purpose of this RFP is to solicit proposals for and select a vendor to implement and administer a wellness program for the District, including:

- Healthy lifestyle promotion
- Biometric Screenings/Health risk assessments
- Web based tools/Points Tracking
- Educational materials
- Reporting data
- Onsite Support for Certain Wellness Centered Events

The Rockford Public School District currently has an employee wellness program in place. The program is designed to encourage and promote good health for its employees and dependents. It includes, but is not limited to, annual biometric screenings; a health risk assessment, quarterly challenges and a point based incentive/reward system.

It is our goal to have a partner that works closely with The Rockford Public School District’s Human Resource Department. The wellness company should be willing to work with our current vendors to achieve the Districts wellness goals and communicate with our members. Please address all areas of the questionnaire as it relates to your area of expertise. We encourage creativity.

It is intended through this RFP process to select firms as finalists, conduct interviews, (which may be open to the public), and educate the various stakeholders including elected officials and labor leaders in order to award a contract.

The following are critical deliverables:

- HRA – Health Risk Assessments should be flexible including both paper and web based assessments integrated with onsite/independent lab screening data. Reporting back to the client should include reports with number of participants, those who met incentive requirements, newly identified conditions, key indicators for at risk population, at a minimum. All reports should meet HIPAA requirements. (Both Spanish and English are required.)
- Highest level of service to our members and quality of care is required. You must be customer focused and provide our employees with support and communication
Wellness Request for Proposal

options. Prospective vendor services should include an online member portal, online screening scheduler, member help desk, and online or telephonic health coaching.

- The Rockford Public School District requests proof of concept and ROI based on your past experiences. Please provide examples and details of actual cases where the ROI was significant along with client references.

1. Implementation Date and Term

The Rockford Public School District is requesting proposals based on an expected launch date of June 1, 2018. The initial term will be three (3) years.

2. Send response and questions to:

   1. Inez Harris
      Benefits
      Manager 501
      7th Street
      Rockford, Illinois
      61104
      inez.harris@rps205.co
      m 815-966-3067

2 Estimated time line

   - RFP due Friday __________ by 3pm to the _______________________
   - Please provide one (1) original and four (4) copies of your response
   - To make it easier for the evaluation team and if possible, please provide a digital copy either by email, weblink, memory stick, CD/DVD, etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/2018</td>
<td>Distribution of RFP</td>
</tr>
<tr>
<td>1/29/2018</td>
<td>RFP Due Date</td>
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<tr>
<td>2/7/2018</td>
<td>Evaluation Complete</td>
</tr>
<tr>
<td>2/15/2018</td>
<td>Interviews and Follow-up</td>
</tr>
<tr>
<td>3/21/2018</td>
<td>Anticipated Award of Contract</td>
</tr>
</tbody>
</table>
Wellness Request for Proposal

This section includes questions about your organization, customer service, technology, programs, education and promotion abilities, reporting, Health Risk Assessment “HRA”, outcomes, implementation, financials, and performance guarantees.

1) State the type of company and the location of your home office as well as a brief history of your company including mergers and succession.

Founded in 1911 as a not-for-profit health system, SwedishAmerican Health System (SAHS) has been dedicated for more than 100 years to providing excellence in healthcare and compassionate care to our community. We serve residents of 12 counties in northern Illinois and southern Wisconsin. SwedishAmerican became a division of UW Health January 1, 2015, an organization with a common mission, vision, values and culture. UW Health is an academic health system associated with the University of Wisconsin-Madison. BetterLife Wellness is the wellness and holistic health division of SwedishAmerican Health System delivering all patient, employee, and corporate wellness servicers. BetterLife Wellness (BLW) began as a division of the health system in 2013 and is located in Camelot Towers on the main campus of SwedishAmerican at 1415 E. State Street Rockford, IL. 61104. BetterLife Wellness also provides services at the ID Pennock Family YMCA in Rockford, IL., The Northeast Branch YMCA in Rockford, IL., and the SwedishAmerican Belvidere Medical Center in Belvidere, IL.

2) If you are submitting this with or as part of an alliance company or strategic partnership, what is the name of that partner? If you have partner alliances to perform duties per your programs, please list them.

The YMCA of Rock River Valley is the fitness partner of BetterLife Wellness, A Division of SwedishAmerican Health System. The YMCA is well-known as a leader dedicated to improving the health and wellbeing of our community. With a mission centered on balance, the Y brings families closer together, encourages good health and fosters connections through fitness, sports, fun and shared interests. The YMCA currently partners with BetterLife Wellness to offer introductory and program memberships for our corporate wellness plans and they teach a variety of BLW fitness classes.

Applied Health Analytics (AHA) is the technology partner for BetterLife Wellness. BetterLife Wellness contracts with AHA to provide: an evidence-based health risk assessment tool, risk stratification and cohort tracking, a web based member portal, data interoperability across labs, EMR and data warehouses, member engagement solutions, process support applications including registration and custom survey applications, claims integration, analytics, and reports.

3) Please outline the service model and team members that will be working with the District. (Customer Service Team/Implementation Team/Account Management Team/Others)

- SAHS will assign a Supervisor of Corporate Accounts to work directly with the Rockford Public School District representative(s) on the day-to-day operations of
Wellness Request for Proposal

the wellness programming. The Supervisor of Corporate Accounts will work as the project manager for the account, coordinating all wellness deliverables set forth within the contract for the school district. The Supervisor of Corporate Accounts will also be the on-site supervisor for all staff working within the wellness model at the school district utilizing a matrix management style.

- The Medical Director of BetterLife Wellness is a board certified primary care physician who will ensure the clinical quality of the wellness programming. The Medical Director will review all individual lab results, follow up with all abnormal results, deliver the annual aggregate report to district representatives, present to district employees on applicable wellness education topics throughout the year, and be available as a clinical resource for questions surrounding wellness issues.

- The Business Development Specialist (BDS) will lead the implementation team for the district wellness contract and serve as the main point of contact with regards to the deliverables of the contract and communication strategies for the Rockford Public School District. The BDS will serve as the key contact for specific questions, concerns, or feedback on the contract. The BDS will also be a point of contact for program specific modification and as a liaison to SwedishAmerican Health System Administration.

- The Manager of BetterLife and Holistic Health will direct the overall operations of the wellness services and programming for the Rockford Public School District and be available for all managerial needs with regards to the program.

- Staff who work within the BetterLife Wellness Department at SwedishAmerican Hospital and who will be available to work with the employees at the Rockford Public School District include:
  - Board certified obesity medicine physician
  - Holistic health registered nurse
  - Registered phlebotomists
  - Certified health coaches
  - Licensed massage therapists
  - Licensed dieticians
  - Application analyst
  - Certified diabetes educator
  - Exercise specialist
  - Guided imagery therapist
  - Aromatherapy specialist
  - Behavioral health therapist with a focus in weight management
  - Licensed Clinical Professional Counselor with a focus in Animal Assisted Therapy (Caring Canine Program)
  - Reflexologist

4) Do you have experience providing wellness programs for municipalities or other units of government? Please describe, e.g. how many clients, years of operation, case studies, # of employees served, average ROI.
Wellness Request for Proposal

BetterLife Wellness specializes in working with regional and local employers to ensure individual attention and hands on wellness approach with employees. The municipalities or similar organizations to Rockford Public School District that BetterLife Wellness currently works with are Boone County Government, Chicago Rockford International Airport, and Hononegah High Community School District 207. BetterLife Wellness has worked with all three organizations for two years offering wellness services to the employee and spouses. Between the three organizations there are 564 members being served in the BetterLife Wellness corporate wellness program.

The 2016-2017 data we have for ROI for the three associated employers is listed below.

- 2 employers showed reportable decreases in the areas of risk for body mass index (BMI) and elevated blood pressure
- 2 employers had reportable increases in their members physical activity levels (minimum 150 per week)
- All 3 employers had reportable decreases in the areas of risk for elevated cholesterol.
- 2 employers demonstrated reportable increases in participation in the annual HRA and biometric screening with one employer demonstrating a more than 50% increase.

**SwedishAmerican Employee Population ROI for Wellness Programming**

SwedishAmerican has had an employee wellness program in place for more than 40 years. Currently BetterLife Wellness works with more than 6,000 employees, spouses and dependents of in the SwedishAmerican Health System. In the past ten years the wellness program has become an established wide ranging pillar in the health and culture of the SwedishAmerican Health System. After looking at a detailed cost experience from 2010 to 2015 SwedishAmerican experienced an 8% increase in healthcare spend. According to CMS, national healthcare spend during the same time increased 19%. When we excluded the 23 members over $100 thousand in healthcare spend we ended up with a decrease in healthcare spend of 15.4%.
Wellness Request for Proposal

5) How many employer groups are you currently serving in the size category of the District (2,500-4,000+ employees)?

BetterLife Wellness currently works with two employers in the size category of 2,500-4,000 members. The two employers are Woodward Inc. and SwedishAmerican Health System.

WELLNESS

6) Do you offer a Health Risk Assessment (HRA)? Yes

If Yes,

a) In what format is your HRA offered?

The Health Risk Assessment (HRA) screening is offered through a personalized web-based portal customized for the organization and member. The member will be primed into the HRA system prior to the site going live with an identifier unique to them to protect their personal health information. The member will create a login and password to get into their personal health portal. At this point they will be able to take the HRA screening on a PC or mobile device. The HRA tool is also available in paper form with a pre-paid self-addressed stamped envelope which will be mailed directly to the Applied Health Analytics offices to maintain confidentiality. The tool is available on-line, in paper form and is available in Spanish.

The annual HRA lab and biometric screening can be offered on-site at the employer and/or in the BetterLife Wellness offices. BLW will work with the district representatives several months in advance to coordinate dates and times for the wellness screening and six month re-check. BLW will work with the needs of the employees and the school district to accommodate screening times that work for the employer. Since BetterLife Wellness employs all of our own staff, we can be flexible when it comes to dates, times, and shift work for wellness screenings and wellness programming. One of the benefits of being a local provider is that BetterLife Wellness is able to accommodate early morning, evening, and weekend screening appointments. BetterLife Wellness is also able to provide HRA and wellness screening services on multiple dates if needed, in order to accommodate vacations, time off, and sickness. BLW brings a robust staff of registered phlebotomists and certified health coaches out to each screening to ensure there is little to no wait time between appointments and high customer satisfaction. We survey all of our participants post screening and we have a 99% satisfaction rate with our screening services.

*see attached copies of HRA screening tool, personal health report, and aggregate report

> Cholestech lab results are available immediate on-site
> Venipuncture labs are available to view in the AHA portal within 24 hours and automatically uploaded to My Swedes Chart if you are a SwedishAmerican patient
Wellness Request for Proposal

➢ Biometric data is uploaded into Applied Health Analytics within 24-48 hours

b) Can you import biometric screening data obtained? Yes

- All biometric data is verified data (meaning it is not self-reported)
- Biometric data measured includes: height, weight, waist circumference, and blood pressure

c) Will you provide an aggregate report to the District? Yes

*See attached sample of company aggregate report

7) Do you have a system for reminding participants when their yearly and age appropriate screenings are due? If yes, please outline in detail.

Currently the Applied Health Analytics Software is only capable of sending annual reminders for the yearly wellness screening. However, SwedishAmerican Health System uses an electronic health record (Epic) for documentation and tracking which is linked to a personalized patient portal called My Swedes Chart. Patients under the care of SwedishAmerican providers for primary care, are in the system for age appropriate disease prevention screening reminders. SwedishAmerican has also implemented a Primary Centered Medical Home model of care with in our primary care clinic system. A robust staff of case management and care coordination has been added to each primary care clinic for the sole purpose of managing population health and disease management treatment for each patient.

8) Regarding Health Risk Assessments, please attach a copy of one we might utilize.

*Please see attached sample of Health Risk Assessment tool

9) What are your quality assurance policies?

Quality is SwedishAmerican's greatest priority. It drives all that we do. This includes treatment, prevention, education and care for the whole person. SwedishAmerican is recognized as a leader in the implementation, measurement and improvement of quality initiatives in healthcare. As a result, no health system in northern Illinois has won more national awards for quality than SwedishAmerican. SwedishAmerican's dedication to the continuous quality improvement of organizational performance led to the early adoption of publicly reported clinical performance metrics required by The Joint Commission, the Centers for Medicare & Medicaid Services, and the local and state health departments. In addition, SwedishAmerican voluntarily provides additional performance metrics to Blue Cross/Blue Shield, a major payer in our market, and our local Employers Coalition on Healthcare.

Here are a few of the more recent awards SwedishAmerican Health System has won with regards to quality initiatives.

- Clinical Quality and Workplace Excellence
- Magnet® Recognition
- Top 100 Hospital Quality Award (Total Benchmark Solutions)
- 150 Top Places to Work in Healthcare Becker's Healthcare; 2017
Wellness Request for Proposal

- 100 Top Hospital Designation (Soluient)
- Distinguished Hospital Award (J.D. Power and Associates)
- National Quality Cup (Rochester Institute of Technology)
- Cardiac Surgery Excellence Award (HealthGrades)
- Outstanding Achievement Award (American College of Surgeons Commission on Cancer)
- "Best in Hearts" Designation (HealthGrades)
- Consumer Preference/Patient Satisfaction
- Consumer Choice Award (National Research Corporation)
- Patient Satisfaction Award (Arbor and Associates)
- Top 100 Integrated Healthcare Network (Verispan)
- Lincoln Award for Excellence (Lincoln Award for Performance Excellence)
- Governor's Family Investment Award (State of Illinois)
- Gold Award of Well Workplace USA (Wellness Councils of America)
- Illinois Healthy Worksites - Gold Level (Illinois Department of Public Health)
- Platinum Level Fit-Friendly Workplace (American Heart Association)

Who in your organization is responsible for oversight of the programs?

Dr. Timothy Flynn, MD President of the SwedishAmerican Medical Group

Will that person be accessible to the District?

Yes via email, by telephone, and in-person meeting
Wellness Request for Proposal

1) Do you have the ability to perform an audit if requested, and if so, what cost if any?

Yes, we can perform an audit upon your request. The cost would depend upon the extent and depth of your request and be based upon the amount of time required to complete at a charge not to exceed $50 per hour for special requests.

COMMUNICATION

1) What is your overall communication strategy?

We customize our communication strategies to fit the unique needs of each employer. We want to be mindful of the communication applications that are effective with each population group, as we realize that not all people receive messages the same way. We also realize that the Rockford Public School District employs a diverse group of professionals who may prefer to receive communication in varying mediums. The initial strategy would be to take an inventory of how wellness messaging has been delivered to employees in the past and determine what the ROI has been on those tactics. The BetterLife Wellness team would then work with the district to consult and implement a communication plan to effectively deliver the wellness programming across all departments within the district. Our communication plan design would include a multimedia approach utilizing internet, social media, print, direct mail, and face-to-face messaging.

Other SwedishAmerican Health System staff outside of the BetterLife Wellness team who could be involved with consultation and/or delivery of the RPS 205 wellness communication plan include:

- Vice President of Strategy and Business Development
- Director of Marketing
- Manager of Social Media and Graphic Design
- Communication Specialist of Internal Communication
- Public Relations Specialist
- Information Specialist (Website Management)

2) Please describe how you will assist the District in communicating the Wellness Program to its employees.

We will work directly with the Rockford Public School District’s point of contact(s) for the wellness program as well as any staff appointed for delivery of employee communication. One of the key functions of the BetterLife Wellness Business Development Specialist is to work with corporate accounts on key issues like communication and brand awareness. We understand that wellness programming and intervention only works if it is being utilized by the member and that engagement is vital to utilization. The current Business Development Specialist has a Masters in Health Care Administration and more than 15 years of experience in marketing and developing business strategy for local, regional, and national
Wellness Request for Proposal

healthcare programming. The Business Development Specialist and BetterLife Wellness Team will work directly with the district to assist in the design of communication strategies and employee engagement throughout the course of the contract. We will employ a multifaceted communication approach and continuously work with the district on ways to reach the employees and engage them in wellness programming.

1) How do you address communication and language barriers?

SwedishAmerican Health System embraces the diversity of the Rockford community and has made it a priority to ensure that all patients receive quality and equitable healthcare regardless of their linguistic background. There are several ways SwedishAmerican BetterLife Wellness addresses the communication and language barriers that might exist within wellness services including:

- Providing Spanish speaking phlebotomists at the annual, 6 month re-check, makeup screenings, and special request screening appointments
- Providing the HRA assessment tool in Spanish (print and web based version)
- Translating the BLW promotional and educational print and web-based materials to Spanish
- Option of utilizing our web based provider In-Demand to deliver translation services for web conferencing in 27 different languages including sign language (by request)
- Option of utilizing our teleconferencing provider Pacific Interpreter to deliver translation services in over 100 different languages (by request)
- Recommending Spanish speaking classes, events, or support groups in the community or at SwedishAmerican Health System. For example, SwedishAmerican Regional Cancer Center started the first Latino Cancer Support Group.

1) Please provide the mediums used to disseminate information, such as website, direct mail, telephone, etc.

Some of the foundations of the communication tools we have used to message out our wellness plans include:
- Customized webpage with regular wellness update
- Social media
- E-blasts with upcoming wellness activities
- Company-wide monthly wellness calendar
- Direct mail pieces
- Presentations at annual all-staff meetings and/or department meetings
- Print communication to be distributed by the employer within the organization
- Brochures housed within public staff areas and human resource departments
- Web based tutorial videos
- Information about BetterLife Wellness program included in annual benefit information packets
- Created BLW welcome bags for new employee orientation
- Participation in employee health fair
- Information in company newsletter
Wellness Request for Proposal

- Paycheck stuffers
- Updates on company internal/external marquee
- Regular updates on company intranet
  *See attached promotional material

1) Do you have a toll free number for customer use? Yes

2) Do you have a website? Yes

The BetterLife Wellness corporate wellness website for employers is tailored to the fit the unique needs and interests of each employer. It can be modified and updated as wellness programming changes throughout the year. BLW will build a customized web page for the school district complete with items such as:

- RPS District 205 corporate wellness plan details
- Calendar of wellness events
- RPS District 205 wellness challenges
- Points tracking system
- Member portal login
- Community wellness activities
- Hot Links to the RPS website or RPS intranet
- Wellness education
- Health coach scheduling and communication

Is it interactive for employees' use and do you build websites for employer groups?

Yes. Each member will have their own portal within the website. There is an array of interactive capabilities within the portal. Some of the on-line features for employees include:

- Participating in district wide wellness challenges
- Tracking yearly wellness points
- Logging in any self-reported data related to the wellness program
- Completing the HRA screening
- Viewing HRA and Biometric screening results
- Pulling up lab results
- Sending lab information to primary care physician
- Scheduling health coaching session
- Messaging and communication with a health coach
- Learning about wellness education topics
- Viewing upcoming wellness programming events
- Connecting to other websites via Hot Links

Do you have a mobile app?

There is no mobile application; however, the platform is built with responsive design for mobile devices.
Wellness Request for Proposal

17) Please describe how your company coordinates communication among health plan vendors. Detail any specific alliances, contacts, ownership relationships or strategic partnerships with

- **PBM**- SwedishAmerican Health System has a robust pharmacy located at the main hospital 1401 E. State St. Rockford, IL. 61104. The BetterLife Wellness team utilizes the pharmacy staff and Director of Pharmacy frequently for consultation with corporate accounts with regards to immunization clinics, presentation topics, and to deliver immunizations at employer locations.

- **Networks**- SwedishAmerican, A Division of UW Health and is a sister company to Quartz Health Solutions, Inc. Beginning October 1, 2017, Gundersen Health Plan, Unity Health Insurance and Physicians Plus Insurance Corporation joined forces under the Quartz brand name. This relationship meant that members continued to have high-quality and affordable coverage but received more comprehensive access to local primary care and specialty physicians at Gundersen Health System, UnityPoint Health – Meriter and UW Health per their plan’s network structure. Quartz Health Solutions, Inc., also continues to be a third-party administrator of self-funded health plans.

- **Utilization Management**- N/A

- **Third Party Administrator**- Quartz Health Solutions

- **EAP**- BetterLife Wellness makes it a point of establishing a relationship with the EAP of each company we work with. There are times when it is appropriate to make a referral to the company EAP if the employee has an issue or concern that arises and the need cannot be met through wellness services.

18) Please provide information on your HRA tracking, sample newsletters, and other health promotion and education.

- Please see attached promotional and education material
Wellness Request for Proposal

Can you provide educational materials, seminars such as lunch and learns, health risk assessments, and team building wellness initiatives like weight loss coordination, smoking cessation and other wellness initiatives? Please give details of all programs offered.

Yes

HRA and Biometric Screening

Research demonstrates one of the number one ways to improve a person’s health is to be engaged in one’s healthcare. Our health risk assessment and biometric screening help your employees know and understand their numbers, while comprehensive educational content empowers them to make informed and impactful decisions. Our hands on and multi-faceted technology based interventions are designed to engage employees in positive behavior changes to improve their health and well-being. BLW offers two different lab panel screenings to our corporate partners. The basic screening is a two panel eight result screen and the premium screen is a four panel 37 result screen. One key result we added to both panels this year was the A1c Reflex for any member with a fasting glucose greater than 99. Because we have an onsite lab we do not pass any additional lab costs on to our corporate clients. As a result, our employers get the best rates and we are able to add additional panels that become necessary based on the results of trends we are experiencing. Due to the rapid increase of pre-diabetic results, we added the A1c reflex so that all members now have a diagnostic result of diabetes regardless of whether or not their employer made the choice to add the panel on to the screening. This is one example of how being a local provider allows us to give back to the member and keep the employer’s costs low.

Personalized Health Coaching

Health Coaching is a positive supportive relationship between the coach and the person seeking change (member), to empower the member to draw upon his or her own abilities and potentials and to set a plan to accomplish a personally valued goal(s). Guidance, planning, accountability and support are a few of the things a health coach can bring to your life. Sessions can be in person or by phone.

Wellness Education

BLW has over 125 different presentation topics that can be delivered on-site to the staff by leading experts within SwedishAmerican Health System. Education and knowledge is power. Knowing how to take care of our health is key to behavioral and lifestyle wellness changes.

Weight Management

The combination of tools needed to achieve and maintain a healthy weight is different for everyone. BetterLife Wellness provides personalized nutrition and support options based on what works for you.

New Directions is a comprehensive weight management solution FDA approved and prescribed by a board certified physician. We offer two medically supervised weight management programs varying in treatment intensity. Meal replace program includes A Very Low Calorie Diet (VLCD) and a Low Calorie Diet (LCD). The New Directions System is a multidisciplinary program of behavior modification, nutrition
Wellness Request for Proposal

education, physical activity, and group support to reinforce lasting lifestyle changes. Health benefits typically include a reduction in co-morbid conditions, including lower blood pressure, lower blood sugar levels in type 2 diabetes, lower serum cholesterol, and reduced pain in weight bearing joints.

**Action Weight Management**

Action Weight Management is a 12-week education and support class taught by a nutritionist and licensed clinical professional counselor. The program offers a combination of tools needed to achieve personal health goals.

Topics: Emotional eating, eating mindfully, grains/gluten, organic and GMO free foods.

Program features include:
- 12-weeks of nutrition education and support meetings
- Behavioral skills to help the client develop new health habits
- 3 month individual membership to the Rock River Valley YMCA
- YMCA’s ActivTrax Program which includes a personal fitness evaluation
- After the 12 week program, continue with a monthly education/support group (included in the price)

**Healthy Cooking Classes**

Eating healthfully doesn’t have to be complicated, expensive, nor boring! Taught by a dietitian, learn practical food choice tips and see how to make simple and healthy recipes that will inspire you to eat well for life. Tasty samples and written recipes provided. Class offerings include Organic, Vegan, Diabetic, Heart Healthy, Fruity Fit Kids Session and Gluten-Free recipes.

**Therapeutic Massage**

Using touch to help heal the body and reduce the stress of daily life is not a new concept. Therapeutic massage can help conditions such as muscle spasm and pain, soreness from injury and stress, and headaches and breathing difficulties. Massage also can help reduce swelling, assist in correcting posture and improve range of motion. Our massage therapists are nationally certified and licensed by the State of Illinois. They use various degrees of pressure and a variety of techniques, tailored to the individual and based upon assessment.

**Fresh Start Smoking Cessation**

The American Cancer Society’s 4 week group-based tobacco cessation counseling program designed to help participants stop smoking by providing essential information, skills for coping with cravings, and group support. Designed to help smokers quit smoking and develop coping skills to combat the psychological and physical side effects of smoking cessation.

**Healthy Grocery Store Tours**

Our grocery store tours are led by a licensed dietitian with the opportunity to discuss ingredients, read labels and get answers to all grocery shopping questions. The participant will receive a number of resources to help make healthy grocery shopping easier, including pantry must-haves, shopping list and meal planning tips.
Wellness Request for Proposal

Nutrition Consultation
A member would meet with a licensed dietician for a review of nutrition behaviors and goals to establish healthy lifestyle changes centered on meal planning and a balanced diet.

Reflexology
Application of appropriate pressure to specific points and areas on the feet. These areas and reflex points correspond to different body organs and systems and by applying pressure, health benefits can be achieved.

Fitness Classes
BetterLife Wellness offers multiple fitness classes a week in conjunction with the Rock River Valley YMCA to provide opportunities to improve the health and fitness of our members.

Fruity Fit Kids Cooking Camp
Fruity Fit Kids Cooking Camp - This camp meets for four consecutive weeks on Saturday mornings. The families spend the first half of camp assembling recipes, learning about healthy eating habits, recipe sharing, label reading, and how to modify food behaviors. The second half of camp is spent with fitness instructors from the YMCA participating as a family in a fun fitness activity such as Zumba, rock climbing, weights for kids, or swimming.

Healthy Connections Chronic Disease Management
Healthy Connections is a 12 month chronic disease management program that BetterLife Wellness began piloting with its own employees in 2017. This program is designed to work with the most at risk employees who are already experiencing chronic disease issues. BetterLife Wellness will identify these employees through the results of the HRA and Biometric screening and invite them to participate in the Healthy Connections Chronic Disease Management Program. The BetterLife Wellness health coach will be responsible for the case management and establish a treatment plan to meet the needs of the client. Below is an outline of 12 months of Healthy Connections Chronic Disease Management:

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coaching*</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td>Months 1–3</td>
</tr>
<tr>
<td>Twice monthly</td>
<td>Months 4–6</td>
</tr>
<tr>
<td>Monthly</td>
<td>Months 6–12</td>
</tr>
<tr>
<td>Grocery Tour</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Cooking classes</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Access to fitness classes</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Smoking Cessation program</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Massage Therapy or Reflexology</td>
<td>6 (one hour) sessions</td>
</tr>
<tr>
<td>Labs</td>
<td>Month 6 and 12</td>
</tr>
</tbody>
</table>

*Health Coach oversees case management of the program. Weekly or monthly interactions may be with recommended BetterLife Wellness Clinical Staff.
Wellness Request for Proposal

Healthy Connections Clinical staff interactions may include:
- Certified Health Coach
- Board Certified Weight Loss Physician
- Holistic Health Nurse
- Registered Dietician
- Certified Diabetes Educator
- Exercise Specialist
- Licensed Massage Therapist
- Aromatherapy Specialist
- Acupressure Specialist
- Guided Imagery Specialist
- Reflexologist

2) Please indicate any program accreditation you have or will have earned, and the agency giving the accreditation such as NCQA, URAC, JCAHO.

The Joint Commission accredits SwedishAmerican Health System: SwedishAmerican Hospital, SwedishAmerican Medical Center/Belvidere, SwedishAmerican Medical Group and Home Care. This voluntary accreditation ensures that our organization meets national patient health, quality and safety standards, as well as requirements about the physical condition of all of our facilities. It also provides a framework for organizational structure and management by maintaining a high level of quality and compliance with the latest standards of care. Furthermore, SwedishAmerican Hospital has earned four certifications from The Joint Commission with the Gold Seal of Approval for its Primary Stroke Center, Knee Joint Replacement Program, Hip Joint Replacement Program and Lung Cancer Program by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care.

2) How do you track and monitor complaints regarding service issues?

The SAHS Service Recovery process provides a systematic approach to respond in real-time to the concerns or causes of dissatisfaction among our patients, their family members or friends. All employees are empowered and expected to identify dissatisfied patients and are trained to use service recovery tools and guidelines to improve the patient experience and increase loyalty. SAHS uses the Sentact Complaint Management software which immediately refers the complaint electronically to the responsible leader to investigate and respond. Not only does this database help us to ensure all complaints and grievances are resolved in a timely and effective manner to meet state and federal regulatory requirements, it allows us to generate customized trended reports for our continuous quality improvement efforts.

BetterLife Wellness surveys participants after annual screenings and wellness programming in order to obtain feedback on any concerns, suggestions, or positive feedback members experience with regards to the delivery of care. If complaints are captured during this process they are
Wellness Request for Proposal

addressed with the immediate supervisor and BLW manager for customer account recovery efforts.

How are those reported back to the District?

Overall member satisfaction data will be reported out to the district with the year-end data utilization.

2) Does your firm have the ability to assist in the following activities: web casts, seminars, health summits, organizational competitions, and teleconferences?

Yes

TECHNOLOGY:

2) What is the current system platform used to support your wellness promotion?

BeneFactorIQ is the name of our analytic engine and administrative module for Wellness Services. BeneFactorIQ is the primary technology solution of Applied Health Analytics.

Do you anticipate changing your current system in the near future?

SwedishAmerican BetterLife Wellness has submitted for a capital improvement update for a new wellness technology solution. If approved, this would be rolled out with the BetterLife Wellness team in the spring of 2018 with a "go live" date of July 2018. The solution is called Cerner-Wellness Solutions and Services. It would have similar applications to BetterLife Wellness, however there would be additional enhancements with regards to gamification, wellness challenges and tracking, reporting capabilities, and on-line education.

When was your last system change or upgrade?

The Applied Health Analytics BeneFactor IQ solution was recently upgraded with additional functionality. The production release date was January 1, 2018.

2) What are your preferred methods of data delivery and receipt?

Electronic data delivery is our preferred method of data delivery and receipt. We are proficient in all contemporary methods of ETL, or data exchange. Our most common methods used to send and receive data are through designated SFTP portals, HL7 data exchanges and SSL file uploads from within the application.

2) Please provide a list of all programs related to wellness promotion. Please also include programs you think would benefit the District, why they would be beneficial and the ROI attached to the program.

BetterLife Wellness Programs
- Health Risk Assessment
  - 4 Panel (37 result lab test plus Hemoglobin A1c Reflex for fasting glucose greater >99)
- Biometric Screening
- Health Coaching
Wellness Request for Proposal

- Therapeutic Massage
- Employee Chair Massage
- Guided Imagery
- Weight management programming
  - Action Weight Management
  - New Directions (Alternative to Bariatric Surgery Program)
- Fitness Classes *see attached fitness class schedule
- Fresh Start Smoking Cessation
- Healthy Grocery Store Tours at Woodman’s
  - Diabetic, Organic, Gluten Free
- Cooking Classes
  - Diabetic, Organic, Vegan, Gluten Free, Heart Healthy
- Wellness Education Seminars
- Fruity Fit Kids Cooking Camp
- Creative Canvas
- Nutrition Counseling
- Reflexology
- Body Fat Testing
- Free 30 Day Trial YMCA Membership
- CHIP Program
- Drumming for Wellness
- Mindful Meditation
- Aromatherapy

*See attached program and promotional material

**Program that would be beneficial for Rockford Public School District #205 to consider for employees.

Healthy Connections is a chronic disease management program that BetterLife Wellness began piloting with its own employees in 2017. This program is designed to work with the most at risk employees who are already experiencing chronic disease issues. The employees identified for this group within SwedishAmerican were employees who had a BMI above 40 and at least 2 comorbidity issues. This is an invitation based program with care that is managed by a health coach. BLW invited 50 employees with 35 participating in the first 16 week program. Below are the results of those 35 employees. We are now rolling this out to additional corporate employers and are on our third phase of enrollment for SwedishAmerican employees.

1st Phase SAHS BLW Healthy Connections 16 Week Data
- 35 Participants
- Weight = Average: weight loss 14 pounds
- Physical Measurements = Average: lost 7 inches
- Total Cholesterol = Average: reduced 13.7 points
- Triglycerides = Average: reduced 22 points
- Systolic Blood Pressure = Average: Reduced 15 points
- Diastolic Blood Pressure: Range of -12 to +16. Average: Reduced 7 points
### Wellness Request for Proposal

2) If you use web based technology or offer to build a website in your delivery of programs, please indicate below where appropriate:

<table>
<thead>
<tr>
<th></th>
<th>Included in Package</th>
<th>Additional Cost</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Risk Assessment and the ability to provide comparative data</td>
<td>X 4 panel (37 results)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>See attached premium lab screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education and information</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health promotion outreach; health newsletters, screening reminders</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health coaching</td>
<td>X (Two 1-hour face to face sessions per employee per calendar year. Supplemental telephonic and email communication with coach during this time included)</td>
<td>X (Available to purchase additional sessions with corporate discount)</td>
<td></td>
</tr>
<tr>
<td>Healthy recipes</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-care data and medical or symptom dictionary</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Modules for disease management or healthy lifestyle</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Rx information and education</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other online tools</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot links available for employee use</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-newsletters available</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customized Website with web-based tools</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database Management</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness tracking and challenges</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic reporting</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) **Are you willing to brand a website for our employees use with our logos and materials?**

Yes- white labeling and co-branding are available

2) **Does your technology solution include:**
Wellness Request for Proposal

a. **Online personal medical records for participants?** Yes-limited

   If yes, please describe

   The personal medical records contained within the Applied Health Analytics Solution and documented by BetterLife Wellness would be labs ordered through BetterLife Wellness, coaching sessions and wellness testing, body fat testing, dietician consultations, weight management sessions, and biometric data.

   If yes, will HRA and Biometric data be integrated? Yes

b. **Web-based consumer educational portals?**

   Yes
   
   There is limited information pushed out by the Applied Health Analytics Solution. However, SwedishAmerican has the ability to create web-based educational tutorials that would available on-line for the Rockford Public School District employees.

c. **Reporting access for District management?** Yes

   The RPS #205 designated representatives would be given administrative access into the company web portal. This section of the portal is HIPPA compliant and does not allow the employer to see any individual data. The information located within this section will give the district a global view of the population and stratify the population down by general demographics based on the results of the HRA, Biometric screening, and lab testing. Within this section of the portal the designated personnel with access would be able to view, stratify, export, and print reports.

d. **Smart Phone application(s) solution for iOS, Android, or other?** Employee interfaces are web-based applications, built with responsive design for mobile devices. The web-based challenges involving steps to be tracked within the application can be linked to the employee's Fitbit or Jawbone.
Wellness Request for Proposal

2) Please describe any plan for technology updates or new services.

Applied Health Analytics just issued a technology update with web-based challenges and tracking mechanisms on January 1, 2018. They also released their new claims data analysis capabilities January 1, 2018. SwedishAmerican BetterLife Wellness submitted for a more robust HRA and Wellness platform called Cerner, which if approved would be implemented July 2018.

3) Are you willing to feed data to a third party?

Yes, as long as federal and state patient confidentiality and privacy requirements are satisfied.

3i) What practices do you have in place to protect the confidentiality of individual information when electronic storing or transferring information?

All data is encrypted, while at rest and while in transit. For example, data stored in the database and all backups is always encrypted. HTTPS is used for all web communication.

3ii) Do you have any predictive modeling capabilities?

The Applied Health Analytics’ platform Aggregate Analysis and Risk Expense Estimator shine light onto the risks found and the expected costs associated with those risks. The ROI of risk mitigation is also shown within the application. The predictive capabilities are further enhanced with the inclusion of timely claims data for the population.

3iii) What is the maximum number of users for your website?

There is no maximum number of users for our website application. All application components are scalable with load balances in place to ensure a smooth and positive member experience.
Wellness Request for Proposal

39) Please indicate if you provide information or programs regarding:

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Online</th>
<th>Telephone</th>
<th>On Location</th>
<th>Subcontracted</th>
<th>Name of Subcontractor</th>
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</thead>
<tbody>
<tr>
<td>Health Risk Assessment</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Body Mass Index Tracking</td>
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<td>Newsletters</td>
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<td>Health Promotion</td>
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<td>Back Health</td>
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<td>x</td>
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<tr>
<td>Cholesterol Reduction at Risk Levels</td>
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<td>x</td>
<td>x</td>
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<tr>
<td>Ergonomics</td>
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<td>Hypertension at Risk Levels</td>
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<tr>
<td>Pre-natal</td>
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<td>x</td>
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<td>Hygiene</td>
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<td>x</td>
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<td>x</td>
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<td>Weight Management</td>
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<td>Client Specific Programs</td>
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<td>Health Related Incentive Programs</td>
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<td>x</td>
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</tbody>
</table>

*X indicates a yes response*
Wellness Request for Proposal

35) How will you evaluate the effectiveness of your outreach efforts?
- Program participation rates
- Program satisfaction of the participants
- Goals attainment rates
- Improvement in both aggregate and individual HRA scores

36) How do you store data? Please give brief highlights of your data disaster recovery plan.

Data is always encrypted and backups are stored in varying media and in different locations, both on and off-site.

**Storage:** SAHS stores data on an EMC storage area network that is striped and mirrored and encrypted at rest. Data is maintained in accordance with legal and regulatory requirements.

**Back up:** SAHS backs-up spinning drives to a spinning archive located three blocks away from the main data center. This type of back up reduces recovery time from hours to minutes. Our data center is 100 miles north of Rockford and uses fiber optic connectivity. We have established a data criticality structure and assigned a criticality level to each application used within the organization. This guides recovery sequencing in the event of a major disaster.

37) Describe required elements of our other vendors such as third party claims administrator to provide efficient transfer of data and links. Please indicate if there are any legal issues, data transfer processes, or other specific data elements.

Any data exchanges with third party vendors require business associates agreements (BAA) and agreements on roles, responsibilities and timelines prior to the exchange. Any exchange of information that contains PHI requires delivery with a password protected encrypted file.

38) Does your firm have alliance with local health clubs or fitness facilities? If so, please name them and indicate whether or not you could contract with a facility of our choice?

Yes, we have a partnership with the Rock River Valley YMCA and we provide our own fitness classes in conjunction with the YMCA that the Rockford Public School District employees would have unlimited access to within the terms of this contract. We would be unable to monitor employee participation with another fitness facility.

39) What methods of data are used to indicate or identify individual risks or conditions?

A combination of self-reported survey responses and standardized biometric ranges including blood screening are the foundation for identifying individual risk factors and conditions. The combination of this data is then used to stratify risk and health conditions
Wellness Request for Proposal

through evidenced based algorithms developed at Vanderbilt Dayani Center for Health and Wellness at Vanderbilt University.

4) What incentives do you offer or suggest for member participation on your programs?

The platform and portal are used to administrate a great variety of incentive programs, ranging from basic participation to trended metrics based incentives. We will work with the District to customize a desired incentive plan.

4) Please attach a list of reports that are available and any ad hoc reports that may or may not have a cost. Please include a report cost schedule.

Standard reports at no cost include:
- Member’s Personal Health Report
- Employer’s Aggregate Analysis report
  - Key Reports include Global Population Report, Trended Report Year after Year, and Strict Cohort Report
- A variety of participation reports
- Member engagement reports
- Coaching reports
- Risk identification and risk stratification reports
- Incentive reports
- Healthy Connections Program Reports (If enrolled in this service)

4) What is the report frequency and will the District be able to generate reports independently?

- Independent Reports- Employer Aggregate Analysis reports from the employer portal
- All other report generating on demand with a 5 business day allowance for electronic delivery and 10 business days for direct mail delivery.

4) Does your firm have an ROI analysis on the services you are suggesting for us?

There is not a formal ROI analysis on the wellness services, however there are several ways which BetterLife Wellness can help the school district determine if employee’s are benefitting from the implementation of the wellness programming and improving their overall health.

- Program participation rates
- Program satisfaction of the participants
- Goals attainment rates in Health Coaching services
- Improvement in both aggregate and individual HRA scores
  - Look at overall population, trended, and strict cohort
  - Areas of analysis include
Wellness Request for Proposal

- Personal Medical History
- Modifiable Behaviors
- Emotional Health
- Screenings and Examinations
- Biometric Data
  - Improvement in annual and 6 month re-check lab testing
  - BMI and Weight Management Improvements
  - Claims data analysis
  - Healthy Connections Chronic Disease Management Program
    - Participation
    - Breakdown of results from the most at risk employees in the district

49) Currently a majority of the employees in the District have their payroll contribution toward their health insurance indexed to their participation in wellness events. If they participate, then the employee pays less for his or her benefits. Identify wellness events and activities that can serve as a trigger for employee participation by which the District can credit the employee. What programs or services do you offer by which the District can measure the employees’ participation? How are you HIPAA compliant – what procedures are in place to comply with this statute?

BetterLife Wellness Programs

- Health Risk Assessment
- Biometric Screening
- Health Coaching
- Healthy Connections Chronic Disease Management Program
- Therapeutic Massage
- Weight management programming
  - Action Weight Management
  - New Directions (Alternative to Bariatric Surgery Program)
- Fitness Classes *see attached fitness class schedule
- Fresh Start Smoking Cession
- Healthy Grocery Store Tours at Woodman’s
  - Diabetic, Organic, Gluten Free
- Cooking Classes
  - Diabetic, Organic, Vegan, Gluten Free, Heart Healthy
- Wellness Education Seminars
- Creative Canvas
- Nutrition Counseling
- Reflexology
- Body Fat Testing
- Free 30 Day Trial YMCA Membership
- CHIP Program
- Drumming for Wellness

*See attached program material

SwedishAmerican Programming and Supplemental Events/Activities
Could include but not limited to:
Wellness Request for Proposal

- Support Classes
  - Cancer, new mothers, behavioral health, heart care patients.
- CPR or First Aid training
- Mammograms (walk in available)
- DEXA screening
- Bicycle safety education
- Safe Sitter program
- Diabetes education and support

HIPPA Compliance
The Information Security/Privacy Office of SwedishAmerican Health System is responsible for ensuring that the organization is prepared to adhere to federal, state and local laws and regulations related to privacy and security of protected information. The office includes a Corporate Compliance Officer, a Director of Privacy and support staff. In addition, the office coordinates the work of the Privacy and Security Committee which meets quarterly in order to educate and provide clear direction to the SwedishAmerican Health System workforce and to provide administrative oversight and resources to the organization. The Privacy Office is responsible for providing annual training and education modules to all system staff and conducts all internal audits to assess compliance.

Would you be able to provide services that could track employee participation in wellness activities?

Yes. The BetterLife Wellness website application has a member wellness points and challenge tracking application system. Approved wellness activities would be built into the system with an associated point or incentive system. The district would determine in consultation with the BetterLife Wellness team the verified versus non-verified data that would need to be submitted for the employee to achieve the desired points or incentive. Employees would be responsible for submitting their verification to achieve their wellness points. Employees would be able to log-in to their portal to track their individual progress in real time with regard to incentive points as well as individual and team based challenges.

- See attached SwedishAmerican Incentive Program Brochure

Be able to create a reporting mechanism to Human Resources on regular basis (e.g. quarterly, monthly, etc.)? Please explain in detail how you can deliver this service.

*We are looking for a partner who will assist with a point’s accumulation tracking system, pursuant to our labor negotiations. We will require an administrative tracking system.

A completely customizable engagement platform is used to create a variety of team and individual challenges. Point-levels are set in conjunction with the employer’s desired outcomes. Points are tracked per individual and for teams if applicable. Leaderboards for each are optional. BetterLife Wellness would be able to issue completion reports to the district within five business days for electronic delivery and 10 business days for direct mail delivery. A reporting schedule could also be arranged with the district according to the district’s reporting needs.
Wellness Request for Proposal

The BetterLife Wellness Team would be the administrator of any overrides or back end changes to the member's point system. The customer service team at BetterLife Wellness would be available for requests or disputes during regular business hours Monday through Friday 8:00am-4:30pm.
Wellness Request for Proposal

4) Describe the cost associated with those programs split out by a per employee per month schedule, per member per month schedule and an annual cost.
   - Please identify any pass-through costs
   - Please estimate potential savings

<table>
<thead>
<tr>
<th>Wellness Plan</th>
<th>Included</th>
<th>PMPM Cost</th>
<th>PMPY</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Costs</td>
<td>yes</td>
<td>$5/PMPM</td>
<td>$60/PMPY</td>
<td></td>
</tr>
<tr>
<td>Health Risk Assessment</td>
<td>yes</td>
<td>$3.75</td>
<td>$45</td>
<td>4 Panel (37 Result lab screen with Hemoglobin A1c Reflex)</td>
</tr>
<tr>
<td>Biometric screening</td>
<td>yes</td>
<td>$1.25</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>Wellness Programming Costs</td>
<td>yes</td>
<td>$7.50/PMPM</td>
<td>$90/PMPY</td>
<td></td>
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<tr>
<td>Printed and mailed personal health report</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>*see attached copy of personal health report</td>
</tr>
<tr>
<td>Body Fat Testing</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>2 panel (8 result lab screen)</td>
</tr>
<tr>
<td>6 month HRA re-check</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>Delivered in person and print form</td>
</tr>
<tr>
<td>Physician Lab Review, abnormal follow up, and aggregate presentation</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Customize Website design &amp; member portals</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Incentive &amp; Wellness Tracking</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>On-line Wellness Education</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Wellness Program Promotion and Communication Plan Design/Implementation</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>2-4 week classes included with RPS District Program.</td>
</tr>
<tr>
<td>8 on-site wellness education sessions</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>12 days of Employee chair massage included. Available for purchase at discounted rate of $275 per day.</td>
</tr>
<tr>
<td>Employee Chair Massage</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>All fitness classes held on SAHS Campuses would be free for RPS #205 employees to attend</td>
</tr>
<tr>
<td>Fitness Classes held on SAHS Campuses</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td>Discount applies for the duration of the contract period. *see attached BLW retail sheet</td>
</tr>
<tr>
<td>30 Day Trial Membership to YMCA</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>20% discount for employees on all retail services and programming</td>
<td>yes</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Total Cost of RPS #205 Wellness Programming</td>
<td>$11.25/mo</td>
<td>$135/year</td>
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</tbody>
</table>
# Wellness Request for Proposal

<table>
<thead>
<tr>
<th>Wellness Services</th>
<th>Included in Price of Wellness Plan</th>
<th>Cost</th>
<th>Terms/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coaching</td>
<td>Yes- two one hour face to face sessions. Anything outside of that can be purchased at discounted rate.</td>
<td>$40 per session with corporate discount of 20% Community rate is $50.</td>
<td>Each employee will receive 2 face-to-face health coaching sessions and can purchase additional sessions beyond that if needed.</td>
</tr>
<tr>
<td>Grocery Store Tour</td>
<td>No</td>
<td>$12 with 20% corporate discount. Community rate is $15.</td>
<td>These are facilitated by a Licensed Dietician and held at Woodman’s Grocery Store.</td>
</tr>
<tr>
<td>Therapeutic Massage</td>
<td>No</td>
<td>$72 for 90 min $52 for 60 min $32 for 30 min Fees w/20% off</td>
<td>At BLW it is full hands on massage so no time is wasted during the consultation. Also, because we are a non-profit we do not allow tipping.</td>
</tr>
<tr>
<td>Healthy Cooking Class</td>
<td>No</td>
<td>$20 with the 20% corporate discount. Community fee is $25</td>
<td>These are hosted at the BLW sites and can also be brought to the employer.</td>
</tr>
<tr>
<td>Healthy Connections Chronic Disease Management</td>
<td>No</td>
<td>$1,500 per employee for 12 month program.</td>
<td>See handout on healthy connections program. This is $125 per month and is a cost that is contracted with the employer.</td>
</tr>
<tr>
<td>Creative Canvas</td>
<td>No</td>
<td>$28 w/ 20% corporate discount Community fee is $35.</td>
<td>These are painting classes typically held at restaurants around the community to promote stress relief.</td>
</tr>
<tr>
<td>Fitness Classes</td>
<td>No</td>
<td>Free with YMCA Membership</td>
<td>All BLW classes are Free if you are a YMCA member.</td>
</tr>
<tr>
<td>Nutritional Consultation</td>
<td>No</td>
<td>$28 with 20% corporate discount Community fee is $30.</td>
<td>This is a 30 min appointment with a licensed dietician.</td>
</tr>
<tr>
<td>New Directions Weight Management Program</td>
<td>No</td>
<td>$160 per week with 20% corporate discount</td>
<td>Includes meals for 7 days, physician appointments, lab work, dietician consultation, case management, 4 month individual YMCA Membership and weekly group. Expected weight loss is 3-5 lbs per week.</td>
</tr>
<tr>
<td>Action Weight Management</td>
<td>No</td>
<td>$180 w/20% corporate discount</td>
<td>12 week program, weekly appointments with Health Coach, 3 month individual YMCA membership, 12 lbs. average weight loss.</td>
</tr>
</tbody>
</table>
Wellness Request for Proposal

47) Please describe any and all performance guarantees that are available.

The success of a person’s health and wellness is determined by many factors. There is no way to guarantee an employee’s individual response to the wellness interventions being implemented. SwedishAmerican BetterLife Wellness can guarantee the agreed upon terms of the contract and delivery of those services under the agreed upon terms.

48) Please indicate if your firm is willing to place fees at risk if performance guarantees are not met?

Yes

49) Please outline for the District what sets your company apart and makes your service offering more effective than other wellness vendors.

SwedishAmerican BetterLife Wellness is dedicated to making a difference in the population health of the Rockford community and surrounding area. According to Gallup research, Rockford is the 10th most obese city in the United States with an obesity rate in adults of 33% (2015). At SwedishAmerican we know that untreated obesity can lead to co-morbidity issues with diabetes, osteoporosis, heart-attack, and stroke. After working with our own employee, spouse, and dependent population for more than 40 years with employee wellness we know that having a robust employee wellness program can make significant improvements in employee health, company culture, and cost savings for the employer. As a local wellness provider we have the advantage of not only providing the on-line technology features that members enjoy but the ability to bring out mobile wellness services to the employees work location. We also pride ourselves on establishing quality relationships with employers and employees, and having superb communication with the employers we work with. We only work with regional and local employers and therefore, we keep our client to BLW staff ratios extremely manageable for each contract with regards to programming and customer service. We are currently serving 16 local employers with over 7,000 employees who we pride ourselves on providing the best communication, programming, and service delivery. We also know as a local provider we are backed by a state-of-the-art health system with physician and clinical access 3,200+ employees deep here in Rockford and 17,000+ deep in Madison, WI. We view ourselves as a leader in the Rockford community and in doing so we feel compelled to make a difference in the lives of the people who live here.
Wellness Request for Proposal

REQUEST FOR REFERENCES:

Please provide the names and contact information of three companies of similar size and industry as the District that utilize your services.

1. Boone County Administration
   Kenneth A. Terrinoni
   County Administrator
   1212 Logan Ave., Suite 102
   Belvidere, IL 61008
   (815) 547-4770

2. Hononegah Community High School District
   Sean Milner
   Finance Director
   307 Salem St.
   Rockton, IL 61072
   815-624-5010

3. SwedishAmerican Health System
   Jerry Guinane, Vice President of Human Resources
   1415 East State Street Ste. 3rd Floor
   Rockford, IL 61104
   779-696-4650

   Karrie Helwig
   Senior Benefits Specialist | Member Benefits
   P: 815-639-6930 | F: +1-815-639-5396
   karrie.helwig@woodward.com

* A sample evaluation matrix can be found at the end of this document.
Certificate of Liability Insurance and W-9 Form, Certified Cleared Employment List
Additional Insured - Designated Person or Organization

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<thead>
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</tbody>
</table>

**Named Insured and Mailing Address:**
University of Wisconsin Hospital and Clinics Authority
600 Highland Avenue
Madison, WI 53792

**Producer:**
Marsh USA, Inc.
540 West Madison Street, Suite 1200
Chicago, IL 60661-2591

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**Health Care Umbrella Liability Policy**

Section V, Paragraph S, is amended to include the following:

Under ☒ Coverage A ☒ Coverage B ☐ Coverage C:

The person or organization shown below, but only with respect to liabilities arising out of his, her or its operations performed by or for the **named insured**.

This endorsement provides no coverage to the person or organization outlined in the **SCHEDULE** below for liabilities arising out of the claimed negligence of such person or organization, or out of the negligence of parties other than that of the **named insured**.

<table>
<thead>
<tr>
<th>Name of Person or Organization (Additional Insured):</th>
<th>Retroactive Date:</th>
</tr>
</thead>
</table>

Where required by written contract provided the contract is executed prior to the date of loss.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
(WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| NAMED INSURED: UNIVERSITY OF WISCONSIN |
| ENDORSEMENT EFFECTIVE DATE: 07-01-17 |

SCHEDULE

| NAME(S) OF PERSON(S) OR ORGANIZATIONS(S): |
| ANY PERSON OR ORGANIZATION THAT YOU ARE REQUIRED BY A WRITTEN CONTRACT TO WAIVE RECOVERY RIGHTS |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition does not apply to the person(s) or organizations(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.
S. Transfer of Rights of Recovery Against Others to Us

1. If the insured has rights to recover all or part of any payment we have made under this insurance, those rights are transferred to us. The insured must do nothing after the loss to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

   However, if any insured is required by a written contract or agreement which is executed before a loss to waive their rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations for which the Insured has not waived their rights of recovery by contract.

2. Any amount recovered will be apportioned in the inverse order of payment of damages to the extent of actual payment. The expenses of all such recovery proceedings will be apportioned in the ratio of respective recoveries.

T. Transfer of Your Rights and Duties

Your rights and duties under this insurance may not be transferred without our written consent.

U. Unintentional Errors and Omissions

Any unintentional error or omission in the description of, or failure to describe completely, any premises or operations intended to be covered by this policy, shall not invalidate or affect the coverage for those operations or premises. However, the insured must report such error or omission to the company as soon as practicable after its discovery.

V. Violation of Economic or Trade Sanctions

If coverage for a claim under this policy is in violation of any economic or trade sanctions of the United States of America then coverage for that claim will be null and void.

W. When Damages are Payable

Coverage under this policy will not apply until the insured, or the insured’s underlying insurer has paid or is legally obligated to pay the full amount of the Underlying Limits of Insurance, Underlying Self-Insurance or Retained Limit.

When the amount of damages is determined by an agreed settlement or on a final judgment against an insured obtained after an actual trial, we will promptly pay on behalf of the insured the amount of damages covered under the terms of this policy.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGLATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

INSURANCE IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
511 E. Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202
Attn: Healthcare. Ascuastics@marsh.com FAX 212-948-1307

INSURED
University of Wisconsin Hospitals
& Clinics Authority
609 University Bay Dr., Ste 200-23
Madison, WI 53726

INSURER A: N/A
INSURER B: Sentry Insurance A Mutual Company
INSURER C: N/A
INSURER D: Sacred Heart Insurance Company
INSURER E: N/A

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>CLAIMS-MADE OCCUR</td>
</tr>
<tr>
<td>Gen. Aggregate Limit Applies Per:</td>
<td>POLICY PROJECT LOC</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTOMOBILE LIABILITY</th>
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</thead>
<tbody>
<tr>
<td>ANY AUTO</td>
</tr>
<tr>
<td>OWNED</td>
</tr>
<tr>
<td>SCHEDULED AUTOS</td>
</tr>
<tr>
<td>NON-OWNED</td>
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<tr>
<td>AUTOS ONLY</td>
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</table>

<table>
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<tr>
<th>UMBRELLA LIABILITY</th>
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</thead>
<tbody>
<tr>
<td>EXCESS LIABILITY</td>
</tr>
<tr>
<td>OCCUR</td>
</tr>
<tr>
<td>CLAIMS-MADE</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>WORKERS' COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED</td>
</tr>
<tr>
<td>(Mandatory in N/A)</td>
</tr>
<tr>
<td>Y/N:</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 195, Additional Remarks Schedule, may be attached if more space is required)

Excess Umbrella Liability SIR: General Liability $2,000,000 Each and Every Loss Event, Professional Liability $4,000,000 Each and Every Loss Event,

Re: Request for Proposal - Rockford Public School District No. 205, Rockford Public School District is Additional Insured as respects Excess coverage to the extent required by written agreement. Refer to attached pages for additional coverages and provisions.

CERTIFICATE HOLDER

Rockford Public School District
Purchasing Department
501 Seventh St., 6th Floor
Rockford, IL 61104

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Manashi Mukherjee

© 1988-2016 ACORD CORPORATION. All rights reserved.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION - CERTIFICATE HOLDERS

This endorsement modifies the coverage provided under the following:

BUSINESSOWNERS COVERAGE FORM
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PARTS
COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE FORM
EMPLOYMENT RELATED PRACTICES LIABILITY
POLLUTION LIABILITY COVERAGE
ERRORS AND OMISSIONS COVERAGE FORM

In the event we can cancel this policy, we shall endeavor to also mail to the person(s) or organization(s) listed in the Schedule for this endorsement, advance written notice of cancellation.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule below to any benefit, rights or protection under this policy.

Failure by us to provide this notice of cancellation to the person(s) or organization(s) listed or described in the Schedule below will not impose liability of any kind upon us.

Any of these provisions that conflict with a law that controls the notice of cancellation of the insurance in this endorsement is changed by this statement to comply with the law.

SCHEDULE

Person(s) or Organization(s) including mailing address:

PER THE LISTING OF CERTIFICATE HOLDERS PROVIDED BY THE BROKER UPON OUR REQUEST.

All other terms and conditions of this policy remain unchanged.

IL 70 58 02 14

UNI 90-03937-03 00 171
07-20-17
PAGE 001
SwedishAmerican Health Management Corp.

1. Name as shown on your income tax return. Name is required on this line; do not leave this line blank.

2. Business name (congregated entity name, if different from above)

3. Check appropriate box for federal tax classification, check only one of the following seven boxes:
   - Individual(s)/sole proprietor or
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single member LLC
   - Limited liability company (LLC)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3; Exempt payee code (all entities) 5
   - Exemption from FATCA reporting code (if any) A

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. Last account number(s) here (optional)

Requestor's name and address (optional)

1401 East State St
Rockford, IL 61104

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). For a resident alien, see proprietor, or single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Date 1/19/18

Signature of U.S. person (in case of an entity)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/individuals.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) before they can report interest or dividends to you. As a TIN, you must use your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-G (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filed-out form, you:

1. Certify that the TIN you gave is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

CERTIFIED CLEARED EMPLOYEE LIST*

The undersigned, SwedishAmerican BetterLife Wellness, a vendor, supplier, professional services firm or contractor, hereby certifies under oath as follows:

1- a criminal history records check, a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check has been conducted for all employees as indicated by a check mark in the appropriate box in accordance with 105 ILCS 5/10-21.9 (the Act); and
2- that such employees have not been convicted of any of the enumerated criminal or drug offenses listed in the Act and their name does not appear on the noted Databases; and
3- the undersigned is an owner (if sole proprietor) or officer, member or partner of the undersigned authorized to execute this document binding the undersigned.

<table>
<thead>
<tr>
<th>NO.</th>
<th>LAST NAME</th>
<th>M.I.</th>
<th>FIRST NAME</th>
<th>CRIMINAL HISTORY</th>
<th>DATABASES</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Mellon</td>
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<td>3</td>
<td>Church</td>
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<td>Sammons</td>
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<td>5</td>
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<td>M</td>
<td>Flynn</td>
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<td>F</td>
<td>Jane</td>
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<td>S</td>
<td>Emily</td>
<td>X</td>
<td>Universal Background Database</td>
</tr>
</tbody>
</table>

By: [Signature]

This certificate Subscribed and Sworn to before me this 29 day of January, 2018

Notary Public
Commission Expires: 9/30/21

* □ check if not applicable. See Supplemental Terms and Conditions section 36.