



HEALTH & WELLNESS INCENTIVE PROGRAM 2025



“Good health IS good business”

Paul Drechsler
CEO, Wates Group Limited

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□ Our commitment to you and your well-being

As an employer, Therm Tech is invested in the health and wellness of their employees and strives to provide resources that support healthy lifestyle and behavior change, as well as provide convenient and affordable access to clinical care. In partnership with Employee Health Centre, the Wellness Incentive Program was created to reward employees and their families for committing to their personal wellness. While the incentive program is completely voluntary, participation is strongly encouraged.

Employees and spouses can earn HSA contributions by completing a variety of activities including your annual physical exam, preventative exams, health coaching, lunch n learns, online wellness modules and more through August 31st, 2025. HSA contribution amounts are weighted according to the activity commitment and will be deposited into your health savings account after each quarter based on activity completion. Some activities have a maximum contribution amount, with the total maximum HSA contribution capping at \$600 per participant. The deadline to receive HSA contributions for the 2025 Wellness Incentive Program is September 15th, 2025.

Logging Activities

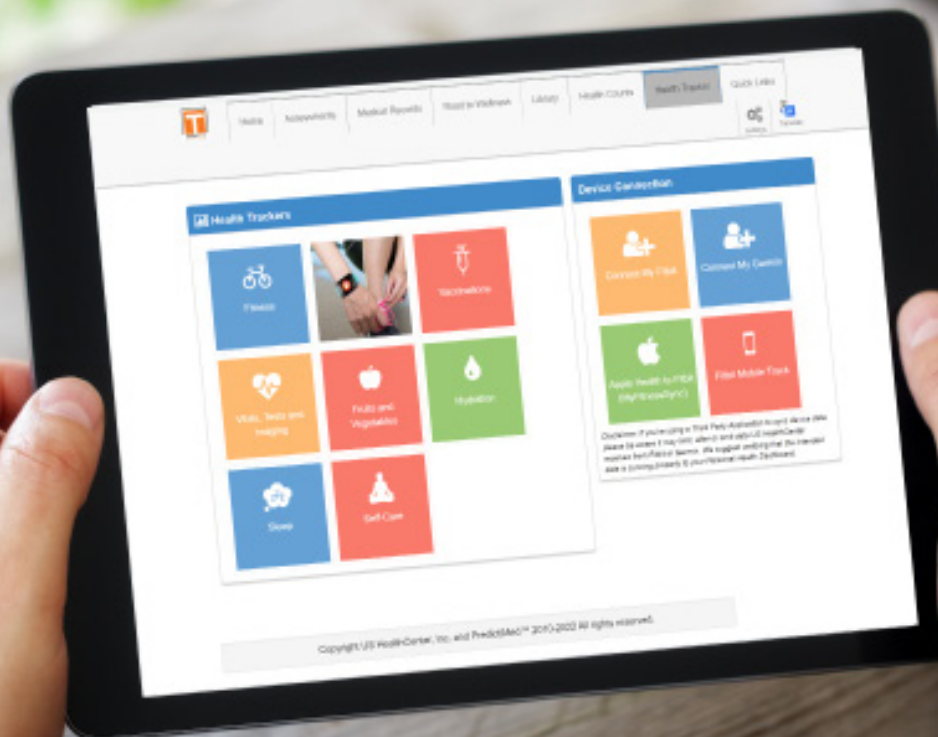
Activities will be logged either automatically, through self-report in the portal or require verification documentation. All points are recorded via the US HealthCenter Wellness Portal (PHD) at [https:// employeehc.ushealthcenter.com](https://employeehc.ushealthcenter.com). If you need assistance signing up for the wellness portal, please contact Allison Knight, Health Coach at allisonknight@employeehc.com.



□ Accessing your Personal Health Dashboard™

Your wellness program is managed and tracked on your online Personal Health Dashboard™ (PHD). The PHD is automatically set up when you become eligible for the wellness program. The Health Counts tracker on your PHD is set up to manage the number of actions you earn during the year by participating in the ongoing wellness actions.

The PHD also includes a variety of other features including other assessments, health maintenance schedules, Risk Resolution Guideline, Road to Wellness Program, Medical Library (including videos) and more.



Returning Users



Log-on to: <https://employeehc.ushealthcenter.com/activate> or scan the code.



Select **Sign in**

- Username: first initial of first name + entire last name + last 4 social
- Forgot Password? Select Forgot Password, contact Allison Knight, Health Coach at allisonknight@employeehc.com, or contact US HealthCenter at 877-322-7398 ext 2.

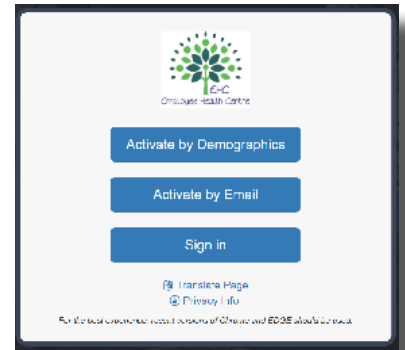
New Users

Instructions for Employees

Log-on to: <https://employeehc.ushealthcenter.com/activate> or scan the code.



- Select **Activate by Email** > Enter your work email address > **Submit** (use your work email address)
- You will receive an activation email (check your junk mail if not in your inbox) with a code and an activation link. Follow the prompts to create your own password > Activation Account.



You will receive your username – *First initial of first name + entire last name + last 4 social*

- Click **Login** (Your username will be pre-populated)
- Enter the password you created on the previous screen and click **Login** again

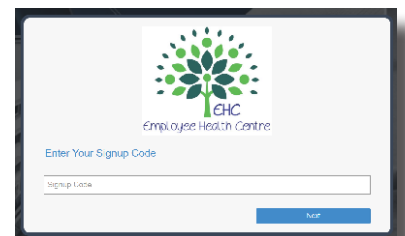
Congratulations! Your PHD is now activated and you are logged in!

Instructions for Spouses

Log-on to: <https://employeehc.ushealthcenter.com/signup> or scan the code.



- Enter the Sign up Code: **ThermTech** and select **Next**
- Enter your personal information to create your account (Required fields include: last name, first name, DOB, phone number, email address, home address, last 4 social, password (must contain upper and lower case letters and one special character !#@%\$)).
- Click **Sign Up**



You will receive your username – *First initial of first name + entire last name + last 4 social*

- Click **Login** (Your username will be pre-populated)
- Enter the password you created on the previous screen and click **Login** again

Congratulations! Your PHD is now activated and you are logged in!

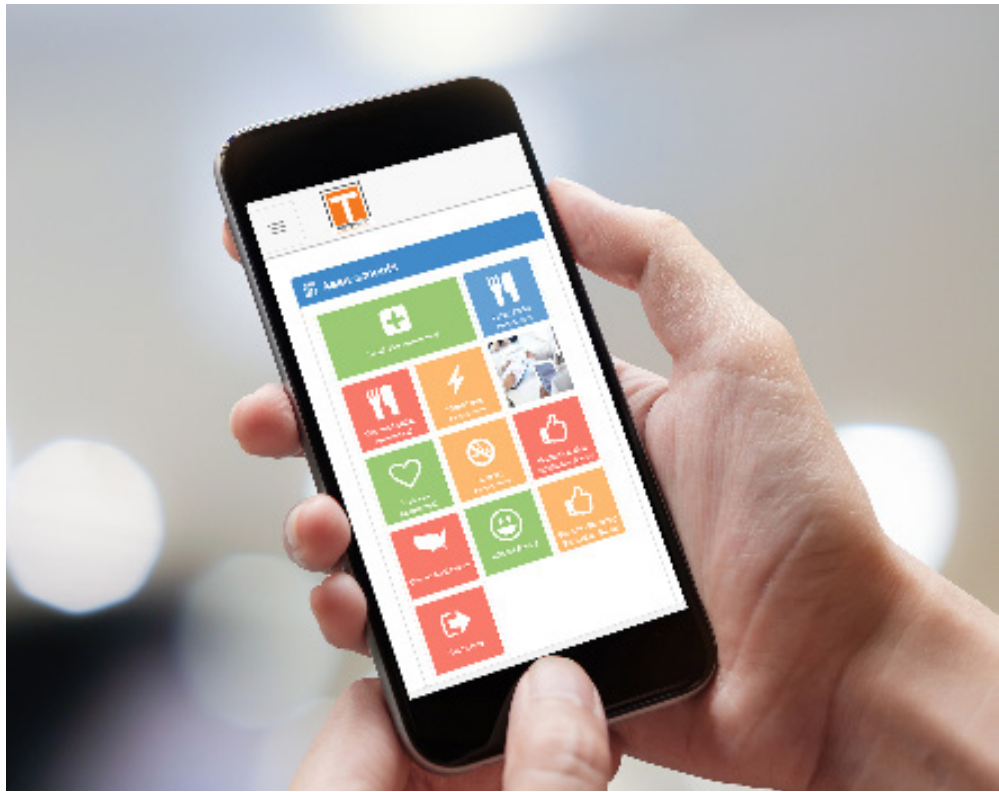


□ Mobile App







Our Personal Health Dashboard™ app allows you to manage your health on your phone and your tablet.

Our user friendly tile navigation allows for easy access throughout your Personal Health Dashboard™.

Download Today!



What you can do on it

- 
Quickly View your Lab Results
 Easily view reports including your Personal Health Assessment Report and WellCaptive Report.
- 
Watch Health Videos
 Access hundreds of videos in many different health categories.
- 
Join Challenges and View the Leaderboard
 Easily join challenges and view your standings on the Leaderboard.
- 
View Your Health Counts Points
 Easily view how many Health Counts points you have accumulated on your home page.
- 
Record Vitals, Steps and Workouts
 Easily record your vitals, steps and workouts or sync your Fitbit or Garmin directly to your PHD.
- 
Record Daily Hydration
 Easily record and track your hydration within the Health Tracker tile.



Search for Personal Health Dashboard and install the app. or scan the code





□ Completing Preventive Exams

Item	How to complete
Annual Exam \$30	<p>Complete your Annual Exam through the clinic by scheduling online at https://employeehc.com/thermtech and select 'Annual Exam/Physical/Lab Draw/Vision Screen' as Service/Appointment Type</p> <p>Annual Exams through the clinic include:</p> <ul style="list-style-type: none"> • Physical Exam • Lab Draw • Vision Screen <p>This will be an administrative logged activity and contributions will be awarded for the included exams above. Any portion of the Annual Exam may be declined, and contributions will be added based on the exams the employee completes.</p>
Preventive Screenings Form \$25	<p>Fill out the Preventive Screenings Form demonstrating that you are current with your age/gender appropriate screenings. See form for details.</p> <ul style="list-style-type: none"> • Submit completed form via email to allisonknight@employeehc.com, by confidential fax to 877.419.3374, or via the online form here by September 15th, 2025 • You can access the form by logging into your PHD > Click on the Health Counts tab > Download the form from the Customer Documents section <p>If you are not current on your age/gender appropriate screenings, schedule your appointment today!</p>
Eye Exam \$25	<p>Complete a comprehensive eye exam with your provider of choice between September 1st, 2024 - August 31st, 2025. Submit the Vision Exam form via email to allisonknight@employeehc.com, by confidential fax to 877.419.3374, or via the online form here by September 15th, 2025.</p>
Dental Exam (2 per year) \$15 per exam \$30 Max	<p>Complete a dental exam between September 1st, 2024 - August 31st, 2025. As an exam is recommended every (6) months, you may complete two per program period. Submit the Dental Exam form via email to allisonknight@employeehc.com, by confidential fax to 877.419.3374, or via the online form here by September 15th, 2025.</p>
Hearing Screen \$10	<p>Complete hearing exam with Dr. Chris, Health Coach Allison or NP Angie during testing period (To Be Announced). This will be an administrative logged activity.</p>



□ Complete After your Annual Exam

Item	How to complete
<p>Health Risk Assessment (HRA) <i>Complete after your lab results are in</i></p> <p>\$50</p>	<p>Once you've completed your annual exam with the biometric screening and your labs are loaded in your Personal Health Dashboard™, complete the online HRA.</p> <p>Log onto https://employeehc.ushealthcenter.com</p> <ul style="list-style-type: none"> • Select Assessment > Health Risk Assessment and complete all 8 sections. • Once you have completed, you will be able to view all your results on your home page. • To print your personalized report, click on Medical Records > Personal Health Assessment Report.
<p>HRA Review <i>Complete after your Annual Exam and HRA</i></p> <p>\$50</p>	<p>Schedule online at https://employeehc.com/thermtech by scrolling to the providers section and selecting Allison Knight, Health Coach. Select 'HRA Review' as Reason For Visit. This is an administrative logged activity.</p>
<p>Well-Centive Score</p> <p>\$10-\$30</p>	<p>You will receive a WellCentive score (viewable on your Home Page of your PHD) that is based on the results of your Annual Exam and Lab Draw. You will receive points as follows for results in the categories below:</p> <p><u>WellCentive Score %</u> Excellent (92-100 %) = \$30 Good (75-91.9 %) = \$20 Fair (65 – 74.9 %) = \$10</p>
<p>Non-Tobacco/Vape Use or Completion of Tobacco Cessation Program</p> <p>\$25</p>	<p>Cotinine (tobacco) is tested during the yearly biometric screening. If the test is positive, or you answer that you currently smoke or vape on your HRA, complete the approved cessation program to receive the allotted HSA contribution.</p>

□ Complete Additional Wellness Activities

Item	How to complete
<p>Log in to your PHD Monthly</p> <p>\$10 per month \$120_{max}</p>	<p>Log in to your Personal Health Dashboard™ at least one time each month and earn \$10.</p>

□ Complete Additional Wellness Activities

Activities	How to complete
Health Coaching \$10 per session \$240 max	Schedule online at https://employeehc.com/thermtech by scrolling to the providers section and selecting Allison Knight, Health Coach. These will be administrative logged and HSA contributions will be added accordingly.
Lunch N Learn Attendance \$10 each \$80 max	Lunch N Learn presentations will be offered throughout the year. Attendance is tracked via the registration sheet and will be administrative logged. HSA contributions will be added accordingly.
Challenge Participation \$25 per challenge \$75 max	Wellness challenges will be offered throughout the year. Program details to be provided at that time. These will be administrative logged and HSA contributions will be added accordingly.
Tobacco Cessation Program \$25	Complete 6-month program consisting of two weekly, two bi-weekly and four monthly sessions, or complete eight coaching visits in a 6-month period. Behavior therapy addressing triggers, environmental control and coping strategies can help double the success rate of quitting tobacco with quit aids alone. <i>Attendance is tracked via the registration sheet and will be administrative logged. HSA contributions will be added accordingly.</i>
Diabetes Management Program \$40	Complete 8-week program to learn what diabetes is, how other biometrics affect your risk, and the various lifestyle habits you can change to better manage diabetes. Sessions include Know Your Numbers, Medications & Management, Reducing Complication Risk & more. Participation can be through the group program or as individual coaching sessions with health coach. <i>Attendance is tracked via the registration sheet and will be administrative logged. HSA contributions will be added accordingly.</i>
Diabetes Prevention Program \$30	Complete 6-week program to learn what diabetes is, how other biometrics affect your risk, and the various lifestyle habits you can change to prevent diabetes. Sessions include Know Your Numbers, Nutrition: Food & Blood Sugar, Exercise: Glucose & Weight Management and more. Participation can be through the group program or as individual coaching sessions with health coach. <i>Attendance is tracked via the registration sheet and will be administrative logged. HSA contributions will be added accordingly.</i>
Connect a Device \$5	Connect your Fitbit, Garmin, Apple watch or mobile phone to your PHD to automatically register your steps each day.



Activities	How to complete
Challenge/Program Survey \$10 each \$30 max	Wellness challenges and programs will be offered throughout the year. Program details to be provided at that time. Complete the post participation satisfaction survey to earn credit.
Videos with Quizzes \$5 each \$40 max	Watch videos with quizzes on your Personal Health Dashboard™. The credit will be awarded automatically within a couple hours of completion. Log on to https://employeehc.ushealthcenter.com <ul style="list-style-type: none"> • Click on library tab > click on video Library > select Videos with Quizzes > Select one of the following topics: <ul style="list-style-type: none"> • Cardiovascular System > <ul style="list-style-type: none"> • Hypertension • CAD Risk Factors and Prevention • Mental Health > <ul style="list-style-type: none"> • Relaxation Exercises • Managing Stress • Metabolism > <ul style="list-style-type: none"> • Healthy Eating and Snacking • Managing Your Weight • Pre-Diabetes • Type 2 Diabetes • Pain > <ul style="list-style-type: none"> • Back Health – Lifting • Tobacco Cessation > <ul style="list-style-type: none"> • Stages of Change • Click on a video to begin watching > Click on the black arrow to start the video > Click “Take Quiz” to complete the quiz and click continue to submit the quiz. • Watch the entire video to earn credit. • Click Yes on the pop-up that appears after the video and quiz has finished. If the pop-up does not appear, you may need to disable pop-up blockers.
Road to Wellness Module \$20 each \$40 max	Complete one of the Road to Wellness modules on your Personal Health Dashboard™ (Diet and Nutrition, Fitness or Stress). Log on to https://employeehc.ushealthcenter.com <ul style="list-style-type: none"> • Click on the Road to Wellness tab > Select Diet and Nutrition, Fitness or Stress to begin.

Unable to complete an activity?

If you are unable to complete an activity from the wellness incentive program, please contact Allison Knight, Health Coach at 262.622.6082 or allisonknight@employeehc.com to discuss a reasonable alternative.

□ Privacy Notice Regarding Wellness Program

The wellness program sponsoring organization (“Sponsor Organization”) offers a voluntary wellness program available to a variety of participants which may include (employees/associates, spouses and domestic partners). The program is administered in compliance with federal rules permitting employer-sponsored wellness programs to seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

You may also have the option to complete a biometric screening, which may include a blood test for total cholesterol, HDL, LDL, VLDL, LDL/HDL, total cholesterol/HDL ratio, triglycerides, glucose, creatinine, cotinine, GGT, albumin, alkaline phosphates, bilirubin, BUN, calcium, globulin, SGOT (AST), SGPT (ALT), EGFR, SGOT/SGPT Ratio, total protein, and uric acid. Other tests, which may be available, include a complete blood test panel, thyroid, PSA, and A1C. Additionally, height, weight, wrist, waist measurement, hip measurement and blood pressure are obtained. For specific information regarding the panel of labs offered by the Sponsor Organization, refer to your wellness program materials. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, participants who choose to participate in the wellness program will receive an incentive as described in the wellness program communications. Although you are not required to complete the HRA or participate in the biometric screening, only participants who do so will remain eligible for the incentive(s). Please note, however, that the only “mandatory” questions you must answer in order to earn the incentive are your last name, first name, address, city, state, zip, home phone, cell phone, e-mail address, date of birth, ethnicity and gender. All other questions are voluntary. Some questions may ask you about your health status. Answering these questions will help you better assess your future risks and provide additional information for you to share with your own health care provider. Please note, the non-mandatory questions are not required to receive an incentive, if one is available. In particular, the questions in sections 2, 5, 6, 7 and 8 that permit you to provide health status or genetic information are associated with no incentive.

Rewards and incentives, if made available, often are tied to completing a biometric screening and completing the HRA. Other actions or health outcomes may be required, see your program materials for details. If you are unable to participate in any of the health-related activities required to earn a reward or a health outcome, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting US HealthCenter.

The information from your HRA and the results from your biometric screening will be used to provide



you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as information about online modules and newsletters. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

US HealthCenter is required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program, US HealthCenter and the Sponsor Organization may use aggregate information collected to design a program based on identified health risks in the workplace, US HealthCenter will never disclose any of your personal information either publicly or to the Sponsor Organization, except as necessary to respond to a request from you for a reasonable accommodation (such as a coaching program or cessation program) needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

US HealthCenter is authorized to provide minimal data as necessary to the Sponsor Organization to allow the Sponsor Organization to apply the rewards, if available. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, in the situation of a sale or merger of the wellness company, or with the appropriate signed authorization to release the information. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

The only individual(s) who will receive your personally identifiable health information includes US HealthCenter and any business associates and health coaches, if assigned, to provide alert value calls or wellness services to the Sponsor Organization. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your wellness program administrator (see your program materials for the appropriate person). If you are unsure of who to contact, please call US HealthCenter and we will help connect you with the wellness program administrator at your Sponsor Organization.

□ FORMS

Forms You May Need to Earn Wellness Rewards

- 2024-2025 Preventive Screening Form
- 2024-2025 Dental Exam Form
- 2024-2025 Vision Exam Form



Forms

- Exams are to be completed between **September 1st, 2024 - August 31st, 2025**. The completed forms must be uploaded, emailed, or faxed by **September 15, 2025**.
- Upload form to the PHD: > <https://employeehc.ushealthcenter.com> > login > Health Counts > Medical Records > Add/Upload Files
- Return completed form to **Allison Knight**, Health Coach
- Return completed form by **Confidential Fax: 877.419.3374**

Questions can be directed to
Allison Knight

Email: allisonknight@employeehc.com or allison.knight@thermtech.net

Phone: **262.622.6082**



ThermTech

2024-2025 Preventive Screening Form

Use this form to verify that you are up-to-date on your appropriate age and gender preventive screenings. Review the criteria below and initial and sign at the bottom to indicate that you are complete.

Name of Patient: _____ **Date of Birth:** ____/____/____

The age and gender specific screenings listed below are based on the U.S. Preventive Services Task Force recommendations. Please talk to your doctor about what is right for you. Below are some suggested screenings to discuss with you doctor.

Women 21 and older:

- Cervical Cancer Screening
- Breast screening (ask to your doctor to see if you should have a mammogram)

Women Over 40:

- Mammogram (Ask your doctor if this is recommended for you).

Women over 50: Ask your doctor about what is right for you.

Colorectal Cancer Screening:

- Colonoscopy (Often recommended every 10 years)
- Sigmoidoscopy (Often recommended every 5 years)
- Fecal Occult Blood Test (Often recommended yearly)

Men over 50: Ask your doctor about what is right for you.

Colorectal Cancer Screening:

- Colonoscopy (Often recommended every 10 years)
- Sigmoidoscopy (Often recommended every 5 years)
- Fecal Occult Blood Test (Often recommended yearly)

Prostate Screening:

- Prostate Exam

.....

To be completed by participant:

I certify that I, the person patient named above, have completed the following initialed items.

Please initial completed item and sign below:

_____ I am current on all my preventive screenings (see criteria above).

Participant Signature: _____

Date: ____/____/____

Return completed form to Allison Knight, Health Coach by September 15th, 2025

Confidential Fax: 877.419.3374

Questions can be directed to Allison Knight

Email: allisonknight@employeehc.com or allison.knight@thermtech.net Phone: 262.622.6082



ThermTech

2024-2025 Dental Form

Bring this form to your exam and have it signed to verify that you received a Dental Exam.

Name of Patient: _____ **Date of Birth:** ____/____/____

The age and gender specific screenings listed below are based on the U.S. Preventive Services Task Force recommendations. Please talk to your doctor about what is right for you. Below are some suggested screenings to discuss with you doctor.

Name (Please Print): _____ **Date of Birth:** ____/____/____

To be completed by registered health professional:

On _____ (enter date) a DENTAL exam was performed on the above named patient.

_____	_____
Registered Health Professional Stamp or Signature	Date
_____	_____
Office Name and Address	Phone
.....	

ThermTech

2024-2025 Vision Form

Bring this form to your exam and have it signed to verify that you received a Vision Exam.

Name of Patient: _____ **Date of Birth:** ____/____/____

The age and gender specific screenings listed below are based on the U.S. Preventive Services Task Force recommendations. Please talk to your doctor about what is right for you. Below are some suggested screenings to discuss with you doctor.

Name (Please Print): _____ **Date of Birth:** ____/____/____

To be completed by registered health professional:

On _____ (enter date) a VISION exam was performed on the above named patient.

_____	_____
Registered Health Professional Stamp or Signature	Date
_____	_____
Office Name and Address	Phone

Return completed form to Allison Knight, Health Coach by September 15th, 2025

Confidential Fax: 877.419.3374

Questions can be directed to Allison Knight

Email: allisonknight@employeehc.com or allison.knight@thermttech.net Phone: 262.622.6082



Need Assistance?

Allison Knight, Health Coach

✉ allisonknight@employeehc.com or allison.knight@thermtech.net

☎ 262.622.6082

[Personal Health Dashboard™](#)