



2023-2024

Atlantic Wellness Plan Eligibility Requirements & Wellness Insurance Premium Discount

Required Activities Checklist

Four Steps to Achieve Your Savings!

Employees are always working in the current year to receive the premium differential for the following plan year. To receive the premium discount for the next plan year (Oct. 1, 2024 – Sept. 30, 2025), all employees must complete the four required activities. **The deadline to complete these 4 activities is August 31, 2024.**

1 Biometric Screening

Biometric screenings can be performed at the onsite screenings held at most branches this fall or with your doctor during your annual physical using the attached form.

2 Annual Physical

Item will be marked as complete in the Marathon Health portal once the attached form is completed and returned.

3 One Preventive Exam

Item will be marked as complete in the Marathon Health portal once the attached form is completed and returned.

Qualifying Exams:

- Mammograms
- Colonoscopies
- Well-Woman
- Prostate Exam
- Dental Exam/Screening
- Preventative Skin Check
- Vision (Eye) Exam

4 One Health Coaching Appointment or One Behavioral Health Appointment with Our Marathon Health Team

These appointments can be scheduled by calling your Marathon Health Coach or Tiffany directly or using the Marathon Health Portal. The portal can be accessed online, using the QR code below, or using the Marathon Health app.

If you missed the deadline to receive the discount for the 2023-2024 plan year, you can complete the four required activities to not only earn the discount for the 2024-2025 plan year, but we will also be moving employees to the wellness discounted rate monthly once all four required activities are completed.

Early Bird iPad Drawing

We will be doing a raffle drawing in May 2024 for an iPad for anyone who has completed the four required activities by April 30, 2024.

Non-Medical Plan Participants

Employees not on the Atlantic medical plan can still participate in the wellness program including biometric screenings, meeting with Marathon Health Coaches, and participating in all other wellness program workshops.

Spouses

All spouses are encouraged to get an annual physical. Any spouse who is covered by the Atlantic insurance plan who completes an annual physical will have their name entered into a drawing for an iPad. The drawing will take place in September 2024.

New Employees

New employees hired on or after March 2, 2024 can select the wellness discount when making their benefit selections and receive the premium discount for the remainder of the 2023-2024 plan year. They will also receive the discount for the 2024-2025 plan year but are required to complete the program requirements during that plan year to continue earning the discount moving forward.



Questions?

Scan the QR code to view the Marathon Health portal. There you can to set up an appointment with a Health Coach and/or Behavioral Health Specialist, check your incentive status, and see your biometric information.

If you have any additional questions about your wellness eligibility options, please contact our Wellness Coordinator **Becca Schusler** at **BeccaS@atlanticpkg.com**.

Atlantic Packaging Wellness Incentive Program 2024 Annual Physical with Labs/ Biometric Screening Form

NOTICE TO MEMBER

Please fill out the top portion of this form and take it to your medical provider when you complete your biometric health screening. This activity **must** occur between September 1, 2023 and August 31, 2024 to count towards the Atlantic Packaging 2024 Wellness Incentive Program activities. **Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below.** BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO ATLANTIC PACKAGING THAT YOU HAVE COMPLETED THE BIOMETRIC SCREENING. We will not disclose the specific results reported on this form and will use the results only to support the health services that we provide to you. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this form.

TODAY'S DATE

PATIENT LOCATION

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE ID

NOTICE TO PROVIDER

Your patient has an opportunity to complete a biometric screening as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening is complete, please fill out this form, sign and date it and return it to the patient. Please fill out this form completely.

| QUALIFYING PROGRAM ACTIVITY | DATE OF EXAM | PROVIDER INITIALS |
|----------------------------------|------------------------|-------------------------------------|
| ANNUAL PHYSICAL | | |
| ANNUAL HEALTH SCREENING CRITERIA | DATE TEST ADMINISTERED | RESULTS |
| BODY MASS INDEX (BMI) | | Height _____ in. / Weight _____ lbs |
| WAIST CIRCUMFERENCE | | Value: _____ in. |
| BLOOD PRESSURE | | Value: _____ / _____ mmHg |
| TOTAL CHOLESTEROL | | Value: _____ mg/ dL |
| HDL CHOLESTEROL | | Value: _____ mg/dL |
| TRIGLYCERIDES | | Value: _____ mg/dL |
| LDL CHOLESTEROL | | Value: _____ mg/dL |
| HEMOGLOBIN A1C OR GLUCOSE | | Value: _____ % or _____ mg/dL |

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

DEADLINES:

Forms due to Marathon Health no later than August 31, 2024.

FAX OR EMAIL YOUR COMPLETED FORM TO THE FAX NUMBER OR EMAIL ADDRESS BELOW.

Marathon Health

F: 802.419.9688

E: wellness@marathon-health.com



Atlantic Packaging Wellness Incentive Program 2024 Provider Verification Form

NOTICE TO PATIENT

Please fill out the top portion of this form and take it to your medical provider when you complete your preventive screening/exam or qualifying wellness activity. This activity **must** occur between September 1, 2023 and August 31, 2024 to count towards the Atlantic Packaging 2023 Wellness Incentive Program activities. **Once completed by your provider, it is YOUR responsibility to submit this form to the contact information below.** BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO ATLANTIC PACKAGING THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.

TODAY'S DATE

PATIENT LOCATION

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE NUMBER

NOTICE TO PROVIDER

Your patient has an opportunity to complete preventive screenings/exams or other health and wellness activities as a part of their employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient.

2024 Incentive Program Qualifying Activities

| Program Activity | Activity Date | Provider Signature or Stamp |
|----------------------|---------------|-----------------------------|
| Dental Cleaning/Exam | | |
| Colonoscopy | | |
| Mammogram | | |
| Prostate Exam | | |
| Skin Check | | |
| Vision (Eye) Exam | | |
| Well-Woman Exam | | |

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Marathon Health

F: 802.419.9688

E: wellness@marathon-health.com





2023-2024

Wellness Coordinator & Health Coach Contact Information

| Branch | Wellness Site Coordinator | Coordinator Contact | Marathon Health Coach & Contact |
|---|----------------------------|--|---------------------------------|
| Atlanta | Heidi Montecino | heidim@atlanticpkg.com 770-629-3100 | Ryan Efaw 404-710-7493 |
| Baltimore | Sarah Dabrowski | sarahd@atlanticpkg.com 410-844-9106 | Ryan Efaw 404-710-7493 |
| Benton Harbor | Leigh Bishop | leighb@atlanticpkg.com 269-926-6101 ext.25 | Ryan Efaw 404-710-7493 |
| Charleston Corrugated | Sabrina Stewart | sabrinast@atlanticpkg.com 843-552-2697 ext.3002 | Ryan Efaw 404-710-7493 |
| Charlotte | Brittany Colston | brittanyc@atlanticpkg.com 704-588-1407 | Ryan Efaw 404-710-7493 |
| Dallas | Justin Whittington | justinw@atlanticpkg.com 469-621-4456 | Ryan Efaw 404-710-7493 |
| Dalton | Michel Marshall | michelm@atlanticpkg.com 706-277-9059 | Ryan Efaw 404-710-7493 |
| Greensboro Beechwood | Pam Beck | pamb@atlanticpkg.com 336-358-4321 | Ryan Efaw 404-710-7493 |
| Greensboro Spring Garden | Mike Barricks | mikeb@atlanticpkg.com 336-834-4100 ext.2727 | Ryan Efaw 404-710-7493 |
| Greenville | Amy King | amyk@atlanticpkg.com 864-444-7561 | Ryan Efaw 404-710-7493 |
| Hickory | Sandi King | sandik@atlanticpkg.com 828-328-1886 | Ryan Efaw 404-710-7493 |
| Memphis | Mary Ryder | maryr@atlanticpkg.com 901-203-3823 | Ryan Efaw 404-710-7493 |
| Sturgis | Rhonda Gilger | rhondag@atlanticpkg.com 269-659-1405 | Ryan Efaw 404-710-7493 |
| Summerville | Richard Farmer | richardf@atlanticpkg.com 843-868-8910 | Ryan Efaw 404-710-7493 |
| Tabor City | Renee Windham | reneew@atlanticpkg.com 910-653-7438 | Wendy Meares 910-500-6257 |
| Wilmington | Eryn Johnson, Lynn Vann | erynt@atlanticpkg.com 910-398-6174 lynnv@atlanticpkg.com 910-398-6135 | Ryan Efaw 404-710-7493 |
| Youngsville | Lisa Slaughter | lisasl@atlanticpkg.com 919-657-9817 | Ryan Efaw 404-710-7493 |
| Remote Employees Hazleton Jacksonville Reno Las Vegas | Melissa Silva | melissas@atlanticpkg.com 775-574-3311 | Ryan Efaw 404-710-7493 |

Medical Questions

Eryn Johnson

910-398-6174 | erynt@atlanticpkg.com

General Questions

atlanticpackaging@marathon-health.com

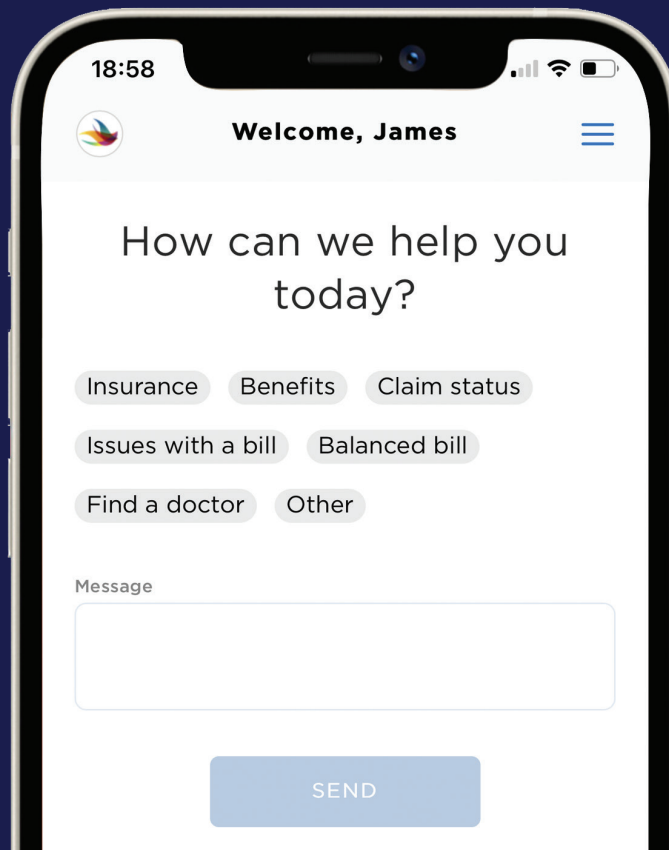
Wellness Coordinator

Becca Schusler

704-909-5731 | beccas@atlanticpkg.com

Behavioral Health

Tiffany Huggins | 910-500-6846 | thuggins@marathon-health.com
Monday 8a-6p, Tuesday 12p-4p, Wednesday 9a-1p, Thursday 9a-12p



Your Narus Health Concierge:
Call 888-585-3309

Members get a dedicated phone number and can talk to a care team member Monday–Friday from 7 a.m. to 7 p.m. CST and get direct help with various healthcare-related needs.

Members have access to the Narus Health Concierge Care team to:

- Find a doctor or specialist
- Discuss a health concern
- Get help with a bill or explanation of benefits (EOB)
- Request a medication refill
- Ask questions about co-pays and claims
- Get assistance with various provider issues (e.g. list of network providers, scheduling appointments, providing VOB, nominate provider for network, etc.)
- Find a facility that will accept Lucent Health-contracted insurance benefits
- Navigate pre-certification issues
- Get support when a facility pushes back on accepting coverage
- Coordinate with Lucent Health resources to conduct payment at point of scheduling
- Request a new or replacement ID card

The Concierge Care Program

is designed for direct member engagement—the Care Support Team is available to respond to plan member needs securely and confidentially, as they reach out via phone or mobile text messaging.

The Care Support Team also has direct access to internal Lucent Health resources to help resolve matters efficiently and effectively.

Concierge:

Member #: **888-585-3309**

Website: **www.narushealth.com/concierge**