



# 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, 2025 - Sept. 30, 2026), all employees must complete the four required activities. **The deadline to complete these 4 activities is August 31, 2025.**

### 1 Biometric Screening

If you did not participate in the onsite Biometric Screenings, complete the Physician Form instead! You can access this document by clicking the "Schedule" button under the Biometric Screening Tab in the WellRight portal.

### 2 Annual Physical

This item will be marked as complete in the WellRight portal once submission of proof of completion such as an Explanation of Benefits, a screenshot of a confirmation email or receipt, or the Annual Physical/Preventive Care verification form is uploaded in the portal under the Annual Physical Tab.

All submissions are subject to audit by the program administrator.

*\*There will be no claims information provided by your insurance carrier. All information must be submitted by the participant.\**

### 3 One Preventive Exam

This item will be marked as complete in the WellRight portal once submission of proof of completion such as an Explanation of Benefits, a screenshot of a confirmation email or receipt, or the Annual Physical/Preventive Care verification form is uploaded in the portal under the Preventive Care tab.

All submissions are subject to audit by the program administrator.

*\*There will be no claims information provided by your insurance carrier. All information must be submitted by the participant.\**

#### Qualifying Exams:

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

### 4 One Health Coaching or Behavioral Health Appointment

These appointments can be scheduled by calling 1-800-882-2109 or by emailing [coaching@mywellportal.com](mailto:coaching@mywellportal.com).

For Behavioral Health appointments schedule directly with Tiffany by calling at 910-500-6846 or by scheduling through the Marathon Health Portal.

If you missed the deadline to receive the discount for the 2024-2025 plan year, you can complete the four required activities to not only earn the discount for the 2025-2026 plan year, but we will also be moving employees to the wellness discounted rate monthly once all four required activities are completed.

### Additional Ways to Save!

**Early Bird Raffle:** We will be doing a raffle drawing in May 2025 for a variety of great prizes for anyone who has completed the four required activities by April 30, 2025.

**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 raffle drawing. The drawing will take place in September 2025.

### Non-Medical Plan Participants

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

### New Employees

New employees hired on or after March 2, 2025 can select the wellness discount when making their benefit selections and receive the premium discount for the remainder of the 2024-2025 plan year. They will also receive the discount for the 2025-2026 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 Wellright portal. There you can to set up an appointment with a Health Coach, check your incentive status, and see your biometric information.



If you have any additional questions about your wellness eligibility options, please contact **Becca Schusler** at [BeccaS@atlanticpkg.com](mailto:BeccaS@atlanticpkg.com).

# Annual Physical Form

Complete an annual physical exam with your primary care provider. This helps monitor your overall health, detect potential issues early, and create a personalized plan for maintaining well-being. Please use this Annual Physical Form as proof of visit with your provider.

**\*Note to Health Care Provider: please do not provide any personal health information (PHI) on this form.**

**Employee Name:** \_\_\_\_\_  
(Please Print)

**Employee No.:** \_\_\_\_\_

**Provider's Office/Name:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_  
(Must be between 9/1/2024 - 8/31/2025)

This **Proof of Visit** confirms that the patient above received the following preventative care:

## SCREENING TYPE

This **Proof of Visit** confirms that the patient above received an Annual Physical within the dates of **9/1/2024 - 8/31/2025**.

## PROVIDER INFORMATION

I certify that the patient listed above received the exam(s) indicated on this form.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Preventive Care Form

Please use the preventive care form to show your proof of visit to any of the below preventive screening options. Complete the screening that is most appropriate for you - whether based on age or recommended by your doctor.

***\*Note to Health Care Provider: please do not provide any personal health information (PHI) on this form.***

**Employee Name:** \_\_\_\_\_  
(Please Print)

**Employee No.:** \_\_\_\_\_

**Provider's Office/Name:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_  
(Must be between 9/1/2024 - 8/31/2025)

This **Proof of Visit** confirms that the patient above received the following preventative care:

## SCREENING TYPE

- |   |  |
|---|--|
| <input type="checkbox"/> Well-Woman Exam      | <input type="checkbox"/> Skin Check        |
| <input type="checkbox"/> Mammogram            | <input type="checkbox"/> Vision (Eye) Exam |
| <input type="checkbox"/> Colonoscopy          | <input type="checkbox"/> Prostate Exam     |
| <input type="checkbox"/> Dental Exam/Cleaning |  |

## PROVIDER INFORMATION

I certify that the patient listed above received the exam(s) indicated on this form.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





2024 - 2025

# Wellness Coordinator Contact Information

Branch	Wellness Site Coordinator	Coordinator Contact
Atlanta	Heidi Montecino	heidim@atlanticpkg.com   770-629-3100
Baltimore	Sarah Dabrowski	sarahd@atlanticpkg.com   410-844-9106
Benton Harbor	Chris Thompson	christh@atlanticpkg.com   269-926-6101
Charlotte	LaTanya Sherlock	latanyas@atlanticpkg.com   704-909-5710
Dallas	Justin Whittington	justinw@atlanticpkg.com   469-621-4456
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Greensboro Beechwood	Pam Beck	pamb@atlanticpkg.com   336-358-4321
Greensboro Spring Garden	Mike Barricks	mikeb@atlanticpkg.com   336-834-4100 ext.2727
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Remote Employees Reading Jacksonville Kansas City Reno	Melissa Silva	melissas@atlanticpkg.com   775-574-3311

## Wellness Coordinator

**Becca Schusler**

704-909-5731 | beccas@atlanticpkg.com

## Medical Questions

**Eryn Johnson**

910-398-6174 | erynt@atlanticpkg.com

# HEALTH COACHING



Wellness goals may be personal, but nobody should have to navigate it alone. A certified coach can guide and encourage you to set goals to build healthier habits and improve your wellbeing.

## WHAT CAN I EXPECT FROM A COACH?

- Guidance to determine your personal wellness goals
- Expertise to help you achieve healthier habits
- Availability to connect via phone or email
- Flexibility to meet as often as you like: weekly, monthly, etc.

## HOW DO I GET STARTED?

- **Call:** 1-800-882-2109
- **Email:** [coaching@mywellportal.com](mailto:coaching@mywellportal.com)

## WORK WITH YOUR COACH ON:

- Smoking Cessation
- Nutrition
- Emotional Wellbeing
- Sleep Hygiene
- Fitness
- Finding Your Purpose
- Weight Management
- Family Relationships
- Occupation
- Prenatal Health
- Finances

