



2025 WELLNESS PROGRAM

Learn About Your Wellness Program and Incentives.

Welcome to the New Horizons Baking Company Wellness Program. Participate in your Wellness Program this year to earn a Premium Discount in 2026.



2025 PROGRAM REQUIREMENTS

STEP 1

PHYSICIAN RESULTS FORM

DEADLINE:
OCTOBER 31, 2025

Complete an annual physical exam with your physician between **November 1, 2024** and **October 31, 2025**. Take this packet with you to your appointment and have your doctor complete and sign the **Physician Results Form**. It is the **participant's responsibility** to return the form as part of the completed packet by **October 31, 2025**.

- **Have you already received your annual physical within the above timeframe?** Take or send the **Physician Results Form** to your physician's office to have it signed and completed.

If you **do not** have a doctor, you can select a doctor within the UMR health benefit plan network. If you need assistance in finding a physician, please go to www.umar.com. Little clinics and minute clinics do not qualify as Primary Care Visit completion.

STEP 2

TOBACCO ATTESTATION FORM/CESSATION PROGRAM

DEADLINE:
OCTOBER 31, 2025

All participants are required to complete this form in its entirety and certify that they are a non-tobacco user or are a tobacco user that will complete the Wellworks For You 6-week **Tobacco Cessation Learning Series**.

- If you certify that you do not use tobacco, you will complete Step 2 by completing the **Tobacco Attestation Form**.
- If you certify that you use tobacco, you must complete the **Tobacco Cessation Learning Series** by **October 31, 2025** to earn credit for this requirement. Instructions to complete the 6-week Learning Series are located on the Tobacco Attestation Form or on the wellness portal.

STEP 3

PREVENTIVE SCREENING FORM(S)

DEADLINE:
OCTOBER 31, 2025

You must complete at least **one (1)** preventive exam to earn credit for this step. Complete and submit the **Preventive Screening Form** by **October 31, 2025**. Exams must take place between **November 1, 2024** and **October 31, 2025**. Exam options include: Mammogram, OB/GYN, Annual Exam, Colonoscopy, Prostate Exam, Vision Exam, Dermatology Exam (body scan/skin check/skin cancer screen), Dental Exam/Cleaning, or a Flu Vaccine.

STEP 4

SUBMIT YOUR COMPLETED FORMS

DEADLINE:
OCTOBER 31, 2025

For submission instructions, please refer to page 7 of this guide.

PLEASE NOTE: Submission via Wellness Portal or Wellworks For You Mobile App, will result in an immediate confirmation that your form was received. Any other means of submission requires you to log into your Wellness Portal or Wellworks For You Mobile App to confirm your form was processed.

ELIGIBILITY REQUIREMENTS

Medically enrolled employees and covered spouses can complete Steps 1-4 above by **October 31, 2025** to earn a Premium Discount in 2026.

REQUIREMENTS	INCENTIVE
Physician Results Form + One (1) Preventive Exam	\$70/Month Premium Savings
Tobacco Attestation Form/Cessation e-Learning Series	\$50/Month Premium Savings

PLEASE NOTE: The incentive is contingent upon spousal completion of the program, if applicable.



IMPORTANT! New Hire Requirements

- Employees who are eligible for benefits/hired **on or before August 1, 2025** are encouraged to participate in the wellness program to receive the incentive.
- Employees eligible for benefits/hired **on or after August 2, 2025** are grandfathered into the incentive.

WELLNESS PORTAL

In order for your participation in the program to be tracked, eligible participants must be registered under the **New Horizons Baking Company** Portal. Please follow the steps below to log into your Wellworks For You account or create an account if you do not have one. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.**

LOG INTO THE WELLNESS PORTAL

Your account has been created for you.

1. Go to www.wellworksforyoulogin.com

	EMPLOYEE	SPOUSE
Username Format	NHBC_First Name + Last Name + Birth Year	NHBC_First Name + Last Name + Birth Year
Password Format	Birthdate in MMDDYYYY	Birthdate in MMDDYYYY
Example	UN: NHBC_JoeSmith1960 PW: 11151960	UN: NHBC_JaneSmith1981 PW: 11201981

2. Accept the terms of the Consent Form
3. Fill in the required information

*PLEASE NOTE:

The temporary password is only for the first time you access the Wellness Portal, and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.

RETRIEVE YOUR PASSWORD OR USERNAME, OR REGISTER AS A NEW USER

FORGOT YOUR USERNAME OR PASSWORD?

1. Click the link **Forgot Username** or **Forgot Password**
2. Follow the instructions to retrieve your username or reset your password
3. If issues persist, please contact Wellworks For You at **800.425.4657**

NEW HIRES AFTER 12/20/2024: REGISTER ON THE WELLNESS PORTAL

1. Go to www.wellworksforyoulogin.com
2. Click the **register** link to create an account
3. Enter your Company ID: **11154**
4. Complete the registration process (When creating username please use format listed above)

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below by **OCTOBER 31, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: New Horizons Baking Company

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the **Employee** **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Results Form** confirms that the patient named above received the following preventive care between **November 1, 2024** and **October 31, 2025**. The primary care physician needs to complete the information below with an * in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
*TC/HDL Ratio	
*Glucose (fasting)	
HbA1c (<i>if physician recommended</i>)	
Pulse (Heart Rate)	

Physician

I certify that the patient listed above received the tests indicated on this form on: ____/____/____

Physician Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 2025

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

PLEASE NOTE: Wellworks For You requires **at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.

TOBACCO ATTESTATION FORM

Whether or not a tobacco user, **every participant is required to complete and sign the below affidavit** to certify that he or she is tobacco-free, OR a tobacco user who will complete the Wellworks For You Tobacco Cessation Learning Series (considered a Reasonable Alternative Standard). It is the **participant's responsibility** to submit the Tobacco Attestation Form as part of the wellness program to be returned to Wellworks For You, as outlined below by **OCTOBER 31, 2025**.

CONTACT INFORMATION

COMPANY NAME: New Horizons Baking Company

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the **Employee** **Spouse** *If spouse, please name employee: _____*

Tobacco Status (Please Check One)

- I do **not** use tobacco products including cigarettes, cigars, chewing tobacco, as well as electronic nicotine delivery systems such as e-cigs, vaping, or any other nicotine product and promise not to use these products during this benefit year. I understand that I may be subject to tobacco-use testing.
- I currently **use** tobacco products but will be completing the **Wellworks For You 6-week Tobacco Cessation Learning Series** by **OCTOBER 31, 2025**.
- I currently **use** tobacco products and **will not** be completing a cessation program.
NOTE: *You will not qualify for the incentive if you are currently using any form of tobacco, including cigarettes, cigars, e-cigs, and chewing tobacco, in any amount – even occasional social use – and choose not to participate in the Cessation Program as the Reasonable Alternative Standard.*

How to Complete the Tobacco Cessation Learning Series:

Log into your Wellness Portal account, select the Portal **MENU** option, navigate to the **Learning Center** page and select **Your Guide to Going Tobacco Free**. After completing the Pre-Module Survey, Module 1 will unlock. Beginning with Module 1, watch each video and then complete the quiz associated with each module. Pass each quiz with a score of 70% or above to move on to the subsequent Module. Each Module will unlock after exactly one week of passing a Module's quiz. After you complete Module 6, complete and save the Post-Module Survey. Begin this program (including all quizzes and surveys) no later than **SEPTEMBER 19, 2025** to complete the program in its entirety by **OCTOBER 31, 2025**.

Please Sign Below

I understand this is a legally binding document and I attest that the above information is accurate to the best of my knowledge. This attestation form is not complete unless I have checked a box in the Tobacco Status section that is relevant to me and have signed and dated the form below.

Signature of Participant (Required)

Date

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 2025

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

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PLEASE NOTE: Wellworks For You requires **at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.

PREVENTIVE SCREENING FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the **Preventive Screening Form** as part of the wellness program to be returned to Wellworks For You as outlined below by **OCTOBER 31, 2025**.

PATIENT CONTACT INFORMATION

COMPANY NAME: New Horizons Baking Company

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the **Employee** **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

DATE OF VISIT: _____

This **Preventive Screening Form** confirms that the patient named above received the following preventive care between **November 1, 2024** and **October 31, 2025**. **One form per exam. Please check the exam that applies:**

GENERAL

- Vision Screening** (routine eye exam)
- Dental Exam** (routine cleaning)
- Colorectal Exam**
- Dermatology Exam**
- Flu Shot**

WOMEN

- Annual OB/GYN**
- Mammogram**

MEN

- Prostate Exam**

Physician/Provider

I certify that the patient listed above received the tests indicated on this form on: _____/_____/_____

Physician/Provider Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 2025

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

PLEASE NOTE: Wellworks For You requires **at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.

FORM UPLOAD INSTRUCTIONS

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 2025

Submit your form on the Web Portal or Mobile App to receive credit.

All completed documents should be submitted to the Wellworks Forms Department in one (1) of the following ways:

SUBMISSION METHODS

UPLOAD TO THE WEB PORTAL:



Click the **Upload a Form** tile from the homepage or via the menu page select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.

UPLOAD VIA THE MOBILE APP:



Take a photo of your form using your Smartphone. Next, upload it to the Mobile App via the **Contact Us/Send a Form** tab in the **menu**, located in the top left corner of the home screen. Select the event listed under **What event is this form for?** Users are limited to **one (1)** file per submission.

PLEASE NOTE:

Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.

It is the participant's responsibility to submit their forms as part of the Wellness Program to be returned to Wellworks For You. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

If all required metrics are not available at your appointment, use the paper-based form or request your provider to submit the form online after receiving the metrics.

THE FINE PRINT

The New Horizons Baking Company wellness program is a voluntary wellness program available to all employees and spouses, if applicable, covered by the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a Physician Results Form, which will include a blood test for blood pressure, height, weight, waist circumference, BMI, lipid panel and glucose. You are not required to participate in the blood test or other medical examinations. However, eligible employees and spouses who choose to participate in the wellness program will receive a premium discount in 2026 for completing the Physician Results Form, the Tobacco Attestation Form/Cessation Program, and at least one (1) Preventive Screening Form by October 31, 2025.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Wellworks For You at 800-425-4657.

The information from your results 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. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and New Horizons Baking Company may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks For You will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation 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.

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, and 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 are the Wellworks For You team in order to provide you with services under the wellness program.

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, we will notify you immediately.

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.

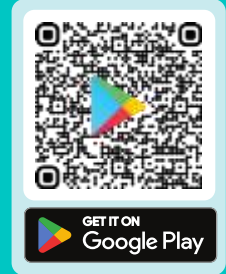
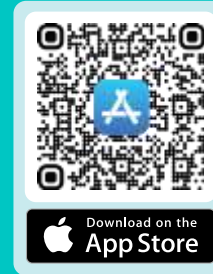
If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Wellworks For You at 800-425-4657.

RESOURCES



Download the Mobile App

Access your Wellness Program guide and forms, confirm participation and completion of requirements. Need to submit forms or get in touch with our wellness team? It's all streamlined through the app, ensuring you have everything you need to stay on top of your wellness goals right at your fingertips.



CONTACT YOUR WELLNESS TEAM

All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your **Wellness Team** via your **Wellness Portal**.



CONTACT US

Simply select **Contact Us** from the Portal homepage or Wellworks For You Mobile App. You can also call Wellworks For You at **800.425.4657**.

