We’re excited to help you reach your well-being goals and encourage you to earn rewards along the way. Using Blue Cross and Blue Shield of Kansas’s health and wellness platform, Strive, powered by WebMD ONE, you will be able to sign-up for activities and document your progress.

**Welcome to Strive Wellness Rewards!**

Strive Starter Wellness Rewards Program

MC621F 09/21

Our wellness rewards program will run from [*insert date*] to [*insert date*] and you will have that time to complete and record three of the four activities listed to earn your [*specify what will be earned*] reward.

Getting started

If you don’t already have a BlueAccess account, you will need to create one at bcbsks.com/blueaccess. Through your BlueAccess account, you can access Strive. You will then need to create a Strive account.

Strive is a personalized well-being experience. Whether you’d like to spend more time working out at home, focusing on mindfulness, being active with your family, or doing anything in-between, Strive can be customized to help you achieve your unique goals.

Wellness tracking

Within Strive, you can access the [*insert company name or program name]* Rewards tab, which will show information about our wellness program and will track your progress and activity completion.

With your wellness rewards program, the activities you may choose from to reach your total of 30 points include:

1. Biometric Screening
2. Complete the listed biometric screening tests. These must include:
	* 1. Height, weight, waist circumference, blood pressure, fasting blood sugar, and lipid panel
3. [*Define where these may be completed such as at their primary provider office, at an onsite group event, at a health fair*]
4. Once you have completed all the screening tests, enter the date of the exam and “sign” the page electronically (put in your full name).
5. Online Health Assessment (HA)
	* + 1. This can be completed within your Strive dashboard. You will see a link to the Health Assessment in the Strive Rewards Program. Once you have completed the HA, it will automatically be recorded.
6. Annual Preventative Exam
	* + 1. Complete a wellness check-up with your doctor. The types of exams that fulfill this activity include:
7. [*Indicate which exams will fulfill this item. Notify BCBSKS if you will not accept all the following*:]
	1. Annual wellness checkup (well woman or well man checkup)
	2. Mammogram
	3. Colonoscopy or Colorectal Exam
	4. Routine Dental Cleaning and Exam
	5. Routine Vision Exam
		* 1. Once you have completed the visit, enter the date of the exam and “sign” the page electronically (put in your complete name).
8. Wellness or Educational Event
	* + 1. [*Your group will need to determine how employees fulfill this item. Will you offer a challenge, educational event or some other wellness activity?]*
			2. [*Define the options and provide details on when this will be scheduled, when they will be notified, etc*.]
			3. Once you have completed the event, enter the date of the event and the code you were provided with the event.

We’re excited for you to continue your wellness journey. If you have any questions about the wellness program, please contact [*fillable section*]