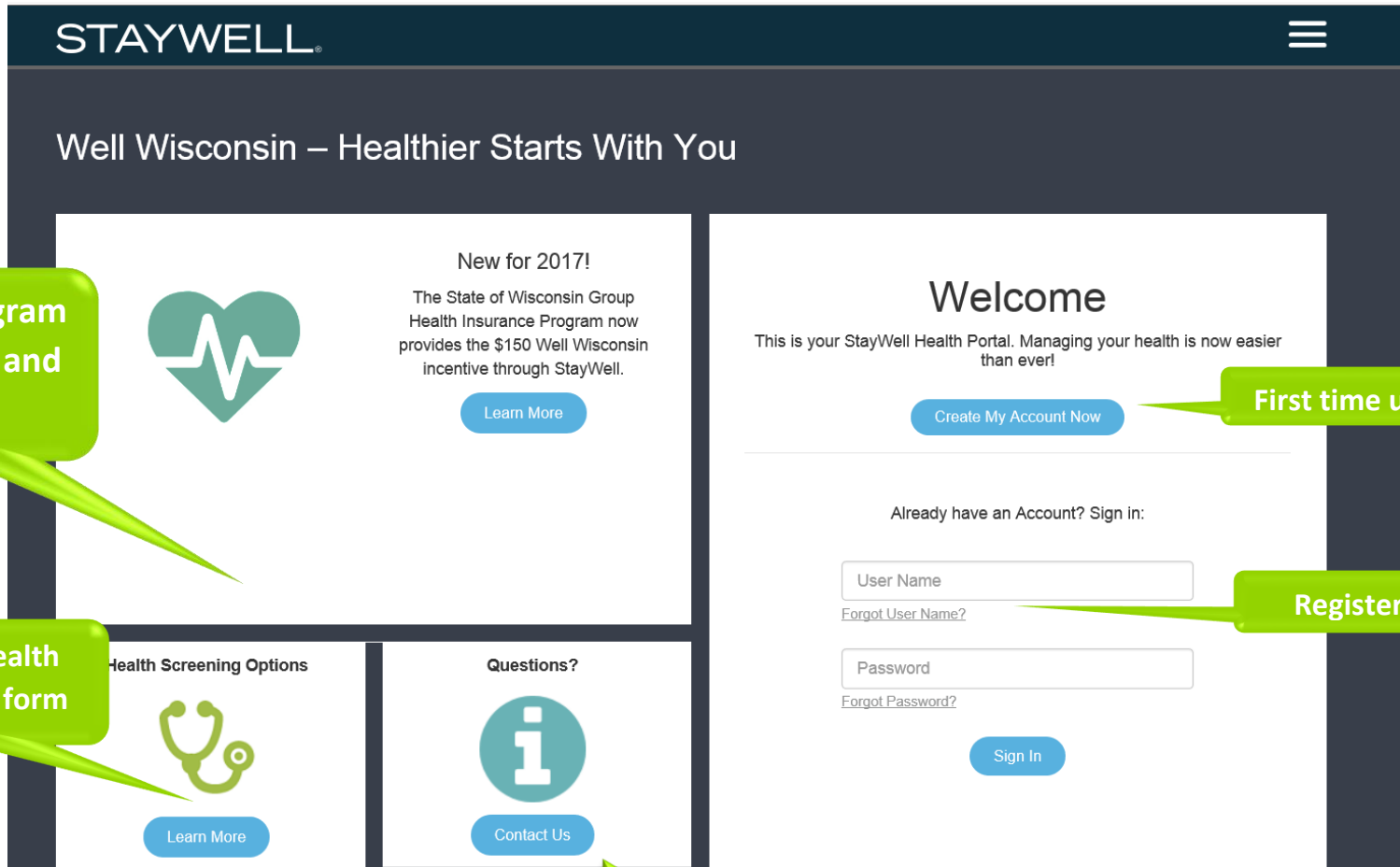


StayWell Wellness Portal: Landing Page

To access the StayWell wellness portal and services at wellwisconsin.staywell.com, you must be an employee, retiree, or spouse/domestic partner enrolled in the State of Wisconsin or Wisconsin Public Employers Group Health Insurance Programs.



StayWell Wellness Portal: Account Registration Step One

STAYWELL®



You're on your way

For your StayWell Account you must use the first name, date of birth and social security number (last 4 digits) that matches your health plan information that is on file with your employer.

Progress

1 of 3

FIRST name only, as it appears on your health insurance ID card.

**Don't have a Social Security Number?
See the Well Wisconsin Program FAQs
or contact the StayWell HelpLine.**

Continue

[Why do I need to give this information?](#)

StayWell Wellness Portal: Account Registration Step Two



Progress

2 of 3



User name

Password

Retype Password

Choose one

Answer

User name should be longer than 7 characters. It can include upper and lower case letters, numbers and the following special characters (!,@,#,\$,&,*,-,+)

Continue

Why do I need to give this information?

Create a username and password and select a security question.

StayWell Wellness Portal: Account Registration Step Three

My Account

Any changes you make to the information on this page will **not** be sent back to your company.

Your personal information **appears** here. If you'd like, you may change your contact information. If your personal information is incorrect, please contact StayWell toll-free at 1-800-821-6591.

To ensure deliverability of important program emails, we recommend use of a personal email address (@gmail.com, @yahoo.com, etc).

PROFILE PIC



Change Picture

EDIT CONTACT PREFERENCES

User Name:	SARBEAR225	City:	Yemen
First Name:	Sara	State:	Wisconsin
Last Name:	Doe	Zip:	55555
Date of Birth:	01/01/1970	Primary Phone:	555-555-5555
Sex at Birth:	<input type="radio"/> M <input checked="" type="radio"/> F	Mobile Phone:	
Address 1:	101 Yemen Road	Email Address:	Test@test.com
Address 2:			
Timezone:	Central Standard Time		
Campus:	Select One		

- Yes, I would like my name to be searchable by others within my organization. This will allow my friends and co-workers to help keep me motivated and active!
- This Privacy Statement explains how we collect, use, share, and protect your Personal Information and Personal Health Information (collectively "Information") when you visit our site. Please read this Privacy Statement carefully and be aware that by accessing and using StayWell Portal, you agree that you have read this Privacy Statement and that you accept and consent to the privacy practices described here. I have read and agree with StayWell's **terms of use** and **Privacy Statement**.

Enter a valid phone number and email address.

You will need to validate your email by receiving a code in your email inbox.

Be sure to read and acknowledge the Privacy Statement.

StayWell Wellness Portal: Email Verification

Email Address Confirmation

We need to verify your email address so that we can ensure that we're able to reach you with important information.

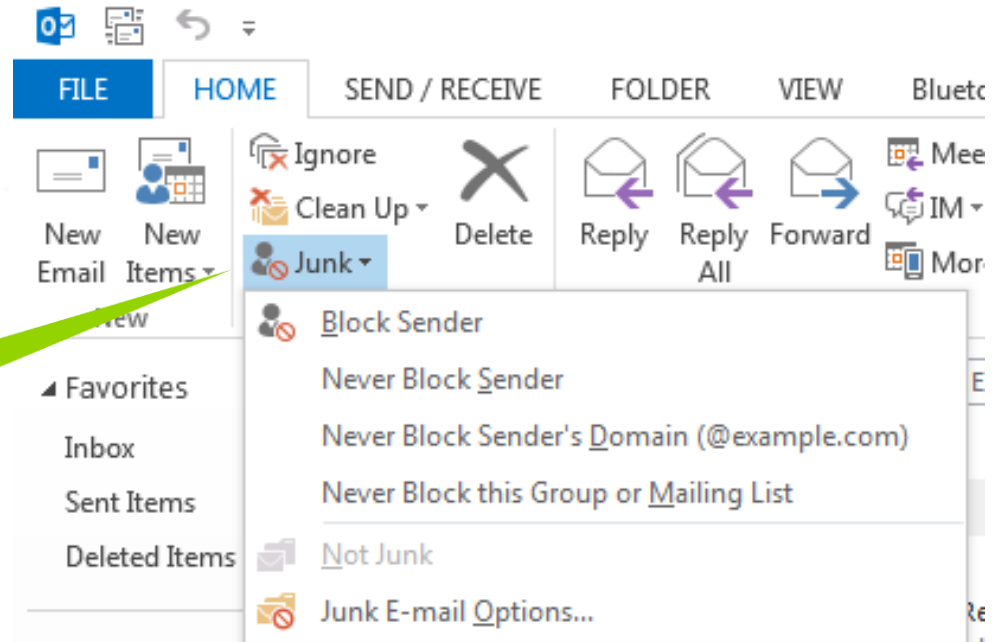
① Please enter your email address:

Re-send Code

An email has been sent to the email address you have provided. Please check this email for a code that you'll need to enter below.

② Please enter the code from the email you received:

CONFIRM



Haven't received your code to confirm your email address?

Check your "Junk" email and choose to modify your settings for emails coming from StayWell.

StayWell Wellness Portal: Participant Dashboard

Complete the health assessment and access screening information here

Program details

Sync your fitness device

Connect with a health coach

Register for Monthly Wellness Webinars




StayWell Wellness Portal: Health Assessment

Progress Step 2 of 12

[Save & Continue](#)
[Back](#)

Now, describe your eating habits.

Think of the foods that are a part of your normal diet. About how many servings of each of the following types of foods do you eat in a **normal day**? Select your best estimate for each type of food.

	Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice Serving Sizes	0 1 2 3 4 5 6 Clear
	Vegetables (including juices) Serving Sizes	0 1 2 3 4 5 6 Clear
	Fruits (including juices) Serving Sizes	0 1 2 3 4 5 6 Clear

Which of the following are true of your eating or nutritional habits? (Check all that apply)


- Eat one or more servings of fish per week
- Limit sugary beverages and foods with added sugars
- Eat a vegetarian diet

[Save & Continue](#) [Back](#)

[Top](#)

- 10-minute health assessment
- Progress bar shows how much more you have to complete
- If you get interrupted mid-assessment, you will be able to pick up where you left off

Check marks indicate your progress toward the \$150 incentive



Welcome
Healthier starts with you.

Earn Your Incentive

ASSESSMENT [SCREENING](#)

[MY DASHBOARD](#) [HEALTH PROFILE](#) [PROGRAMS](#) [HEALTH LIBRARY](#)

StayWell Wellness Portal: Health Screening and Incentive Options

Health Screening

Do you know your numbers?

Making the choice to get a health screening gives you a snapshot of your current health status. Your health screening will help you discover areas in your health that may need attention, keeping you energetic and feeling good for the things you have to be healthy for. Knowing important numbers like your blood pressure, glucose, cholesterol, and Body Mass Index (BMI) is one of the first steps in taking an active role in your health. **Your health screening results must be submitted by October 20, 2017.**

There are two options to complete your health screening:

On-Site Health Screening: We've partnered with Quest Diagnostics to provide onsite health screenings available at employer locations around the state, at no charge to you. You'll be in and out in 20 minutes. Your results will then be automatically uploaded to your StayWell health assessment in approximately 10 business days. Don't see a health screening for your location? Ask your employer about scheduling an onsite health screening.

[Register Now](#)

Health Care Provider Form: If you are unable to attend an onsite health screening, you can get your screening numbers from your doctor as part of a preventive exam. Download the health care provider form, and bring to your exam to have your health care provider complete. Ask your provider if you are due for updated blood work for cholesterol and/or glucose screenings. If you are not, your health care provider may report results from your most recent screening. At the time you schedule your screening appointment, confirm with your provider that the visit and screening will be billed as a no cost preventive service. Visits and screenings not considered preventive services may be subject to copayments, deductibles and/or coinsurance.

[Download Form](#)

Submit your completed Health Care Provider Form using one of the following methods:

- **Mail:** US Wellness 20400 Observation Drive #100 Germantown, MD 20876
- **Fax:** 240-477-1521
- **Secure Upload:**

[Upload Now](#)



1. Register for an on-site health screening at your employer's location

OR

2. Download and submit your completed health care provider form

Redeem \$150 instantly or request VISA card be mailed to you

Welcome
Healthier starts with you.

START NOW

Reward Available!

MY DASHBOARD MY HEALTH PROFILE MY PROGRESS MY PROGRAMS MY LIBRARY