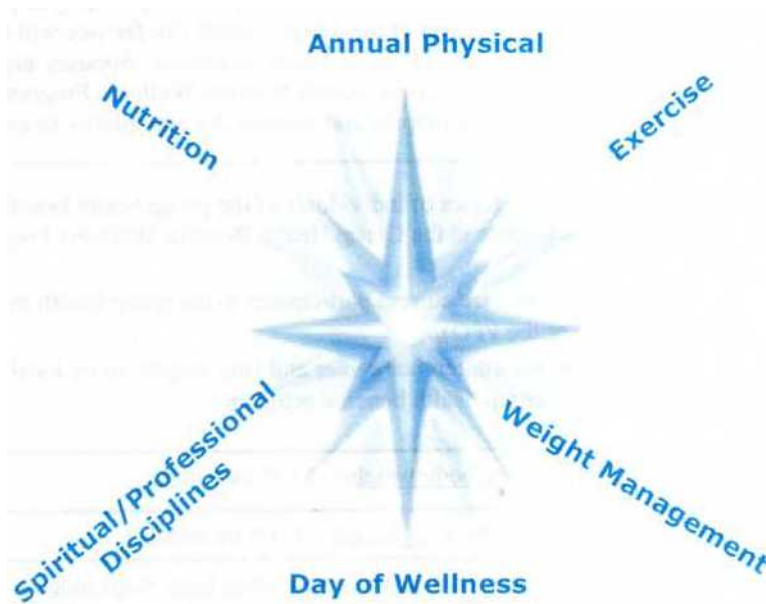


**Texas Annual Conference
Center for Clergy Excellence
Group Health Benefits Wellness Program**

*In the preface to Wesley's Primitive Physic, or An Easy and Natural Method of Curing Most Diseases, he posits that properly treating an illness or injury is only one part of how God's concern for physical health is honored. The more fundamental way is to adopt healthy practices that promote wellness, such as diet, lifestyle, exercise and prayer.
(Denominational Health Task Force, page 2)*



The Center for Clergy Excellence Group Health Benefits Wellness Program has 6 components designed to improve the health and well being of the clergy and laity of the Texas Annual Conference. Click on the various topics in the table below to learn more about the program and how you can participate.

Day of Wellness with Methodist Hospital	The 6 Components of the Plan
Who is Eligible	Incentives
Body Mass Index (BMI) Chart	Other Information
Incentive Form	

Alternative Plan: For any participant who obtains a letter from their physician indicating their inability to participate in any of the six required components of the Group Health Benefits Wellness Program, an alternative plan will be developed for the specific individual. In filing for an alternative plan, the participant will need to provide a letter from their physician indicating both the participant's inability to participate in some component of the wellness plan and an indication of the participant's ability to participate in an alternate activity. A specifically designed program will be substituted taking into consideration their physical abilities and limitations.

Day of Wellness with Methodist Hospital

9:00 AM to 3:00 PM

The Texas Annual Conference has made arrangements to work with the Methodist Hospital Wellness Center to identify a Personal Wellness Vision for yourself and to identify the resources to help you reach your goals.

Day of Wellness Activities	
2 Sessions on Nutrition	2 Sessions on Fitness
Health Risk Appraisal (HRA)	Personal Coaching on Cholesterol and HRA results
Cholesterol Screening	
Stress Management	

The Day of Wellness with Methodist Hospital is the entry point into the Center for Clergy Excellence Group Health Benefits Wellness Program for employee/dependent spouse participants of the Group Health Benefits Program of the Texas Annual Conference. Eligible employee/dependent spouse participants in the Wellness Program can receive up to \$1,000 in cash incentives as they achieve their wellness goals (please see Incentives).

The Day of Wellness begins with cholesterol, weight and blood pressure screening followed by a nutritious breakfast (you will need to fast starting at midnight - water and black coffee or tea are permitted). Dress comfortably in exercise or casual clothes.

During the day you will participate in six informative and experiential sessions (three in the morning and three in the afternoon with a delicious, nutritious lunch in between):

1. Receive 1 to 1 personal coaching on your Health Risk Appraisal including cholesterol and target Body Mass Index (BMI)
2. Learn balanced nutrition and weight loss using your own "deck of cards"
3. Build muscle tone with strengthening exercises (no machines – just flexible bands)
4. Taste a variety of Super Foods – your palate will be pleasantly surprised with these nutrition "superstars"
5. Relax and stretch muscles with gentle flexibility exercises
6. Learn stress triggers and practical ways of managing stress

Registration for the Day of Wellness is limited to 36 – 40 participants. ***A \$175 registration fee must be submitted with each registration form to guarantee the participant's registration.*** If you are a TAC employee/dependent spouse participant of the Group Health Benefits program, your registration fee will be refunded to you upon your completion of the Day of Wellness. For other participants, the cost is \$175 per person. Registration fees are also returned if registration is cancelled by the cancellation deadline. For further information, please contact Barbara Kilby at bkilby@txcumc.org or 713-521-9383, ext. 322.

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Who is eligible to participate?

The Center for Clergy Excellence Group Health Benefits Wellness Program is open to all clergy, laity, and spouses of the Texas Annual Conference. However, only employee/dependent spouse participants of the Group Health Benefits program of the Texas Annual Conference will be eligible to participate at no cost to the participant and earn incentives.

Following are the categories of participants in the TAC Group Health Benefits program who are eligible to participate in the Group Health Benefits Wellness Program *without charge and earn incentives*:

1. TAC active clergy who are current participants in the Group Health Benefits program (in either the HMO or the PPO).
2. TAC lay employees of a local church, district office, or the Annual Conference who are participants in the Group Health Benefits program.
3. Dependent spouses (of clergy or laity) enrolled in the TAC Group Health Benefits program.

Following are the categories of individuals who are eligible to participate in the Day of Wellness with Methodist Hospital *at a cost of \$175 and are not eligible for incentives*:

1. Part-time clergy, clergy serving in extension ministries (other than those employed by the Texas Annual Conference) and retired clergy (retired clergy have access to a wellness program through the UniCare private fee-for-service plan). Clergy in extension ministries (not employed by the Texas Annual Conference) may be able to have their employer pay the cost of the program.
2. Laity employed by local churches, district offices or the Annual Conference who are not participants in the Group Health Benefits program.
3. Spouses of clergy or laity who are not participants in the TAC Group Health Benefits Program (regardless of whether the clergy or laity participates for free).
4. Members of local United Methodist churches or friends of the Texas Annual Conference with the approval of the Director of the Center for Clergy Excellence.

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Incentives

For those individuals who participate in the Group Health Benefits Wellness Program at no charge (employee/dependent spouse participants), the following incentives are available to assist you in achieving your specific goals. In all cases, the individual will be required to complete the Wellness Program Incentive Form regarding their participation in the components of the program. For the \$200, \$300 and \$500 incentives, the participant will be required to obtain an annual physical exam and submit a form from their physician indicating their current weight (see Incentive Forms). *Please note that all incentives are taxable and that a form 1099 will be generated by the Texas Annual Conference when appropriate.*

Following are the incentives for the Group Health Benefits Wellness Program. Incentives may be combined (for example, level 1, 2 and 3 can all be filed at once provided all requirements have been satisfied). A participant can only earn an incentive one time (for example, the \$100 incentive for losing 5% of your total body weight can only be earned once):

1. Losing 5% of your total starting body weight – \$100 incentive
2. Losing 10% of your total starting body weight – \$100 incentive
3. Losing 50% of the weight required to achieve a BMI of 25 or lower – \$300 incentive
4. Losing 100% of the weight required to achieve a BMI of 25 or lower – \$500 incentive
5. Being at a BMI of 25 or less at the Day of Wellness and maintaining it for 6 months - \$200 incentive

Documentation required:

Incentives 1 and 2 require completion of the Group Health Benefits Wellness Program Incentive Form ([click here](#)), which provides the Group Health Benefits Committee with confirmation regarding the following:

1. Eligibility for the incentives.
2. Date attended the Day of Wellness with Methodist Hospital.
3. Starting weight (from the Day of Wellness) and current weight.
4. Exercising the body at least three times per week for a minimum of 20 minutes.
5. Eating nutritious meals.
6. Participation in a small group spiritual experience.
7. Obtaining an annual physical (only required when filing for incentives at level 3, 4 and 5).

Incentives 3, 4 and 5 require an annual physical exam, completion of the Group Health Benefits Wellness Program Incentive Form and Physician Confirmation Form ([click here](#)).

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Body Mass Index (BMI)

Body Mass Index, often referred to as BMI, is used to assess weight relative to height and is calculated by dividing body weight in kilograms by height in meters squared. BMI correlates highly with body fat and is a good indicator of total body composition. A Body Mass Index value which exceeds the normal range is significantly related to negative health outcomes.

BMI Ranges:

- Underweight = less than 18.5
- Normal = 18.5 - 24.9
- Overweight = 25 - 29
- Obese = 30 or greater

Determining your Body Mass Index (BMI)

The table below has already done the math and metric conversions. To use the table, find the appropriate height in the left-hand column. Move across the row to the given weight. The number at the top of the column is the BMI for that height and weight. Or, use our [BMI calculator](#). *For the Wellness Program, the target is a BMI of 25 or lower.*

BMI (kg/m ²)	19	20	21	22	23	24	25	26	27	28	29	30	35	40
Height (in.)	Weight (lb.)													
58	91	96	100	105	110	115	119	124	129	134	138	143	167	191
59	94	99	104	109	114	119	124	128	133	138	143	148	173	198
60	97	102	107	112	118	123	128	133	138	143	148	153	179	204
61	100	106	111	116	122	127	132	137	143	148	153	158	185	211
62	104	109	115	120	126	131	136	142	147	153	158	164	191	218
63	107	113	118	124	130	135	141	146	152	158	163	169	197	225
64	110	116	122	128	134	140	145	151	157	163	169	174	204	232
65	114	120	126	132	138	144	150	156	162	168	174	180	210	240
66	118	124	130	136	142	148	155	161	167	173	179	186	216	247
67	121	127	134	140	146	153	159	166	172	178	185	191	223	255
68	125	131	138	144	151	158	164	171	177	184	190	197	230	262
69	128	135	142	149	155	162	169	176	182	189	196	203	236	270
70	132	139	146	153	160	167	174	181	188	195	202	207	243	278
71	136	143	150	157	165	172	179	186	193	200	208	215	250	286
72	140	147	154	162	169	177	184	191	199	206	213	221	258	294
73	144	151	159	166	174	182	189	197	204	212	219	227	265	302
74	148	155	163	171	179	186	194	202	210	218	225	233	272	311
75	152	160	168	176	184	192	200	208	216	224	232	240	279	319
76	156	164	172	180	189	197	205	213	221	230	238	246	287	328

Components of the Group Health Benefits Wellness Program

Following are the six components of the Group Health Benefits Wellness Program:

1. Participation in the Day of Wellness with Methodist Hospital which will include
 - Completion of a Health Risk Appraisal (HRA); cholesterol, weight and blood pressure screening
 - 1 to 1 personal coaching – review of HRA including cholesterol and Body Mass Index (BMI)
 - 2 sessions on fitness – strength-building and flexibility exercises
 - 2 sessions on nutrition – weight loss and super foods
 - 1 session on stress management – stress triggers and practical ways of managing stress
2. Measurable progress towards achieving the target BMI of 25 or less.
3. Exercising the body at least three times per week for a minimum of 20 minutes.
4. Eating nutritious meals.
(Participation in Weight Watchers® or some other organization is highly encouraged)
5. Participation in a small group spiritual experience
(Laities may substitute their weekly church attendance for this component).
6. Having an annual physical exam.

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Other Information

It is the desire of the Texas Annual Conference that all participants achieve their specific objectives under the Wellness Program. For those individuals who choose to participate, various resources will be provided throughout the year in an effort to support the participant in their goals. These resources will include information provided from the Employee Assistance Plan, success stories from other clergy and laity, lists of websites that provide additional information and other suggestions intended to encourage and assist participants in the achievement of their goals.

Registration for the Day of Wellness with Methodist Hospital requires the participant to deposit \$150 at the time of registration. If the registration is canceled by the cancellation date specified on the registration form or the participant actually attends the Day of Wellness, the \$150 deposit will be returned to those participants who are eligible to participate in the Group Health Benefits Wellness Program at no charge. For participants on a self-pay basis, the \$150 fee will be used to defray the cost of their participation in the Day of Wellness and will only be refunded if registration is cancelled by the cancellation date specified on the registration form.

Finally, the Group Health Benefits Committee reserves the right to modify or terminate this program at any time. In addition, any disputes or misunderstandings will be resolved by the Group Health Benefits Executive Committee and their determination will be final.

Questions:

Any questions regarding participation, incentives, definitions or anything else related to this program should be directed to Reverend B. T. Williamson, Director of the Center for Clergy Excellence.

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Group Health Benefits Wellness Program Incentive Form

Dear Wellness Program Participant,

Congratulations! You have reached the point in your personal wellness program to qualify for an incentive. All of us in the Center for Clergy Excellence applaud your efforts. It is not easy, and we honor your success.

Indicate the level(s) of incentive you have qualified for from the following 5 options. You can apply for a single incentive or multiple incentives at a time; however, *each incentive can only be earned once*. Please note that levels 3, 4 and 5 require confirmation from your physician. All weight calculations are based on your starting weight recorded at the Day of Wellness. To determine the weight needed to achieve your target BMI of 25 or lower, click [BMI calculator](#).

Check all that apply:

1. _____ **\$100 – Lost 5% of total starting body weight.** Current weight _____
2. _____ **\$100 – Lost 10% of total starting body weight.** Current weight _____
3. _____ **\$300 – Lost 50% of weight required to achieve target body mass index (BMI) of 25 or lower.**
4. _____ **\$500 – Lost 100% of weight required to achieve target body mass index (BMI) of 25 or lower.**
5. _____ **\$200 – At the Day of Wellness I had already attained and continue to maintain the target BMI of 25 or lower.** (This incentive is available beginning six months following attendance at the Day of Wellness).

(Note: Incentives 3, 4 and 5 require confirmation of current weight and date of your annual physical examination. Please use the Physician Confirmation Form below).

By signing below, I confirm that I have satisfied the requirements of the Texas Annual Conference Center for Clergy Excellence Group Health Benefits Wellness Program which include:

1. Texas Annual Conference active clergy or lay employee of a local church, district office, or the Annual Conference; or dependent spouse of TAC active clergy or lay employee of a local church, district office, or the Annual Conference.
2. Participant in the Texas Annual Conference Group Health Benefits Program.
3. Attendance at the Day of Wellness with Methodist Hospital.
Date attended the Day of Wellness _____ Weight at Day of Wellness _____
4. Weight loss or maintaining BMI of 25 or lower as indicated above.
5. Exercising the body for 20 minutes a day 3 times per week.
6. Eating nutritious meals.
7. Participation in a small group spiritual experience. (Laity substitutes church attendance)
8. Obtaining an annual physical examination (required for \$200, \$300 and \$500 incentives).

Signature

Date

Name (print) _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

Send completed form (along with Physician Confirmation Form, if required) to:

**Mr. Ted Carlson,
Carlson's Consulting
14523 Muirfield Lane Houston, TX. 77095
Fax: 281.856.0877**

You should receive your check within 3 – 4 weeks. For questions or further information, contact Barbara Kilby at bkilby@txcumc.org or 713-521-9383, ext. 322.



Group Health Benefits Wellness Program Physician Confirmation Form

Name of Participant _____

Date of annual physical (must be within last 12 months) _____

Current Weight _____ Date _____

Physician Signature _____

Physician Name (Print) _____

Physician Street Address _____

Physician City _____ Zip Code _____

Physician Phone Number _____