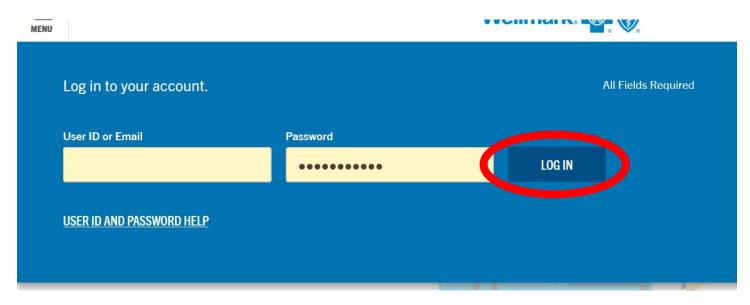
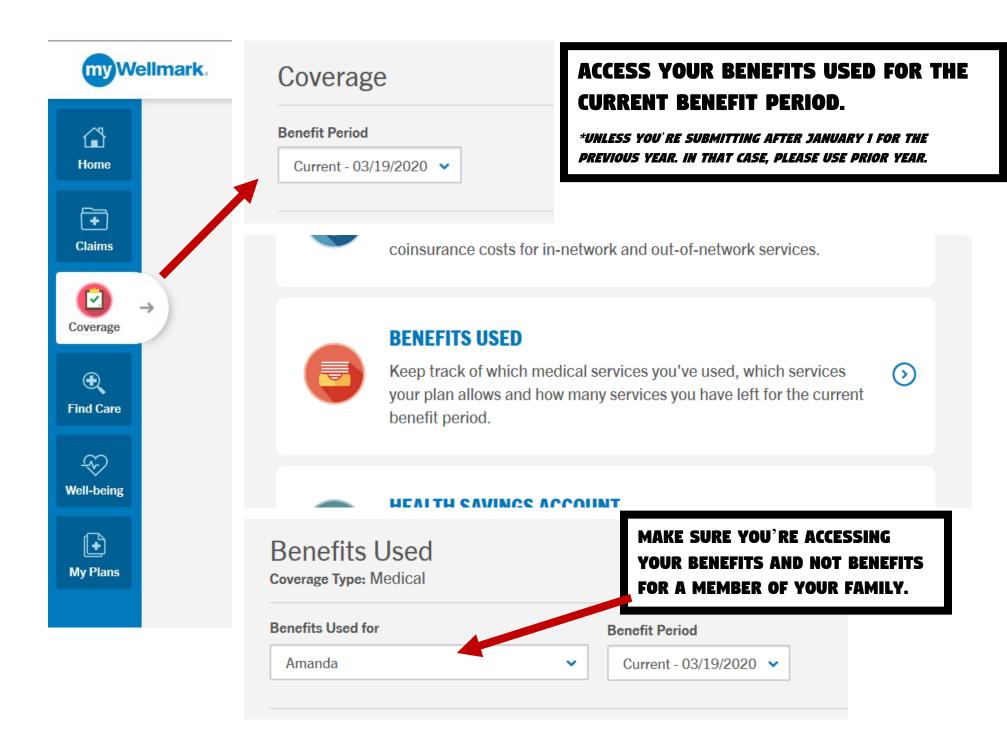
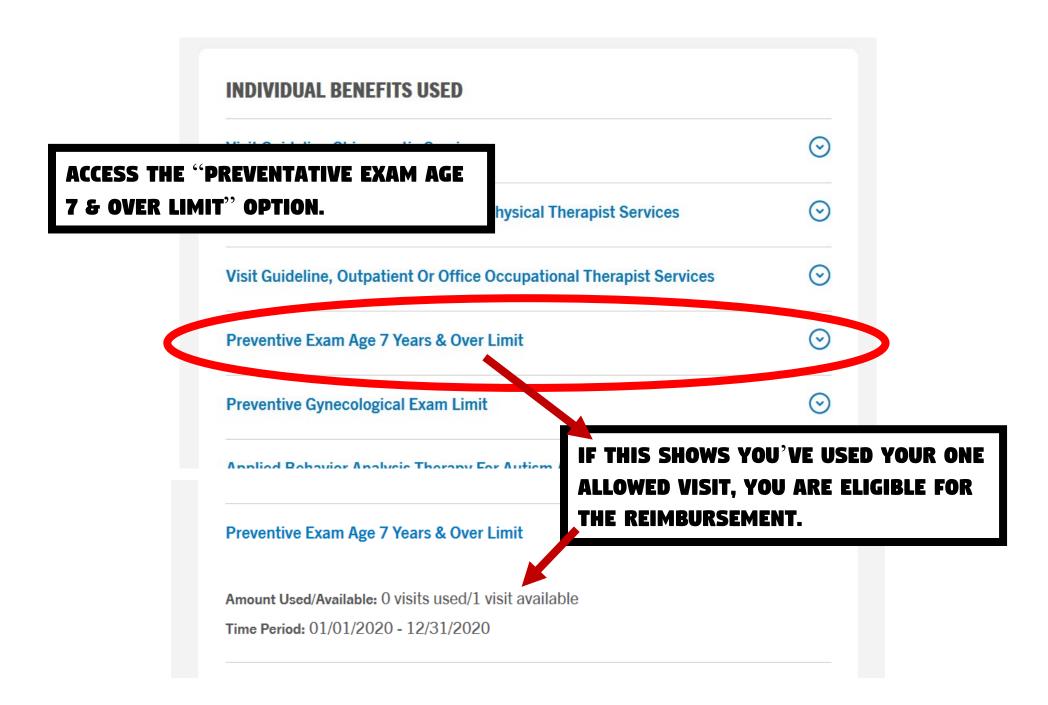
WELLNESS BENEFIT INCENTIVE HOW-TO

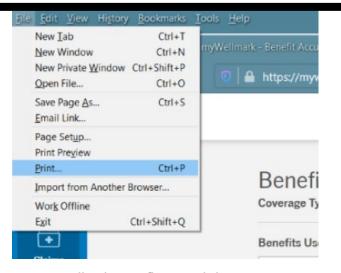


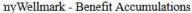


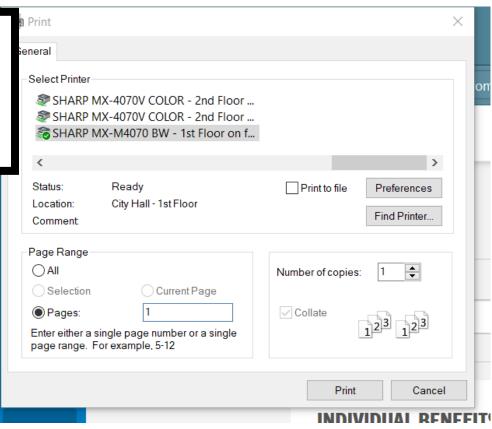




PRINT ONLY THE FIRST PAGE OF THE WEBSITE, MAKE SURE YOUR FULL NAME IS ON THE PRINTOUT AND TURN IN TO HR NO LATER THAN THE END OF MARCH FOR THE PRIOR YEAR.







https://mywellmark.wellmark.com/coverage/coverage-accumulations





Benefits Used

Coverage Type: Medical

Benefits Used for

Amanda

