

# CHILL OUT



Stress has a negative effect on your body and your emotions. It can affect you immediately (acute stress) and over time (chronic stress). Stress can cause or worsen physical problems such as headaches, stomach problems, muscle stiffness, back pain, and more.

Constant stress can make it more likely to get sick more often. By practicing daily healthy behaviors, you can strengthen your body to better accommodate short and long-term stress.

## HOW IT WORKS

Experience the benefits of controlling stress by practicing healthy behaviors to help you feel better. Each day you can earn 1 point for each healthy behavior that you practice. If your total points for the month are 75 or greater, you will earn a \$20 HRA contribution! Max points per day = 16.

## EARN 1 POINT PER DAY FOR EACH OF THE HEALTHY BEHAVIORS THAT WILL HELP YOU CHILL OUT:

- ▶ At least 15 minutes of physical activity
- ▶ At least 15 minutes of relaxation
- ▶ At least 1 cup of fruit and 1 cup of vegetables
- ▶ At least 7 hours of sleep

## HOW TO TRACK YOUR POINTS

- ▶ Go to [mytuftshealthplan.com](http://mytuftshealthplan.com)
- ▶ Start Living a Healthy Lifestyle
- ▶ Progress
- ▶ Challenges

You can use the paper tracking form for convenient daily tracking, but you must enter your activity and points on [mytuftshealthplan.com](http://mytuftshealthplan.com) daily or weekly to get credit. You will only get credit for points entered for the prior week (7 days) and will not be able to enter activity for days prior to that.

**All points must be recorded online by September 7, 2018.**

**TRACK YOUR POINTS >>>**

If your **TOTAL** challenge points are 75 or greater, you will earn a \$20 HRA contribution!

# CHILL OUT

## POINT TRACKING FORM

DAILY ACTIVITIES	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTAL
<b>Earn 1 point each time you:</b>				<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	_____
▶ Get 15 min. of physical activity (PA)	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	_____
▶ Relax for 15 min (R)	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	_____
▶ Eat 1 c. of fruit or vegetables (FV)	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	_____
▶ Get 7 hours of sleep (S)	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> PA <input type="checkbox"/> FV <input type="checkbox"/> R <input type="checkbox"/> S		_____

**Important Note:** Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all similarly situated employees, regardless of health status. If you think you might be unable to meet a health contingent standard (i.e, a program that requires an individual to satisfy a standard related to a health factor to obtain a reward or requires an individual to undertake more than a similarly situated individual to obtain the same reward) under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Furthermore, if you are disabled, we will work with you to provide a reasonable accommodation to help you meet any standards (whether health contingent or not) under this wellness program. Contact Carol Gustavson, in RCAB Benefits at 617.746.5830, and we will work with you (and if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

\_\_\_\_\_ points

**Points Total for your TOTAL challenge points.**

