



## WELLNESS POWER

NECA -IBEW  
WELFARE TRUST FUND  
WELLNESS AND DISEASE  
MANAGEMENT PROGRAM

# 2026 INCENTIVES

You will receive your wellness dollars as contributions into your established HRA account. You'll be able to use these contributions for your eligible health expenses now or at any time in the future (including in retirement).



## WAYS TO EARN

Please note: The annual maximum combined incentives cannot exceed \$300 per participant and \$600 per participant and spouse each program year. This excludes retirees over age 65, their spouses, and all covered dependent children.

**QUARTERLY CHALLENGE: \$50**

Earn 1x Annually

**PROGRAM REGISTRATION/LOG IN: \$25**

**HELLO HEART: \$25**

Track blood pressure for 3 consecutive months

**BIOMETRIC SCREENING & HEALTH ADVISING CALL: \$100**

**HEALTH RISK ASSESSMENT OR COLON CANCER RISK ASSESSMENT: \$25**

**4 COACHING CALLS: \$100**

Includes Wellness, At-Risk or Disease Management

**GYM USAGE/INDEPENDENT WORKOUTS AND/OR STEPS: \$100**

Complete 48 gym visits/independent workouts per year and/or complete 7,500 steps per day for 48 days during the program year. This reward can be completed 2x per year (\$200).



## CONNECT

Powered by Telligen

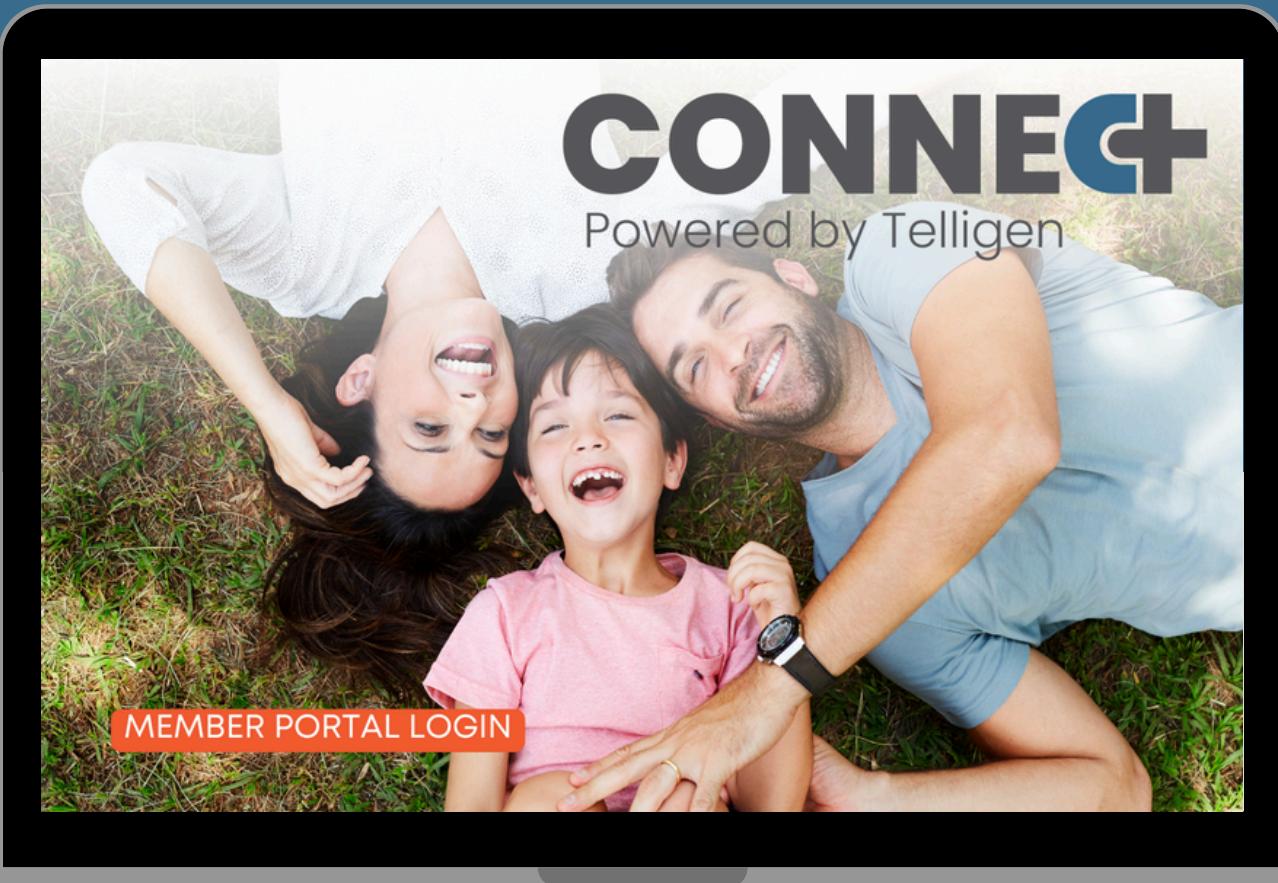
Visit the Telligen Connect Wellness Portal for more details & to get started today!

Visit the Apple App Store or Google Play store to download the app

SCAN ME



# GETTING STARTED



## REGISTRATION

### 1. Go to the Portal

Go to the portal at  
[telligentconnect.com/neca-ibew](http://telligentconnect.com/neca-ibew)

### 2. Enter Your Client ID

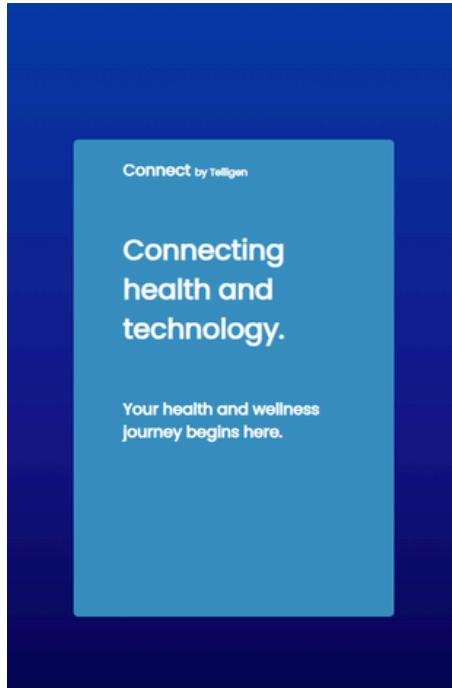
Use the #73

### 3. Fill out Form

Enter your details

### 4. Accept Terms of Use & Privacy Policy

Then click "Sign Up"



### Register for Connect

**PROVIDERS:** This form is for Member registration only. To register for a Provider account, reach out to an authorized official to get a link to the Provider Portal.

**PARENTS/GUARDIANS:** Be sure to enter the child's information and not your own. The account is intended for the person receiving services.

Client ID \*

Ex: 32

Last name \*

Ex: Smith

Phone Number

(999) 999-9999

Date of birth \*

MM/DD/YYYY

Email address \*

username@example.com

I agree to the [terms of use](#) and the [privacy policy](#) \*

Register