



2027 Wellness Program

REQUIREMENTS

Please Note:

All exams must occur between 11/1/2026 and 10/31/2027

Annual Physical

See your Primary Care Provider (PCP) for your annual physical with labwork. To receive credit for your annual physical and lab work, submit a Annual Proof of Visit form using one of the form submission methods (see *Forms* page).

Preventive Screening

Be up to date on all the applicable preventive screenings in 2027.

Wellworks For You has received prior health history for your preventive screenings. However, if you are due for a cervical cancer screening, mammogram or colonoscopy in 2027, you must submit a Preventative Screening form using one of the form submission methods.

EXAM TYPE	GENDER	AGE GROUPS	FREQUENCY OF EXAM
Cervical Cancer Screening	Female (cisgender women, transgender individuals with female reproductive organs)	21-65	Every 3 Years
Mammogram	Female (cisgender women, transgender women with breast tissue; transgender men with residual breast tissue)	40-74	Every 2 years
Colonoscopy	Male and Female	45-75	Every 10 years

**Please allow for 7-10 business days for your form to be processed and receive credit on your portal*

It is important to consult your doctor for personalized screening recommendations. Individuals with a family history or increased risk may require a provider-prescribed timeline that differs from these general guidelines. Guidelines from U.S. Preventive Services Task Force (USPSTF):

- [Cervical Cancer Screening](#)
- [Breast Cancer Screening](#)
- [Colorectal Cancer Screening: 45 - 49](#)
- [Colorectal Cancer Screening: 50-75](#)



INCENTIVES

Supporting Your Health and Wellbeing

Choctaw Nation of Oklahoma is dedicated to fostering the health and wellbeing of our associates. Medically enrolled associates and covered spouses can complete the wellness program requirements by **October 31, 2027** to earn a premium reduction of \$50 per month for the associate and \$50 per month for the spouse.

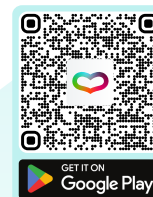
Log In To The Wellness Portal

Log in to your Wellness Portal to track your participation. Follow the steps below.

1. Click the secure **login link** provided by Choctaw Nation to access your wellness portal.
2. Your **username** will be:
 - CNO_First Name + Last Name + Month and Day of Birth (no spaces, dashes, or other punctuation)
3. Your temporary **password*** will be:
 - First Name Initial + Last name initial + MMDDYYYY (case sensitive- please capitalize first initial and last initial)
4. Select **Login**
5. Accept the terms of the Consent Form
6. Fill in the required information

**Please Note: Use the temporary password for your first login only — you'll be prompted to set a new one. If you've logged in before, use your existing password.*

Download the Mobile App



Forms

Access, download, complete, and submit your program forms and documents in the Wellness Portal or Mobile App.

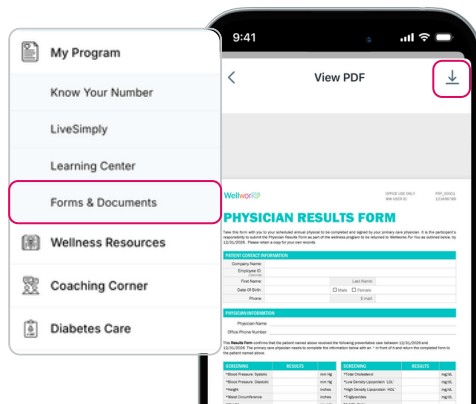


Please Note:

Wellworks For You requires 7–10 business days to process submitted forms and update your Wellness Portal. It is your responsibility to submit all required documents, and we recommend keeping a copy for your records.

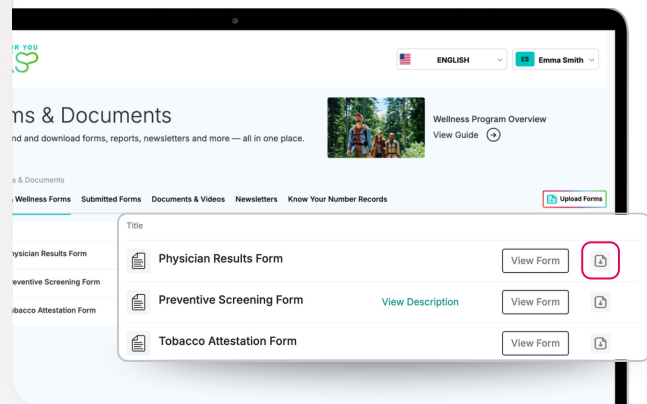
Download via Mobile App

Go to **Forms & Documents** via the menu. Tap the form you need, then tap the download button in the top-right corner.



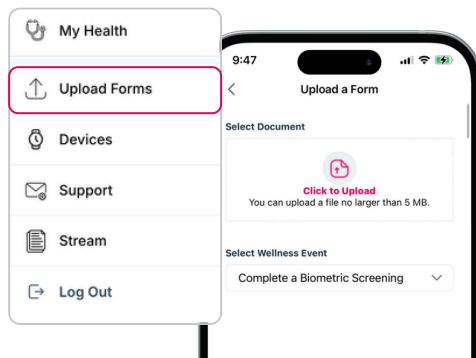
Download from Portal

Go to **Forms & Documents** via the sidebar under **My Program**. In the row of the form you need, click the download button to download the form.



Upload to Mobile App

Go to the **Upload Forms** tab in the top left menu, select **Click to Upload**, and choose the relevant event from the Select Wellness Event drop-down. Users are limited to **one (1)** file per submission.



Upload to Portal

Click **Upload Forms** on the Home page. Select the event title from the dropdown and upload your form. Users are limited to **one (1)** file per submission.

