

2017 Wellness Incentive Program

The City of Sarasota is committed to health and wellness and continues to adopt plans to encourage healthy behaviors. Our Wellness Incentive Program is completely voluntary, but all eligible employees and retirees are encouraged to participate.

These voluntary incentives are calculated on meeting specific wellness targets. **The Wellness Targets can be found on Page 3.** Members may achieve any or all targets. The incentive is calculated on a **maximum of six targets** for the employee or retiree and one eligible dependent age 19 or older. Current eligible employees and retirees may enroll in the program one time per year.

A **Health Reimbursement Account (HRA)** is an employer-established account into which your incentive dollars will be deposited. The funds in this account are for your use throughout the year for qualified medical expenses. Qualified medical expenses are such things as deductibles, copays and coinsurance. These funds can be used for expenses incurred during the 2017 calendar year.

Target Values: All incentive dollars are deposited into a Health Reimbursement Account (HRA). The amount awarded for each measure achieved will be \$100 for a maximum of \$600 per person (maximum of 2 people). If you are unable to achieve all of the measures, you may earn additional incentive dollars by participating in wellness programs and challenges offered by the City, CareHere or Cigna throughout the year. If you complete your wellness visit during your birth month, you an additional \$50 will be deposited into your HRA for 2017.

Your blood work results must be from the period January 1, 2016 through December 2, 2016. You may choose the option of completing your blood work either at the Health Center or at your private physician's office.

Two Ways To Complete

1. **Employee Health Center:**

When you schedule your appointment for a blood draw at the Employee Health Center, please indicate that it is for your "Annual Wellness Incentive". You must follow up with a physician visit within 60 days of your blood draw. When you book your appointment online or by phone, please indicate that it is for a "wellness follow-up visit." All results will be provided to us by the Health Center and you will not have to provide us with a paper form. CareHere will furnish you with instructions on how to verify that your measures have been recorded on CareHere.com.

2. **Primary Care Physician (other than the Health Center):**

If you complete your blood work and physical through your Primary Care Physician and not through the Health Center, they must submit the number of measures achieved on the attached Wellness Target Form. The total number of Wellness Targets achieved is the only information that must be returned to Human Resources. This form is a two-sided form. The reverse side, Employee Wellness Target form, ***must be received via fax or submission to the Human Resources Department by December 2, 2016.***

The Human Resources Department does not want to receive any medical information from your Primary Care Physician, only the number of targets met.

New for 2017:

1. HRA Incentive Targets are valued at \$100 per measure regardless of plan type.
2. An additional \$50 for completing your Annual Wellness during your birth month. If your birthday was in January, February or December, you will be allowed to complete during that quarter of the year in order to earn the additional \$50.
3. There will be other online and onsite wellness challenges throughout 2016 that will allow you to earn additional wellness dollars for your participation. **Watch for these announcements!**

Alternative Participation Offerings:

- Wellness programs are available through CareHere and Cigna and are an option for members that do not meet all six measures.
- If it is unreasonably difficult for you to achieve the standards for receiving a reward under this program because of *your medical condition*, or if it is medically inadvisable for you to do so, please contact April Bryan in Human Resources at (941)951-3665. We will work with you to develop another way for you to qualify for the reward.



To: Doctor's Office

The City of Sarasota's 2017 benefit program includes wellness incentives for members over the age of 19. These incentives are calculated on the wellness targets that are listed below.

Four of these measures can be determined from a laboratory blood draw; the other two measures can be completed during an office visit.

Please complete the blood pressure reading and the weight measurement component of these measures and document them below. When the laboratory blood draw results are received, please complete the remaining measurements below.

Once a total of the measurements are completed on the form below, please complete the reverse side of this form and **fax ONLY the reverse side** with the total of measurements checked that were met, to the City of Sarasota Human Resources office. Please contact the Human Resources office at 941-951-3630 if you have any questions on this program or this form.

Wellness Targets

Measurement	Targets	Achieved	Not Achieved
<u>Weight Measurement</u>			
a. Waist Circumference OR b. Body Mass Index	Men - 40" or less Women - 35" or less 25 or Less		
Tobacco Use	No Use Detected		
Blood Sugar	Less than 100 mg/dl		
Triglycerides	150 mg/dl or less		
Blood Pressure	Systolic-130 or less Diastolic-85 or less		
Total Cholesterol	200 mg/dl or less OR Cholesterol/HDL ratio of 4 or less		
	Total Achieved:		

Members may achieve any or all targets. The incentive is calculated on a maximum of six (6) targets.



Wellness Target Form

Form can be returned to HR or Physician may fax this page

Fax #: 941-951-3636

-Participant to complete-

I, _____, authorize my Doctor to complete and
(Participant's Name - Please Print)

return this information to the City of Sarasota.

Plan Member's Name (if dependent is listed above) _____
(Plan Member's Name - Please Print)

Name of Physician: _____
(Please Print)

-Physician to complete-

Check total number of Wellness Targets met (calculated from the reverse side of this form). For Example: If the participant met 3 targets, please check the box labeled Three. A maximum of 6 targets will be used to calculate the patient's total credits.

Check Total Number of Wellness Targets met by Patient

(Check only 1 Box)

- | | |
|--|--|
| <input type="checkbox"/> Achieved a total of 1 Target | <input type="checkbox"/> Achieved a total of 4 Targets |
| <input type="checkbox"/> Achieved a total of 2 Targets | <input type="checkbox"/> Achieved a total of 5 Targets |
| <input type="checkbox"/> Achieved a total of 3 Targets | <input type="checkbox"/> Achieved a total of 6 Targets |

Physician Signature: _____

By my signature I certify the screening results.

Federal Tax Id #: _____

Date: _____

Do not send test results or the reverse side of this form.

Return by December 2, 2016