

WELL BUCKS
(all require documentation)

Points for Participation/Each Point = \$1.00

Maximum Reimbursement Per Employee/Program period (Dec. 1 - Nov. 30) = \$480.00

<u>ACTIVITY</u>	<u>POSSIBLE POINTS</u>
(F) Annual Physical Exam with Personal MD using insurance benefit (limited to one/yr/MD)	200
Annual Physical Exam with Other MD (limited to one/yr/MD)	175
(G) Smoking Cessation (attendance and completion of a structured class*) (*Quit Smart, American Lung, American Cancer, etc.)	100
(H) Weight Loss (attendance and completion of a structured class*) (* LEARN, Weight Watchers, TOPS, etc.)	100
(I) Documented Weight Change - points awarded at the end of the plan period (for those trying to gain or lose weight)	5/lb
(J) Cholesterol Test (TC, HDL, LDL, Ratio) Check (either part of physical or follow-up)	20
(O) Blood Pressure Check (either part of physical or follow-up)	20
(P) Blood Sugar check (either fasting or 2 hours after eating) (either part of physical or follow-up)	20
(Q) Skin Cancer Screening (limited to one/yr)	20
(R) Male: Annual Prostate Exam and PSA test (limited to one/yr)	30
(S) Female: Mammogram (limited to one/yr)	30
(T) Colorectal Cancer Screening (slide or rectal for stool occult blood) (limited to one/yr)	20
(U) Colorectal Cancer Screening (colonoscopic) (limited to one/yr)	75
(V) Dental Exam (cleaning, routine, etc.) (maximum twice/year)	20
(W) Cervical Cancer Screening and Pelvic Exam (pap smear) (limited to one/yr)	25
(X) Annual Glaucoma/ Eye Health Screening (limited to one/yr)	20
(K) Hemoglobin Testing such as for Blood Donation (once every 2 months)	10
(L) Hemoglobin A1c for Diabetes Control (once every 3 months)	10

***Blood Pressure, Cholesterol and Blood Sugar - must be documented for comparison)**
Within Normal Limits - add 5 points to check value

Other Activities**Possible Points**

(X) Non-Smoker/Non-User of Tobacco Products, per plan period <i>(must be smoke/tobacco free for one year)</i>	25/year	25
(Z) Immunizations: Flu, Pneumonia, Tetanus/Diphtheria, Others	20 each	20
(X) Wellness Class (10 sessions offered per year) <i>(Limited to 5 sessions/year or a maximum of 100 points)</i>	20 ea	100
(Y) Fitness Program per 30 day period <i>(average 3x's or more per wk.)</i> <i>(some regular form of aerobic exercise such as running, walking, jogging, biking, swimming, skiing, sports, etc. at least 3 - 4 days a week per month)</i>	10 ea	120
(AD) Wellness Focus Activity <i>(maximum 60/year)</i> <i>(Community activities, support groups, schools/one/month)</i>	5 ea	60

Fitness Screening Tests:**All values need to be within a normal/healthy range or show documented improvement**

(AC) Cardio Fitness Testing	once every 3 months	10	40
(Z) Flexibility Testing <i>(Sit & Reach)</i>	once every 3 months	10	40
(AA) Body Composition <i>(% Body Fat)</i>	once every 3 months	10	40
(AB) Muscular Strength/Endurance	once every 3 months	10	40

Additional Health Screenings one each/12 months

(AE) Bone Density <i>(limited to one/yr)</i>		25 ea	25
(AF) Pulmonary Function <i>(done outside of Employee Health)</i> <i>(limited to one/yr)</i>		25 ea	25
(AG) Hearing testing <i>(done outside of Employee Health)</i> <i>(limited to one/yr)</i>		25 ea	25
(AH) Stress EKG <i>(limited to one/yr)</i>		25 ea	25



City of Kinston Employee Wellness Program Employee Wellness Agreement

By signing this agreement for participation in the wellness program, I am agreeing to the following:

1. I will read/review notices each year to learn of any changes in requirements for earning wellness points. I understand agreements will automatically renew unless changes are made during the plan year that require new signatures.
2. I will complete and submit a "Wellness Agreement" in order to be eligible for point reimbursement. This agreement must be received by the coordinator prior to any activity for which I am claiming wellness points. A faxed copy is acceptable as long as currently dated, signed and witnessed.
3. I will complete the required affidavits (wellness forms) and turn them in as collected as early as possible and all before the final deadline in order to receive points. I understand final payouts will be made in December each year for all employees participating in the plan..
4. I am enrolled in the wellness program on an ongoing basis and do not need to renew this agreement as long as I am employed with the City of Kinston as a regular employee with thirty (30) or more hours per week (not including seasonal or temporary employment), unless changes have been made in the Wellness Plan during the year. I understand I must continue enrollment in the City of Kinston Medical Plan and continue to contribute premiums to the plan in order to be eligible to participate in the wellness reimbursement program. This provision applies to retirees as well.
5. If my employment with the City of Kinston is terminated for any reason, prior to the date of reimbursement, I understand I will only be eligible for reimbursement of those points accumulated up to the date of termination, not to exceed the amount paid in for my insurance premiums at that point. I understand these payments will be made at the end of the plan period. It will be my responsibility to provide notification information to Employee Health, such as address and phone, in order to receive notification about any eligible payments after my termination.
6. My Reimbursement Record, reflecting my accumulated wellness points, will be available to me for viewing in Employee Health each plan year during the last week of November. I also understand that I will have access to the ongoing totals of my wellness points through Employee Health during the course of the plan year, with reasonable notice. No general reporting will be provided to departments due to the confidential nature of the information and individual access throughout the year. If I do not agree with the balances, I have five (5) days to appeal the amount of reimbursement listed by providing additional documentation to support my figures. If I do not review or appeal the record, it is presumed to be accepted as accurate, and that amount will be distributed.

Employee Signature

Date

Printed Name

Employee SS Number



City of Kinston Employee Wellness Program

A Letter to Healthcare Providers:

Plan Year Period: December 1 through November 30 of any given year

Dear Healthcare Provider:

This letter is a brief explanation of the City's wellness reimbursement program for participating City of Kinston employees. Due to rising health care and insurance costs, the City requires employees to pay a portion of the costs for individual health insurance coverage. We are enhancing our wellness program to include a reimbursement system that allows employees to earn wellness points that can be converted to cash to offset the cost of this insurance premium, subject to premium payment limits. The program requires documentation in order to credit employees for **preventive** health checks each year. The "Annual Routine Physical Exam" is assigned an inflated point value to include whatever you usually do during a physical examination, such as the face-to-face meeting with the patient, discussing health history and current concerns, listening to heart and respiration sounds, palpation of the abdominal area, palpation of the throat, testing for reflexes, blood pressure and weight measurement, most blood work, etc. The prostate screening with PSA, pap smears, skin and colorectal cancer screenings, diabetic foot checks, routine blood pressure and mammography, are in addition to what we are identifying as the Annual Routine Physical Exam and have separate and additional point values. These tests will earn additional wellness points for employees with appropriate documentation; however, it is purely the healthcare provider's decision as to the necessity of these tests. The total cost of the annual routine physical exam is covered under the employee's annual wellness benefit at 100% up to an annual maximum. This includes bloodwork designated as part of the physical, whether done in the doctor's office at the time of the physical or sent out to another PPO facility. **There is no frequency requirement other than the fiscal year dates from January 1 through December 31.** There is no limit on the number of routine physical exams an employee may have in a twelve month period as long as the annual maximum benefit is not exceeded. This benefit can also be used for self-help programs offered by the hospital and other local health providers, such as smoking cessation, weight reduction, stress management, and other wellness classes.

We greatly appreciate you and your office staff's willingness to provide this information for the employee. Please understand that we are not making any recommendations concerning the tests that are done on your patient. It is solely up to you and that patient as to what tests are appropriate. Please feel free to contact the Employee Health Clinic with any questions, comments or concerns. The telephone number is (252) 939-3373 or e-mail us at cheryl.kennedy@ci.kinston.nc.us.

Sincerely,

Cheryl N. Kennedy, RN, COHN-S
Occupational Health Nurse
City of Kinston Employee Health Services/Wellness Committee

WELLNESS CLASSES

Offered 10 times per year February thru November for points

January Session is update on program - no points

December is pay-out month - no points

Eligible for a maximum of 5 classes per year @ 20 points each or 100 points/year

Schedule Follows - will update as needed

No special form is needed for wellness sessions.

An attendance roster will be collected at each session.

Guidelines for Follow Up Testing
(after initial testing either by MD or Employee Health)

Testing must be within normal limits and/or show improvement
in order to receive additional points

No History or Previous Problems: once/year

☺Cholesterol, Blood Sugar, Blood Pressure

**Diagnosed Problem and under care of MD with or without medication:
every three (3) months or by written order of MD**

☺ Blood Testing requires a fasting specimen; must be scheduled

☺ Cholesterol, Blood Sugar, Blood Pressure

☺ Does not include self-testing/monitoring

Weight loss or gain program with or without management by MD:

☺ Must weigh in at Employee Health initially and at the end for credit

☺ Weigh in no more frequently than once per week

☺ Weight loss/gain maintained at the end of the program year is the
credited amount

Fitness Testing (cardio, flexibility, body fat, muscle strength)

Testing done on duty does not earn points unless:

☺ there is improvement since last testing

☺ testing is within normal limits

☺ testing must be done by an exercise specialist

Testing limits/improvement must be documented by the exercise specialist

Well Bucks are intended for preventive testing/activity; not for treatment of an illness

**City of Kinston Wellness Program
Tobacco Use Statement**

(25)

I do not smoke or use any tobacco product. I have not smoked or used any tobacco products during this entire Wellness Plan Program year: December 1 through November 30.

I agree that if I fail to comply with my statement of tobacco product non-use I will notify Employee Health and understand I will relinquish my right to the reimbursement points for this category for the current program year.

Signature _____ Date _____

Witness _____ Date _____

**City of Kinston Wellness Program
Immunization Affidavit**

Employee must obtain the signature of the professional administering the immunization. The professional is to date and initial beside the immunizations given and sign below. Immunizations must be received during the wellness program plan year/period in order to be eligible for wellness points.

Immunizations Eligible for Wellness Points: *(20 each)*

Flu (Influenza) _____

Pneumonia _____

Tetanus/Diphtheria _____

Hepatitis B _____

Hepatitis A _____

Rabies _____

Others _____

Employee Name _____

Professional's Signature _____ **Date** _____

Facility employee signature _____ Date _____

City of Kinston Wellness Program
Wellness Focus Activity
Affidavit Statement

Participation in a Wellness Focus Activity: An employee’s signature on an affidavit verifies that they participated in the stated activity. In order to receive credit for an activity, you must have a witness that will sign your affidavit and verify that you did participate on the date of the activity. Wellness Focus Activities include those designated by the program coordinator. Focus activities may include participation in non-profit fund-raisers such as: “Walk for the Cure” - American Diabetes Association; “Relay for Life” - American Cancer Society, ALS Walk, Torch Run and others. Other wellness focus activities may include attending health- related classes (Bridge to Health, 5-A-Day Mini-Cooking classes, Weight Watchers are some examples) as well as classes in the community and those offered at Lenoir Memorial by the Wellness Center. Employees will need to have the instructor witness the affidavit forms. Structured support groups, such as Breast Cancer Survivors, Narcotics Anonymous and physician prescribed educational classes, such as the Diabetes Schools at LMH and Pitt Memorial Diabetes Education Center also qualify as focus activities. Employees will need an event sponsor to witness the affidavit and include a flier or copy of the registration form. Points for attendees will be limited to twelve activities per year.

Instructor/Sponsor/Leader/Other Event Official Please Initial Activity and sign at bottom:

_____ December 1 - December 31	_____ June 1 - June 30
_____ January 1 - January 31	_____ July 1 - July 31
_____ February 1 - February 29 (28)	_____ August 1 - August 31
_____ March 1 - March 31	_____ September 1 - September 30
_____ April 1 - April 30	_____ October 1 - October 31
_____ May 1 - May 31	_____ November 1 - November 30

(5 each - max 12 sessions/year- max 60 points/year)

Sponsor please indicate activity and sign below: (continue on back if needed)

Name of Activity _____ Sponsor Signature _____

Name of Activity _____ Sponsor Signature _____

Name of Activity _____ Sponsor Signature _____

Name of Activity _____ Sponsor Signature _____

Employee name and signature _____ **Date** _____

Screening Provider Signature _____ Date _____

City of Kinston Wellness Program
Fitness Program Statement

Fitness Program: Employees must sign the affidavit stating that they have participated* in fitness activities during the plan period (December 1 to November 30). Credit for participation will be awarded based upon thirty (30) day periods. Periods of less than 30 days will not be awarded points. **This category may include participation in organized sports (outside of a fitness facility membership) such as volleyball, softball, square dancing, etc.** This program requires some regular form of aerobic (strenuous exercise or activity that causes a temporary marked increase in heart and respiration rate) at least 3 - 4, preferably 5, days a week per month. This can be running, walking, jogging, biking, swimming, skiing, sports, etc.

Specific guidelines for requirements on earning wellness points for fitness program participation are as follows: Employees need to participate in their physical fitness activity no less than an average of three times a week during each 30 day period they claim. It is recommended that, for good health, we exercise aerobically no less than 30 minutes a day most days a week. The City recognizes that sedentary individuals need to start somewhere and is encouraging participation, thus we do not require 5 -7 days a week of fitness activity for wellness credits, although it is recommended by the American College of Sports Medicine (ACSM). Credit for participation will be awarded based upon an **average of 3 times per week** during a thirty (30) day period.

Employee Name _____ Signature _____

Period of participation: (Average 3 times per week per thirty day period) *(10/month - max 120/year)*

_____ December 1 - December 31	_____ June 1 - June 30
_____ January 1 - January 31	_____ July 1 - July 31
_____ February 1 - February 29 (28)	_____ August 1 - August 31
_____ March 1 - March 31	_____ September 1 - September 30
_____ April 1 - April 30	_____ October 1 - October 31
_____ May 1 - May 31	_____ November 1 - November 30

Facility _____

City of Kinston Wellness Program Reimbursement Forms

Form A - Routine Physical

Employee Name _____ Date of Exam _____

Name of Physician _____

Please Initial Below Those Services/Screenings Performed (no checks please):

CHECKS WILL NOT EARN POINTS....MUST BE INITIALED BY MD or Office Staff

_____ Routine Physical Examination w/Personal MD(200)_____ w/Other MD (175)_____
(includes bloodwork/lab/other testing except as listed below)

_____ Skin Cancer Screening (20)

_____ Diabetic Foot Check (10)

_____ Blood Pressure (20) _____ annual re-check
MD recommendation for follow-up _____ biweekly _____ monthly _____ every 3 months _____ other

_____ Colorectal Cancer Screening (slide) (20)

_____ Prostate Cancer Screening and PSA (30)

_____ Bone Density (25)

_____ Pulmonary Function outside of Employee Health (25)

_____ Audiological Testing outside of Employee Health (25)

_____ Stress EKG (25)

_____ Colonoscopic (75)

Gastroenterologist/Office Staff Signature _____

_____ Mammography (30)

Radiologist/Office Staff Signature _____

_____ Cervical Cancer Screening (Pap smear) (25)

Gynecologist/Office Staff _____

*Signature of Physician or
Authorized Office
Personnel:* _____

City of Kinston Wellness Program Reimbursement Forms

Form B - Dental Screening/Cleaning

Name _____ Date _____

Name of Dentist _____

Please Initial Below Those Services/Screenings Performed:

_____ Routine Dental Screening/Cleaning (*maximum twice/year*) (20)

CHECKS WILL NOT EARN POINTS....MUST BE INITIALED BY DDS or Office Staff

Signature of Dentist or Authorized Office Personnel:

City of Kinston Wellness Program
Health and Fitness Screening Statement
Wellness Affidavit

These screenings must be performed by a licensed healthcare provider (RN, MD, DO, PA-C, etc.) or fitness professionals (ACSM, ACE, AAAI/ISMA, etc.) with certifications or degrees in exercise physiology and/or exercise science.

Fitness tests include cardio-fitness testing, body composition (% body fat), flexibility, posture analysis and muscular endurance and/or muscular strength. Additional health screenings (could be performed at the physician's office) may include bone density, pulmonary function, hearing tests, blood work for monitoring diabetes and testing done for blood donations.

Tests that do not appear on the form can be written in & the healthcare provider(s) doing the screening(s) needs to initial and sign that values are within healthy/normal range or show improvement for wellness points to be received.

Provider please initial beside each test performed (if it is within healthy/normal range) *:

Cardio Fitness Testing _____ (Once every 3 months maximum) (10)*

Flexibility Testing (Sit & Reach) _____ (Once every 3 months maximum) (10)*

Body Composition (% Body Fat) _____ (Once every 3 months maximum) (10)*

Muscular Strength/Endurance _____ (Once every 3 months maximum) (10)*

An employee's test score **must fall within a normal or healthy range for points to be awarded**. Each of the tests listed above is worth **10** wellness points during each allowed testing period (**no more often than once every 3 months**). If an employee's test score improves in a given period, **10** points may be awarded. Improvement should be indicated by the tester in some manner in order for points to be assigned to that individual employee.

Stress EKG _____ (as medically indicated) (25)

Bone density _____ (as medically directed) (25)

Pulmonary function _____ (Once every 12 months or as medically directed) (25)

Hearing tests _____ (Once every 12 months or as medically directed) (25)

Testing done for (Hemoglobin) such as blood donations _____ (Once every 2 months maximum) (10)

Hemoglobin A1c for diabetes management _____ (Once every 3 months maximum) (10)

Employee Name _____ Screening Provider Title _____

City of Kinston Wellness Program Reimbursement Forms

Form C - Follow-Up Testing/Other Screening *(done in Employee Health or by physician)*
See guidelines attached

Name _____ Date of Testing _____

Name of Physician _____

Please Initial Below Testing/Screenings Performed (no checks please):

* _____ Total Cholesterol (25) ° WNL (15) _____ Under MD (15) _____ Improved (15)
(HDL, LDL, Trg, Ratio)

* _____ Blood Sugar (30) _____ WNL (15) _____ Under MD (15) _____ Improved (15)

* _____ Blood Pressure (20) _____ WNL (15) _____ Under MD (15) _____ Improved (15)

* _____ Hemoglobin A1c (10) _____ WNL (15) _____ Under MD (15) _____ Improved (15)

* _____ Hemoglobin (10) _____ WNL (15) _____ Under MD (15) _____ Improved (15)

***Every 3 months maximum unless directed more frequently by MD - does not include self-testing/monitoring**

CHECKS WILL NOT EARN POINTS....MUST BE INITIALED BY MD or Office Staff

Signature of Physician or Authorized Office Personnel:

City of Kinston Wellness Program Reimbursement Forms

Form D - Eye Health Screening

Name _____ Date _____

Name of Eye Doctor _____

Please Initial Below Those Services/Screenings Performed:

_____ Eye Health and Glaucoma Screening (*maximum once/year*) (20)

CHECKS WILL NOT EARN POINTS....MUST BE INITIALED BY MD or Office Staff

Signature of Physician or Authorized Office Personnel:

Signature of Physician or Authorized Office Personnel:

Guidelines for Follow Up Testing
(after initial testing either by MD or Employee Health)

Testing must be within normal limits in order to receive additional points

No History or Previous Problems: once/year

☺Cholesterol, Blood Sugar, Blood Pressure

**Diagnosed Problem and under care of MD with or without medication:
every three (3) months or by written order of MD**

☺ Blood Testing requires a fasting specimen; must be scheduled

☺ Cholesterol, Blood Sugar, Blood Pressure

☺ Does not include self-testing/monitoring

Weight loss or gain program with or without management by MD:

☺ Must weigh in at Employee Health initially and at the end for credit

☺ Weigh in no more frequently than once per week

☺ Weight loss/gain maintained at the end of the program year is the credited amount

Fitness Testing (cardio, flexibility, body fat, muscle strength)

Testing done on duty does not earn points unless:

☺ there is improvement since last testing

- ☺ testing is within normal limits
- ☺ testing must be done by an exercise specialist

Testing limits/improvement must be documented by the exercise specialist

Well Bucks are intended for preventive testing/activity; not for treatment of an illness

**City of Kinston Wellness Program
Tobacco Use Statement**

(25)

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I agree that if I fail to comply with my statement of tobacco product non-use I will notify Employee Health and understand I will relinquish my right to the reimbursement points for this category for the current program year.

Signature _____ Date _____

Witness _____ Date _____



City of Kinston
PO Drawer 339 Kinston, NC 28502

Sue Johnson Phone: (252) 939-3372 Fax: (252) 939-3379
sue.johnson@ci.kinston.nc.us

WELL BUCKS APPLICATION

Date: _____

Please Print:

Customer: _____
Last Name First Name M. I.

Mailing Address: _____
Street Address City State Zip Code

Phone Number- Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Employee Category: (Check One) Active: Terminated: Retired:

Oversight:

- CLK-City Clerk & Council CM-City Manager FIN-Finance
 HR- Human Resources & RM MIS-MIS PLN-Planning PSafe-Public Safety
 PSC-Public Services REC-Recreation Retirees

Fund: _____

Orgn: _____

Hire Date: _____

Social Security Number: _____ - _____ - _____

Date Received: _____

Comments: _____

Posting
____ PT
____ OHN