

Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Total V marks in **BOLD Boxes** \_\_\_\_\_



### Be Well Rewards 2019 Update & Explanation

<b>Required (both must be completed) to participate in 2019 Rewards, Payout = \$100</b>	Documentation (submit as you complete)
Health Risk Assessment (HRA). Completed & submitted by employees completely confidential & anonymous.	Be Well retains a record of completion, automatically generated upon online completion. **** to complete through 11/20/19
<b>Well visit, physical exam or annual OBGYN exam to be completed by employee.</b>	Verification form completed by health care provider Explanation of benefits (EOB) or other documentation proving annual visit type may be substituted. EOB available through your insurance portal

Completion of 5 activity choices below (in addition to requirements above) will result in total \$150 payout  
 Completion of 8 activity choices below (in addition to requirements above) will result in total \$200 payout  
 Maximum payout allowed = \$200

Complete at least 5 mindful wellness quizzes per year (monthly newsletter quizzes) ** through 11/20)	No Smoking (non-smoker or smoking cessation) - Self-report of non-smoker or plan to stop smoking.																		
Participate in at least 5 challenges per year <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Eat your Greens-Jan</td> <td style="width: 50%;">Learn something new-July</td> </tr> <tr> <td>HRA - Feb</td> <td>Walking- Aug</td> </tr> <tr> <td>Sleep Tracker- March</td> <td>Meal/Snack Audit - Sept</td> </tr> <tr> <td>Spring Cleaning - April</td> <td>Healthy Recipes – Oct/Nov-</td> </tr> <tr> <td>Hydration Tracker - May</td> <td>This counts for 2 challenges</td> </tr> <tr> <td>Safety Check - June</td> <td>Journaling –Dec</td> </tr> </table>	Eat your Greens-Jan	Learn something new-July	HRA - Feb	Walking- Aug	Sleep Tracker- March	Meal/Snack Audit - Sept	Spring Cleaning - April	Healthy Recipes – Oct/Nov-	Hydration Tracker - May	This counts for 2 challenges	Safety Check - June	Journaling –Dec	Participate in at least 2 events per year <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Financial Wellness - spring</td> <td style="width: 50%;">Health Fair attendance – fall</td> </tr> <tr> <td>Healthy cooking - spring</td> <td>Maintain Don't Gain- fall</td> </tr> <tr> <td>Walking (counted for event with the challenge - Aug</td> <td></td> </tr> </table>	Financial Wellness - spring	Health Fair attendance – fall	Healthy cooking - spring	Maintain Don't Gain- fall	Walking (counted for event with the challenge - Aug	
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<b><u>1 routine Vision Exam per year</u></b>	<b><u>Annual Well Care visit of Spouse of Child*</u></b>																		
<b><u>Preventative screenings as recommended by your physician:</u></b> may include, but are not limited to: Mammograms, PSA, Colorectal exam, Hemoglobin A1C	At least 5 visits to the Community Center per month for at least 7 months, verification provided by MCC																		
<b><u>1 routine Dental Appointment per year</u></b>	<b><u>Annual Flu Shot in 2019</u></b>																		

**Bold Items require:** Verification form completed by health care provider, or explanation of benefits (EOB) or other documentation proving annual visit type may be substituted. EOB available through your insurance portal

**\*Spouse or child must be on Town of Mansfield, Mansfield BOE or Region 19 health insurance plans**