

INCENTIVES

Note: All monetary incentives will be determined by the Wellness Committee in November to maximize the utilization of our negotiated benefit.

Knowing your numbers is important for the management of your health. Two (2) opportunities, the Biometric Screening (finger stick) and Wellness Blood Screening (blood draw) will be available. All IHE 1010 employees will receive incentives by simply participating in these activities.

Documentation required: Sign in at the time of testing(s).

Action required: None

For those members that have had a dental examination by a Dentist through October 2015 you will receive a monetary incentive.

Documentation required: Evidence of your exam with your Dentist.

Action required: Please return documentation in an envelope with your **name, check number and phone number** and place in the Wellness Drop Box located in the Main Office West Annex Lobby. **NO LATER THAN NOVEMBER 6, 2015****

For members who are actively enrolled in a Health Club or an equivalent activity, you will be reimbursed up to \$25 per month for Jan. through Oct. of 2015.

Documentation required: Receipt of paid enrollment with your name and amount.

Action required. Please return documentation in an envelope with your **name, check number and phone number** and place in the Wellness Drop Box located in the Main Office West Annex Lobby. **NO LATER THAN NOVEMBER 6, 2015 ****

Members who have participated in run/walk, 5K, half marathon or equivalent activity will be reimbursed up to six (6) events at up to \$25 each for Jan. through Oct. 2015

Documentation required: Receipt of paid enrollment with your name and amount.

Action required: Please return documentation in an envelope with your **name, check number and phone number** and place in the Wellness Drop Box located in the Main Office West Annex Lobby. **NO LATER THAN NOVEMBER 6, 2015****

For those members that have participated in smoking cessation through October 2015 you will receive a monetary incentive.

Documentation required: Evidence of your paid receipt for smoking cessation products along with participation of a physician prescribed smoking cessation program.

Action required: Please return documentation in an envelope with your **name, check number and phone number** and place in the Wellness Drop Box located in the Main Office West Annex Lobby. **NO LATER THAN NOVEMBER 6, 2015****

For those members that have had a complete wellness physical by a primary care provider through October 2015 you will receive a monetary incentive.

Documentation required: Evidence of your exam with your primary care provider.

Action required: Please return documentation in an envelope with your **name, check number and phone number** and place in the Wellness Drop Box located in the Main Office West Annex Lobby. **NO LATER THAN NOVEMBER 6, 2015****

**** Please retain a copy of your submitted receipts/documentation for your personal records.**