



City of Macedonia Incentive Program



To: All Eligible Employees

From: Human Resources

Date: January 1, 2021

Re: Get Ready!! Get Set!! Go Wellness!!!!

Our Employee Wellness Program is ramped up and ready to hit the ground running! It is HR's goal to give you some health tools that can help you and your family become the healthiest you can and want to be!

Read on and take advantage as we begin to roll out the City of Macedonia's wellness red carpet for each of you! Get ready! You should have already registered, but if not, no worries, see the steps below:

Visit portal.bewelldata.com on your computer, tablet, or smartphone and enter your login credentials.

- Employee Username: Your Macedonia email address (example: JSmith@macedonia.oh.us)
- Employee Password: First 3 letters of birth month in CAPS + Last 4 of SSN (example: JAN1234)

Spouses whom are on the company medical plan are welcome to participate in the onsite biometric screening. If your spouse wishes to participate, their health portal credentials are:

- Spouse Username: COM-Spouse First Name.Spouse Last Name-SP (example: COM-John.Smith-SP)
- Spouse Password: Employee's first 3 letters of birth month in CAPS + Last 4 of SSN + SP (same as the employee's password + SP; example: JAN1234SP)

Participation in the wellness program is a healthy option that YOU can choose to be active in or not. Participation in completing the activities is completely optional. With that said, we hope you will choose to become more active and more aware of your health! We have an exciting year ahead of us and hopefully many more years to come!

Your input, ideas, and suggestions are always welcome as I continue to work with our Wellness provider to build our program and make the Employee Wellness Program awesome!

Send comments/questions to asmith@macedonia.oh.us and include "Wellness" in subject line or call me at 330-468-8353. I look forward to an energizing and exciting year in wellness and in working with each and every one of you!



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Be Well Solutions is pleased to present the 2021 Wellness Incentive Program for The City of Macedonia. Employees on the medical plan can earn PTO hours and a reduction on their co-insurance depending on their Wellness Status level (see below). Wellness status is determined by the number of points that you and your eligible spouse earn based on the activities in which you partake. 10% of points from the 2020 wellness program will be applied to your account.

| Bronze | Silver | Gold | Platinum* | |
|--|--------------|---|---|------------|
| 2,000 points | 5,000 points | 8,000 points | 10,000 points | One Adult |
| Health Risk Assessment & Biometric Screening | 8,000 points | 12,000 points | 15,000 points | Two Adults |
| 4 hours off | 4 hours off | 4 hours off | 4 hours off | |
| | | Employee pays 6.25% toward co-insurance | Employee pays 6.25% toward Co-Insurance | |

**The maximum incentive a participant can earn by participating in the wellness program and reaching platinum status is 16 hours paid time off employees will only pay 6.25% of their co-insurance.*

If you were unable to attend the onsite screening, you may go to your doctor for the required tests. To do so:

1. Download the Physician Screening Form from the Be Well portal located under [My Wellness —> Program Forms & Information](#)
2. Sign the Release of Information section and take the form to your doctor. Your doctor will need to enter the results from your screening and sign the form.
3. Follow the submission instructions on the form to send results to Be Well Solutions.

**Only biometrics collected between January 1, 2021 and December 1, 2021 will be accepted.*



Please review the following pages for a list of 2021 Wellness Points Offerings. If you have any questions, contact Be Well Solutions at 888-WEL.SERV or info@bewellsolutions.com



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| Prevention | | | |
|--|--|---------------------|------------|
| Activity | Description | Points per Activity | Max Points |
| Health Risk Assessment (HRA) | Complete online/paper questionnaire that asks information on demographics, health status, diet and exercise, sleep habits and financial wellbeing. | 1,000 | 1,000 |
| Biometric Screening | Participate in the onsite biometric screening or visit your doctor and complete the off-site Physician Screening Form. | 1,000 | 1,000 |
| Health Fair Attendance | Visit required number of health fair vendors. | 500 | 500 |
| Healthy Numbers - Fasting Glucose | National Institutes of Health (NIH) Standard: <100 mg/dL | 250 | 250 |
| Healthy Numbers - LDL Cholesterol | NIH Standard: <100 mg/dL | 250 | 250 |
| Healthy Numbers - Blood Pressure | NIH Standard: <120/80 | 250 | 250 |
| Breast Cancer Screening (Mammogram)* | Breast Cancer screening options were reviewed and the patient should be considered current. | 500 | 500 |
| Cervical Cancer Screening (Pap Test)* | Cervical Cancer screening options reviewed and the patient is currently up to date. | 500 | 500 |
| Prostate Cancer Screening Exam (PSA or Physical Exam)* | Prostate Cancer screening options were discussed and patient is up to date. | 500 | 500 |
| Colon Cancer Screening (Colonoscopy or other)* | Colon Cancer screening and prevention strategies reviewed and up to date. | 500 | 500 |
| Dental Exam* | Complete routine/preventive dental exam and cleaning. (2 times per year) | 500 | 1,000 |
| Vision Exam* | Complete routine/preventive annual vision exam. | 500 | 500 |
| Flu Vaccine* | Submit verification of flu vaccination. | 500 | 500 |
| Smoke & Tobacco Free Declaration* | Complete the declaration statement if you have been smoke & tobacco free for a minimum of 90 days. | 250 | 250 |

*Activities with asterisks can be uploaded via the portal.



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| BWS Activity | | | |
|----------------------------|---|---------------------|------------|
| Activity | Description | Points per Activity | Max Points |
| 28-Day Wellness Challenges | Complete a 28-day wellness challenge. The wellness challenges are offered once per quarter. (4 opportunities) | 500 | 2,000 |
| Health Coaching | Set your personal health goals and receive support along the way by participating in telephonic health coaching with a certified health and wellness coach. (10 sessions) | 250 | 2,500 |
| Nutrition Counseling | Work with a registered, licensed dietitian. These sessions may be done telephonically or via email through Be Well Solutions or another dietitian of your choosing. (10 sessions) | 250 | 2,500 |
| BWS Educational Videos | Watch online video and pass the corresponding quizzes. Videos refreshed quarterly, 3 videos per quarter. Each video has 2-3 corresponding quizzes. (max point value 10/12 videos) | 200 | 2,000 |
| BWS Scavenger Hunt* | Complete the BWS Scavenger Hunt and get to know more about your health partner and how they can support your personal wellness journey. | 250 | 250 |

**Activities with asterisks can be uploaded via the portal.*



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| Self-Directed | | | |
|---------------------------------------|--|---------------------|------------|
| Activity | Description | Points per Activity | Max Points |
| Mindfulness* | Participate in a structured yoga or meditation session for at least 30 minutes and take care of your mind, body and spirit. Days do not have to be consecutive. (25 sessions max) | 100 | 2,500 |
| Physical Activity* | Exercise for at least 30 minutes a day. Days do not have to be consecutive. (25 days max) | 100 | 2,500 |
| Wellness Promoter* | Describe how you promote wellness at the City of Macedonia in such a way that supports or encourages the participation of your fellow employees in wellness programming with the city. (2 opportunities) | 250 | 500 |
| What is Your Why?* | Complete the "What is Your Why" exercise to identify why wellness is important to you. | 250 | 250 |
| Wellness Your Way* | Describe your own, self-directed or chosen wellness activity. (2 opportunities) | 250 | 500 |
| Step Challenge* | Track at least 10,000 steps/day for a max of 50 days. Days do not need to be consecutive. | 50 | 2,500 |
| Move for a Cause* | Participate in a walk/run/ride event. This includes 5k/10k/half/full marathons. (4 opportunities) | 250 | 1,000 |
| Community Wellness* | Volunteer for a charitable organization or community event of your choice. Must be a 2-hour or more commitment. (4 opportunities) | 250 | 1,000 |
| First Aid/CPR Certification* | Submit proof of First Aid or CPR Certification. | 250 | 250 |
| City of Macedonia "Pop-Up" Challenges | Participate in challenges run by the City of Macedonia. List of employees who complete challenges will be sent over by HR. (4 events per year). | 500 | 2000 |

*Activities with asterisks can be uploaded via the portal.