

Wellness Incentive Program

The targets that you achieve in 2019 will be deposited in January of 2020.

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.

Wellness Program Parameters:

Please read carefully and if you wish to participate you are responsible for understanding the program parameters.

1. The Wellness Target Form (Page 4) is now required to be returned to Human Resources by everyone participating in the program.
If you go to the Marathon Employee Health Center, the Wellness Target form needs to be completed and returned to Human Resources.
2. Deadline to return your wellness form is November 1, 2019.
3. If your birthday is in November or December, you can earn your additional \$50 by going anytime in either September or October.
4. HRA Incentive Targets are valued at \$100 per measure regardless of plan type. A max of \$600 per person (max. 2 people).
5. If you (employee or retiree only) complete your Annual Wellness during your birth month, you will get an additional \$50 in 2020. Both the fingerstick/follow up with the provider need to be in your birth month.

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 spouse/domestic partner age 19 or older.

A **Health Reimbursement Account (HRA)** is an employer-established account where 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 2020 calendar year.

Two Ways To Complete

1. Employee Health Center:

Call the Marathon health center at 941-893-2556 or log in online to www.my.marathon-health.com to schedule your "Annual Wellness Incentive" visit. This appointment is done in just

one visit, i.e. fingerstick and follow up with the provider. Please bring this form with you to the clinic.

The number of targets achieved will be noted on the form that needs to be returned to Human Resources. The employee will be given the form from the clinic and told to return it to Human Resources. It is the responsibility of employee/retiree/spouse to make sure the form was received in HR.

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 November 1, 2019***

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

Alternative Participation Offerings:

- Wellness programs are available through Marathon and Cigna and are an option for members that do not meet all six measures. Please follow up with the clinic regarding any programs available.
- 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 Dominique Anderson in Human Resources at (941)951-3661. 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 2020 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 the measures can be determined by a lab draw and the other two measures can be determined by an office visit.

Once a total of the measurements is 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

*For employee/retiree forms only,
please list your birth month here:

Fax this form to 941-951-3636, drop off or mail to:

Human Resources at 111 S. Orange Ave., Ste. 204, Sarasota, FL 34236

-Participant to complete-

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

return this information to the City of Sarasota.

If dependent is listed above, list Employee/Retiree's name here: _____

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 November 1, 2019

*Employees/Retirees can earn an additional \$50 in 2020 by getting their wellness visit completed in their birth month.

If this form is completed at the employee health center, it is the responsibility of the member to return it to Human Resources.