

Wellness Incentive 2024

Qty	Activities Worth 30 Pts	Amt	Qty	Activities Worth 15 Pts	Amt	Qty	Activities Worth 5 Pts	Amt
	Participate a wellness program that has been designed with your primary care provider (annual)			Mental Health Program (voluntary, not designed by PCP) Ex: counseling/therapy sessions with a licensed provider) (per visit)			Extracurricular activity lessons (dance, music, language, etc) per session	
	Complete special Wellness Challenges Organized by HR or Care to Thrive			Financial Responsibility Participation (Financial Advisor Meetings, Retirement lunch& learn, etc) (quarterly and per meeting/activity)			Recreational sports participation (per session)	
	Well Woman/Man/Child Exam (annual)			Fitness Center/Workout Program (weights, aerobics, CrossFit, dance, etc) (per session)			HRA Follow up visit at any provider	
	Bi-Annual Dental Exam/Cleaning			Any vaccination or immunizations			County or Department 'Healthy Food' Potluck Lunch	
	Preventative Eye Exam (annual)			Blood Drive (per donation)			15 min. physical activity during a scheduled work break	
	Preventative Exams (mammogram, colonoscopy, etc) Annual			Charity Walks/Runs (per activity)			Volunteer Work	
	Sports physicals for school/athletics			HRA Complete all recommendations			Fitness Center Membership	
	Health Risk Assessment (annual)			Organized sports competitions (anything that involves a registration/entry fee) (per event/activity)			Videos through BCBS or New Directions	
	Be Tobacco Free or Complete Cessation Program (quarterly)			Minimum 30 minutes per day physical activity outside of work (per session)			Attend a Seminar/ Lunch & Learn	
	Certified Weight Management Program Ex: Weight Watchers (quarterly)			Total of Activities Worth 15 Pts			Fitness Center Attendance (6 minimum)	
	Health Risk Assessment Lab Draw (annual)						Total of Activities Worth 5 Pts	
	Disease Management Program through BCBS, Tria Health, or other providers (annual)						Total of All Activities	
	Total of Activities Worth 30 Pts							

D U E	Q1 Jan 1-March 31, Due April 1
	Q2 April 1 - June 30, Due July 1
	Q3 July 1 - Sept 30, Due Oct 1
	Q4 Oct 1- Dec 31, Due Jan 1

Bronze (100-299 pts) = Worth \$75
Silver (300-499 pts) = Worth \$150
Gold (500 + Points) = Worth \$225

I verify the information on this form is complete and accurate to the best of my knowledge. I understand that my answers to the questions contained on this form will be used to determine eligibility for the wellness program incentive. I understand that if any information is misrepresented on this form I may be subject to penalties.

Signature: _____ Date: _____

Ford County Employee Name: _____