



Wellness Rewards Program

May 1, 2023 – April 30, 2024



Rewarding Your Efforts Toward Improved Well-Being

At Esse Health, we consider our “We want you well.” philosophy just as important for our employees as our patients. We value your well-being and invite you to participate in the voluntary Esse Health “Wellness Rewards Program”. The program rewards employees who take preventative measures towards healthy lifestyle habits.

Additional rewards are offered for those reaching the 150 and 200 point levels!

In return for your efforts, upon accumulating 100 or more points, you will receive:



Wellness Rewards Program Prize Schedule

Points

Reward

100

8 hours PTO time

Entry into Grand Prize Drawing for 40 hours PTO time!

150

Entry into additional prize drawing to choose from our Wellness Rewards prize catalog. *Valued at up to \$200.*
(Sample past prizes include: FitBit watch or Ninja Foodi)

200

Bonus entry into the Grand Prize Drawing for 40 hours PTO time!

When will I receive my PTO reward?

The Wellness Committee will notify you of your successful completion of the Wellness Rewards Program. PTO rewards will be added to your PTO bank after the end of the program (your confirmation email will contain additional details). If you were to leave Esse Health before the PTO reward was added, you would forfeit your eligibility for the reward.

Program Guidelines

Who is eligible?

The 2023-2024 Wellness Rewards Program is open to employees hired on or before February 29, 2024. Employees hired after this date will be eligible beginning with the May 2024-April 2025 program.

How do I complete my Log?

1. Carefully read the “Required Documentation” section for each Activity.
2. All Activities must be performed/completed between May 1, 2023 – April 30, 2024.
3. Upon completion of an Activity, please attach the appropriate documentation detailed under “Required Documentation.”
4. “Required Documentation” should be attached in order, directly behind the corresponding Activity’s page of your log. This will speed up the verification process.
5. All “Required Documentation” must clearly show what procedure or service was provided along with the date of service. **Please do not provide test results that include Protected Health Information.**
6. Medical coding alone with no description of a service cannot be accepted.
7. To verify your information quickly, we ask that you “highlight” your documentation when specific details are required.
Example: You turn in a copy of your Dental Exam Explanation of Benefits. “Dental Exam” and the date of service should be highlighted and attached behind page 9 of your points log.
8. Don’t forget to write in the Points earned in the last column and add your total points at the end.

When do I submit my Log?

1. Completed Logs **MUST** be turned into the Employee Wellness Team by interoffice mail or emailed to employeewellness@essehealth.com between May 1 – 16, 2024.
2. Logs received after May 16, 2024 will be considered late and you will be ineligible for the reward.
3. Please keep a copy of your log and documentation for your records.

Logs received after May 16, 2024 will not be accepted.

Questions: Please contact employeewellness@essehealth.com

Esse Health reserves the right to revise the rules of the Wellness Rewards Program at any time. Revisions to the program will be communicated through the Esse Health Extra or a company-wide email.

2023-2024 Employee Wellness Rewards Program Points Log

To qualify, turn in pages 4-14 showing 100+ points, with all documentation attached in order and highlighted.

Step 1: Track Points

Please ensure that you carefully read and meet the requirements in the third column for each category.

All activities must be performed between May 1, 2023 – April 30, 2024 to receive credit.

Step 2: Please Print Clearly

EMPLOYEE NAME:	<h2>Total Well-Being Points</h2> <p>Add up totals of Purpose, Social, Financial, Community, Physical, and any bonus points:</p> <div></div>
LOCATION:	
POSITION:	

Step 3: Sign Verification and Attach To Your Points Log

I verify that I have earned **100+ points** in Esse Health's voluntary "**Wellness Rewards Program**" and I am eligible for the PTO reward. I understand that if any part of my Wellness Reward Program Log cannot be validated, the PTO reward will not be granted. Esse Health reserves the right to withhold the reward if any part of the Program Log is suspect.

Signature

Date

Step 4: Keep a Copy for Your Records and Send a Copy to the Employee Wellness Team

Please photocopy your Program Log and all required documentation and send copies via interoffice mail to Wellness Coordinator or scan and **email** to employeeewellness@essehealth.com (all documents must be legible). **Faxed logs will not be accepted.** Note: Esse Health is not responsible for lost logs or documentation.

Logs received after May 16, 2024 will not be accepted.

Purpose: Liking what you do each day and being motivated to achieve your goals.

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
2 <i>per event</i>	Attend LIVE Esse Health “Wellness Workshops”. 2 points <i>per workshop attended.</i>	MUST attach the following: - Copy of quiz completion page for each workshop.	_____
1 <i>per event</i>	Attend PRE-RECORDED Esse Health “Wellness Workshops”. 1 point <i>per workshop attended.</i>	MUST attach the following: - Copy of quiz completion page for each workshop. - Quiz must be completed within a week of workshop for points	_____
10	No Unscheduled PTO time.	MUST have your <u>Supervisor</u> sign below: - _____	_____
4	Complete the Gratitude Challenge	MUST attach the following: - Copy of completed calendar	_____
2	Create a free account on eM Life .	MUST attach the following: - Print screenshot of app screen showing you logged in	_____
2	Complete 10 practices on eM Life.	MUST attach the following: - Print screenshot of app screen showing your “STATS” page	_____

2	Create a free account on the Well Connected app	MUST attach the following: - Print screenshot of app screen showing you logged in	_____
5	Submit your "Wellness Success Story" describing how an Esse Health Wellness Program has helped you improve your well-being.	Submit story at: https://www.surveymonkey.com/r/WellnessProgramSuccessStory23 MUST attach the following: - Copy of story submission confirmation screen.	_____
Total Purpose Well-Being Points: (Must add up and list total points here)→			_____

ATTACH DOCUMENTATION FOR THE ABOVE ACTIVITIES BEHIND THIS PAGE
IN ORDER, WITH DATE & REQUIREMENT HIGHLIGHTED

Social: Having supportive relationships and love in your life.

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
5 per event	Walk/run/ride in an Esse Health sponsored event: (ex: Biz Dash, NAMI Walk, LLS Light the Night Walk, etc.) 5 points per event	MUST attach ONE of the following: - Copy of registration - Copy of your race number - Picture of you at event with you circled Enter points total in last column.	_____
5 per team	Play on or coach a Recreational Sports Team (tennis, softball, track clubs, etc...) 5 points per team/season, maximum 25 points per year	MUST attach ONE of the following: - Copy of registration - Payment receipt Enter points total in last column.	_____
1 per event	Attend a "meetup" through meetup.com 1 point per event, maximum 5 points per year	MUST attach the following: - Picture of you attending the Meetup	_____
1 per post commented on	Comment on a designated "Esse Health Benefits U" post on our social media pages. 1 point per post commented on, maximum 5 points per year	MUST attach the following: - Screenshot of your comment	_____
Total Social Well-Being Points: (Must add up and list total points here)→			_____

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Financial: Managing your economic life to reduce stress and increase security.

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
5	Send in a bill to Optavise for review. (Only available for those eligible for Optavise – i.e. employees regularly working 60+hrs per pay period)	Write in your points at right Verification report will be provided by Optavise to Esse Health Note: Please DO NOT attach a copy of your bill.	_____
5	Submit a price check request to a Optavise Advocate (Only available for those eligible for Optavise – i.e. employees regularly working 60+hrs per pay period)	Write in your points at right Verification report will be provided by Optavise to Esse Health Note: Please DO NOT attach a copy of your Optavise report.	_____
5	Submit your "Financial Well-Being Success Story" describing how you utilized a tip(s) from one of the following Esse Health Financial Well-Being services: <ul style="list-style-type: none"> - Acropolis 401(k) educational meeting - Employee Assistance Program's "Financial" services - DirectPath Advocate 	Submit story at: https://www.surveymonkey.com/r/FinancialWellbeingStory23 MUST attach the following: <ul style="list-style-type: none"> - Copy of story submission confirmation screen. 	_____
Total Financial Well-Being Points: (Must add up and list total points here)→			_____

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IN ORDER, WITH DATE & REQUIREMENT HIGHLIGHTED**

Community: Liking where you live, feeling safe and having pride in your community.

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
5 <i>per each event</i>	Volunteer <i>Don't forget the VPTO benefit gives RFT time off to volunteer!</i> 5 points per volunteer event, maximum 15 points per year	MUST attach ONE of the following: - Picture of you volunteering - Verification document from organization	_____
2 <i>per day of donation</i>	Donate items (i.e. to Goodwill, American Kidney Fund, etc...) 2 points per day items donated, max 4 points per year	MUST attach the following: - Copy of receipt with date	_____
2	Write a letter for our troops during Esse Health's company-wide drive (<i>typically in February</i>).	MUST attach the following: - Copy of letter	_____
2	Donate item(s) during Esse Health's St. Patrick Center drive (<i>Typically in March</i>).	MUST attach the following: - Designated "Donation Form".	_____
2	Eyeglasses drive	MUST attach the following: - Designated "Donation Form".	_____
5	Donate blood	MUST attach ONE of the following: - Picture of you giving blood - Verification from organization (<i>i.e. follow up care sheet with donor ID</i>)	_____
2	Drop off items at official electronics recycling center/event.	MUST attach ONE of the following: - Picture of you donating - Copy of receipt with date	_____

Total Community Well-Being Points:

(Must add up and list total points here)→

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IN ORDER, WITH DATE & REQUIREMENT HIGHLIGHTED

Physical: Having good health and enough energy to get things done daily.

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
15	Successfully complete the 2023 CEO Challenge +5 bonus points for achieving Million Step Club	MUST attach the following: - Copy of confirmation email for successful program completion	_____
15	Annual Exam by Primary Care Provider	MUST attach ONE of the following: - Document from physician (date and service highlighted) - Explanation of Benefits (EOB) (date and service highlighted) Must list specific service provided (not medical coding)	_____
5 per each exam	Preventive Dental Exam 5 points per preventive exam, max 10 points per year	MUST attach ONE of the following: - Document from dentist (date and service highlighted) - Explanation of Benefits (EOB) (date and service highlighted) Must list specific service provided (not medical coding)	_____
5	Annual Vision Screening	MUST attach ONE of the following: - Document from physician (date and service highlighted) - Explanation of Benefits (EOB) (date and service highlighted) Must list specific service provided (not medical coding)	_____
10 per screening	Screening from the following list: Bone mineral density test, colon cancer screening, hearing testing, lung health and cancer screening, mammogram, prostate health and cancer screening, skin cancer screening, or well-woman exam. 10 points per screening	MUST attach ONE of the following: - Document from physician (date and service highlighted) - Explanation of Benefits (EOB) (date and service highlighted) Must list specific service provided (not medical coding)	_____

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
5	Have a biometric screening (lipid panel and glucose) performed.	Must do ONE of the following - Participate in annual event through Aetna/Quest Diagnostics (Dates TBD. Quest will report participation). - Have provider sign below Provider Signature: _____ Date Completed: _____	_____
10	Non-Smoker (tobacco free for 12 months or more)	Employee must sign below attesting to being tobacco free: - _____	_____
10	Completion of Tobacco Cessation Program through Aetna (Be Tobacco Free) or Esse Health's Employee Assistance Program (EAP). Enroll at Aetna.com (for Aetna members) or call Personal Assistance Services (PAS) at 800-356-0845 to enroll.	MUST attach ONE of the following: - Printout of screen showing completion of Aetna's "Be Tobacco Free" program. - Copy of Attendance Sheet (Employee must request from PAS)	_____
2	Complete the Fruits and Vegetables Challenge	MUST do the following: - Eat at least 5 servings of fruits and vegetables per day for 10 out of 14 days. - Attach a copy of the log	_____
5	Sign up for W4W (Walk for Wellness) and track your activity online.	MUST do the following: - Submit activity online every day of the challenge - Write in your points at right - Attach copy of the W4W certificate	_____
5	Be a member of a W4W WINNING team.	MUST attach the following: - Copy of W4W WINNING team certificate - Must have submitted steps online for every day of the challenge Only a <u>winning</u> W4W Team certificate copy will be accepted	_____

POINTS POSSIBLE	ACTIVITY	REQUIRED DOCUMENTATION	TOTAL # OF POINTS EARNED
Up to 10	Participate in the Healthy W8 (weight) Challenge	MUST attach the following: - Copy of certificate for successful program completion	
1 per month	Exercise 30 minutes, 12x's per month <i>1 point for each month you achieve</i>	MUST check months completed: <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April Enter points total in last column (12 maximum).	_____
5 per event	Take part in official Organized Fitness Activity (such as walking, biking, or running sponsored event. Separate from Esse Health events) <i>5 points per event maximum 15 points per year</i>	MUST attach ONE of the following: - Copy of registration - Copy of your race number - Picture of you at event with you circled Enter points total in last column.	_____
Total Physical Well-Being Points: (Must add up and list total points here)→			

**ATTACH DOCUMENTATION FOR THE ABOVE ACTIVITIES BEHIND THIS PAGE
IN ORDER, WITH DATE & REQUIREMENT **HIGHLIGHTED****

Bonus Points

Bonus point options may occur throughout the year and will be communicated via email or the Esse Extra

List any additional bonus points here (CREW, Wellness Committee member, Bring a Buddy, etc...)

GRAND TOTAL: _____

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NOTICE REGARDING WELLNESS PROGRAM

The Esse Health Wellness Rewards Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a lipid panel and glucose test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive as listed on the Wellness Rewards Program Prize Schedule on page 2 of this guide. Although you are not required to complete the HRA or participate in the biometric screening and may choose from any of the available options to earn the designated number of points, only employees who complete these activities will receive any applicable points for these activities.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the HR Department at hr@essehealth.com.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program Esse Health may use aggregate information it collects to design a program based on identified health risks in the workplace, the Esse Health Wellness Rewards Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the members of the HR Team checking the logs.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact hr@essehealth.com.