

MY
Annual Saline County
WELLNESS
PROGRAM



2021

A Saline County Wellness Program created exclusively for employees of Saline County

The Saline County Wellness Committee

All employees are encouraged to participate in the Health and Wellness Program which has been developed to promote healthy lifestyles. This program is an employee benefit; please respect and protect it. The Wellness Committee posts its meeting minutes on the County website for the convenience of all employees by following the link provided below.

Following are the rules for the Saline County Fitness Center:

1. The Facility will be open 24 hours a day, seven days a week;
2. **ALL** persons using this Facility must have signed a Waiver/Release of Liability & Indemnity Agreement with Saline County available at:
 - Saline County Human Resource office; or
 - <http://www.co.saline.ne.us/webpages/committees/wellness.html>;
3. You must sign-in and sign-out when using the Facility;
4. This Facility is available only to Saline County employees, their current household members, individuals employed within any Saline County facility and County retirees. Children under 19 years of age are allowed when accompanied and directly supervised by their parent or legal guardian;
5. No alcoholic beverages, tobacco/nicotine or illegal substance use is allowed at this facility;
6. Please be considerate of others by using each machine a reasonable amount of time;
7. The Combination to this Facility lock will be changed on or around July 1st of each year. Please check with the County HR office for a new combination;
8. The last person to leave the Facility will turn off all equipment, turn out the lights and lock the door.

Wellness Committee Contacts:

- Tim McDermott: W-(402) 821-3900 x1827; E-mail: tim.mcdermott@salinecountyne.us
- Marvin Kohout: H-(402) 946-6531; C-(402) 641-7400; E-mail: commissioner3@salinecountyne.us
- Jamie Houser: W-(402) 821-2588; E-mail: jhouser4@diodecom.net
- Bruce Filipi: W-(402) 821-2737 x1501; E-mail: scroads@diodecom.net
- Jennifer Retchless: C-(402) 821-7224; E-mail: jretchless@sclec-ne.org
- Kory Mullen: W-(402) 821-2972 x2500; E-mail: nurse@sclec-ne.org
- Lori Moldenhauer: W-(402) 821-2531 x3201; E-mail: lmoldenhauer@lincoln.ne.gov
- Russ Karpisek: C-(402) 821-7333; Email: commissioner4@salinecountyne.us
- Diane Vlasak: (402) 821-2374; Email: payroll@salinecountyne.us

2021 Wellness Program Option

Please focus your participation on that which corresponds to your announced intent for use with either option listed in the following pages. If you had not submitted your 2021 Wellness Program application form as earlier requested, please provide this ASAP so that inclusion into the MyVia Portal is provided to you.

OPTION #1 (*Utilizing Calendar tracking for exercise along with the MyVia Portal for documentation of said exercise activity and medical form submission*)

Or

OPTION #2 (*Utilizing Step Tracking for activity/steps along with the MyVia Portal for documentation of said exercise activity and medical form submission*)

Incentive Points Earned

1. **Sometime after December 31, 2021**, Workwell will provide the total points earned as tallied within the portal. Pick up your new **2022 Wellness packet by the last week of December 2021**.
2. **Total points will be calculated after the 2022 Health Fair.**
3. **You will NOT need to return your program booklet and sealed medical forms when claiming the incentive earned at the end of this year. All such data should have been submitted through the MyVia portal as you, or the Wellness Committee, submitted those eligible data points throughout the year, or via Madonna after the Health Screening.**
4. A 'protest period' will be opened in order to insure the proper calculation of points.
5. You will be given notification on the total of your incentive points by the Wellness Committee when all data is tabulated. You will then be asked to indicate your incentive choice.

Activity/Exercise Tracking for Wellness Points

1. Ensure that your “**Signup Sheet**” has been submitted indicating your intent to participate. Signup Sheets should be **submitted prior to the assigned date** in order to ensure your inclusion into the Wellness Program through the StartMyVia Portal, and/or other program benefits.
2. Two calendars remain enclosed in this Program booklet:
 - a. The LARGE Calendar to track steps & points for each day.
 - b. The SMALL Calendar for medical appointments, challenges, wellness or ONLINE classes, etc.
 - i. The large calendar remains needed for Option #1 participants, but optional for Option #2 participants as helpful inclusions to record daily steps using a wearable device or other such information if so desired.
3. **StartMyVia Reporting**
 - a. **For Option #1:** Using your daily, documented information from the Large exercise/activity calendar, scanned as PDF or JPG, i.e., submit this into your StartMyVia account as described in general for Option #2 below.
 - b. **For Option #2:** Using data from your wearable device via smart phone, computer/tablet, capture your daily, weekly or monthly “anytime steps” in a way in which data can be transmitted into your StartMyVia account as described using the general steps below as a guide:
 - i. Go to **www.startmyvia.org**.
 - ii. Enter your username and password:
 1. Username = your submitted email address
 2. User Password = (One or the other of the following)
 - a. *Committee Assigned:* = (first initial) + (last initial) + (four-digit employee #) + (!S) i.e. jd0099!S
 - b. *-or- WorkWell Assigned:* = _____, TBA
 - i. *Password can be changed afterwards upon your desire to do so*
 3. Company Password = _____
 - iii. Enter Points on the My Points Tracker Portal by selecting the “2021 Wellness Points Program” link
 - iv. Select the activity you are wanting to attribute points based upon the data to upload
 - v. Enter your completed date at the end of that activity time period
 - vi. Upload a file(s) showing proof of completion appropriate for that activity or event. This can be a photo, screen capture, PDF, Word or Excel Document (device dependent), then hit submit
 - vii. Wait for your submission to be approved and soon to be included by Workwell in your ongoing points total. If your points are not approved, there may be noted in your MyVia points tracker the reason why or with what information remains needed.
 - c. Repeat the same for other data entries assigned participants; including health related information.
 - d. Confirmation of data for points earned each month will be handled by Workwell.
 - **OPTION #1 NOTE:** Manually entered exercise data provided on the large Calendar must be submitted as being rounded down and divisible by 20. (i.e. 210 points in April = 200 reported points on the Portal).
 - **OPTION #1 NOTE:** There are no double-points for holidays or birthdays.
 - **OPTION #1 & #2 NOTE:** The benchmark date for the submission of each months’ step-count or activity data for points is targeted to be the 15th of each subsequent month. Extended non-submittal of points from any previous month could result in the loss of points.

****NOTE: The 2022 Wellness Program will be limited to a single, step-tracking option.**

2021 Wellness Points

Signup sheet (1):	150 points	Eye Exam (1):	250 points
Impact Survey (1):	500 points	Dental (2):	200 points each
Blood Test (1):	500 points	Flu Shot (1):	200 points
Physical (1):	500 points		

Exercise or Activity Steps via wearable device/trackers (Option Dependent):

- **Option #1:** A maximum of **20 points a day** for exercise in **15-minute increments**; 5-points for each 15 uninterrupted minutes. (*NOTE: Total Points per month rounded down to nearest total divisible by 20.*)
 - **“Alternative Physical Activity Points”** – 1-hour maximum per week = **20 points**
- **Option #2: 20 points** for each day with **10,000 steps or more**
 - **20 points** for each day utilizing a reduced step target based upon a Wellness Committee approved Alternative Standard request. Adjustments to be made on a case-by-case basis.
 - **Both Option #1 and Option #2:** Double-points for Holidays/Birthdays eliminated.
 - *Alternative Standards may apply with reduction of annually earned point targets*

Wellness Sponsored Educational Class or Video (when available...):

- **50 points** per class attended
- **25 points** per class video rented

Tobacco/Nicotine/Vaping/Illegal Substance:

- Never used/have quit for six (6) months prior to end of year; w/waiver: **4000 points**

Waist Circumference:

Women: 35 inches & below **1000 points** – 35.1 inches & above 0 points

Men: 40 inches & below **1000 points** – 40.1 inches & above 0 points

**(Earn 100 points for each inch taken off your waist circumference in comparison to the previous year.)*

Health Risk Categories:

- 0 Risk Factors - **1000 points**
- 1 Risk Factor - **800 points**
- 2 Risk Factors - **600 points**
- 3 Risk Factors - **400 points**
- 4 Risk Factors - **0 points**

**(Earn 250 points for each high-risk factor eliminated from the previous year results.)*

Online Quarterly Class (when/if available): 75 points for announced quarterly classes successfully passed within the time period announced as qualifying for earned incentive points

Mini-Challenge participation: Points earned as provided within the rules for each challenge

Blood Donation(s): 20 points per donation throughout the program year

***Annual “Operation Under the Tree” Fundraiser: 1 point** per dollar value of toy(s) donated

***Annual “Shop with a Cop” Fundraiser: 1 point** per dollar donated

**(Drop off point: Saline County Law Enforcement Center at any time during the year)*

***NOTE:** The Wellness Committee will use committee discretion to alter, add bonus items or bonus points throughout the year.

Health Insurance Premium Reduction Incentive

1. **0 – 5999 points:** 0% reduction in the employee portion ONLY, premium buy-in
2. **6000 - 7999 points:** 33% reduction in the employee portion ONLY, premium buy-in
3. **8000 – 9999 points:** 66% reduction in the employee portion ONLY, premium buy-in
4. **10000 or more points:** 100% reduction of the employee portion ONLY, premium buy-in

As of July 1, 2016, the employee portion of Health Insurance became 10% of the total employee only premium amount. This percentage can be reduced or eliminated with participation in the annual Wellness Program. Above are the points that must be accumulated to receive the reduction or elimination of this employee portion.

Incentive Awards & Points Required

1. **5000 points:** \$10 Subway Gift Card
2. **6000 points:** \$15 Subway Gift Card
3. **7000 points:** \$25 VISA Gift Card
4. **7500 points:** \$50 VISA Gift Card
5. **8000 points:** \$75 VISA Gift Card or ½ day off from work
6. **9000 points:** \$100 VISA Gift Card
7. **10000 points:** \$150 VISA Gift Card or 1 Day off from work

**#4, #5, #6 & #7 – Your name will be entered into a drawing for a Grand Prize*

**An additional name will be dropped into the hat for every 1,000 points earned above 10,000*

NOTE:

- *There will be tax implications on all monetarily valued incentive awards;*
- *You will need to work with your Supervisor when utilizing earned time off from work*

New Employees

New employees hired within the program year will be allowed to pro-rate the “activity steps” portion of the total points anticipated in assistance with obtaining the fullest earned reduction in the employee portion of health insurance premium costs. For existing employees, the exercise points determined to be adjusted, within the full 10,000 points, is estimated to be 2600 points. Any pro-rating for exercise/walking will be formulated upon those 2600 points. *(See pie chart later in this booklet)*

THIS WELLNESS PROGRAM IS INTENDED FOR SALINE COUNTY EMPLOYEES ONLY

Exercise & Alternative Activity Tracking Calendar

Activity “Type”, “Time” and “Points” and
Weekly & Monthly Totals necessary to be
noted on calendar pages for **Option #1**

Activity “Type” Legend

Shorthand	TYPE	Shorthand	TYPE
R*	= Running <i>(example)</i>		

*Include similar information onto each monthly calendar submitted into the MyVia Portal in order that the Workwell data managers understand the exercise/activity listed for that month.

January 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
					1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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31 Type: _____ Time: _____ Points: _____				<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> LEGEND: </div>			Weekly Total Points: _____

Printed Name: _____

Monthly Total Points: _____

February 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
	1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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28 Type: _____ Time: _____ Points: _____				<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> LEGEND: </div>			Weekly Total Points: _____

Printed Name: _____

Monthly Total Points: _____

March 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
	1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Printed Name: _____

Monthly Total Points: _____

April 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
LEGEND: 				1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Printed Name: _____

Monthly Total Points: _____

May 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
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2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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30 Type: _____ Time: _____ Points: _____	31 Type: _____ Time: _____ Points: _____			<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> LEGEND: </div>			Weekly Total Points: _____

Printed Name: _____

Monthly Total Points: _____

June 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
		1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Printed Name: _____

Monthly Total Points: _____

July 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
LEGEND: 				1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Printed Name: _____

Monthly Total Points: _____

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total	
1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____	
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Printed Name: _____

Monthly Total Points: _____

September 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
LEGEND: 			1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Monthly Total Points: _____

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
					1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Printed Name: _____

Monthly Total Points: _____

November 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total	
	1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____	
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Printed Name: _____

Monthly Total Points: _____

December 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> LEGEND: </div>			1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	31 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____	

Printed Name: _____

Monthly Total Points: _____

Mini Challenges,
Educational Classes, NIRMA Classes,
Medical, Dental, HRA, etc.

Self-Tracking Calendar

(As might be helpful for participant tracking purposes)

January 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Monthly Total: _____

February 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Monthly Total: _____

March 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Monthly Total: _____

April 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Monthly Total: _____

May 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Monthly Total: _____

June 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Monthly Total: _____

July 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monthly Total: _____

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Monthly Total: _____

September 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Monthly Total: _____

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Monthly Total: _____

November 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Monthly Total: _____

December 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: _____

Self-Tracking Your Progress in 2021

(provided for personal tracking purposes...)

Name: _____ Department: _____

Month	Large Calendar Exercise or Monthly Step Points	Small Calendar (Challenges, Doctor, etc.)	Total Cumulative Points
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Anticipated Total Points: _____

NOTE: Please ensure that your submitted documentation is complete and is in accordance with the instructions provided in this booklet. Doing so will allow Workwell, the data managers of the MyVia Portal, and the Wellness Committee to more accurately tabulate points and incentives achieved. The Wellness Committee reserves its duty to determine qualifying or disqualifying elements that may adjust your final point totals. There will be a dedicated time announced in which the Committee will hear any protest on your behalf in association with final points earned, if so requested. These Protests are for addressing any miscalculation of points.

2021 Self Tracking Form

	Points:	Date:	Notes:
Blood Test:	_____	_____	_____
Physical:	_____	_____	_____
Eye Exam:	_____	_____	_____
Dental #1:	_____	_____	_____
Dental #2:	_____	_____	_____
Flu Shot/Mist:	_____	_____	_____
Beginning Waist Circumference:	_____	_____	_____
Ending Waist Circumference:	_____	_____	_____
Beginning HRC*:	_____	_____	_____
Ending HRC*:	_____	_____	_____

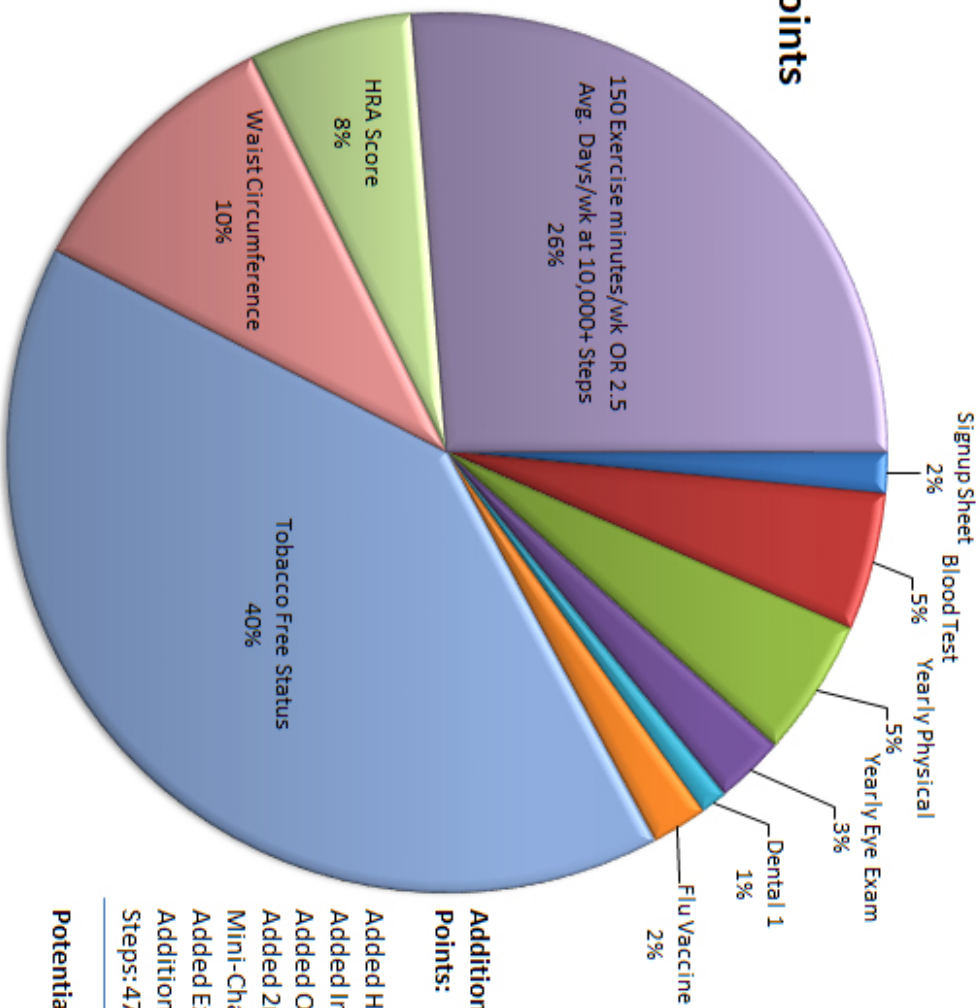
**High Risk Categories*

Submit to the portal your verification records for your Doctor’s Physical, Eye Exam, Dental visits, Flu Shot (if provided outside the County’s flu-shot clinic), Exercise Points and Blood Donations. Your signed/submitted Tobacco/Nicotine/Illegal Substance Use Waiver is to be provided to the Wellness Committee at the end of the Program year.

All Participants, regardless of the Option chosen: Ensure that all your medical information has been submitted and documented within your MyVia Portal. Workwell will then provide the total points earned via the Portal to the Wellness Committee post-end of year. After which, any subsequent or corrected points may then be added in culmination of final points.

2021 Annual Wellness Points

Category	Points
Signup Sheet	150
Annual Health Fair	500
Annual Physical	500
Annual Eye Exam	250
Dental 1	200
Flu Vaccine	200
Tobacco Free	4000
Waist Circumference	1000
Midrange HRA Score	600
150min/week exercise or 10,000+ steps 2.5 Days/week	2600
Total:	10,000



Additional Annual Possible Points:

- Added HRA Points: 400
- Added Impact Survey: 500
- Added Online NIRMA: 300
- Added 2nd Dental: 200
- Mini-Challenges: 250
- Added Exercise or Additional Days w/10,00+ Steps: 4700

Potential Anticipated: 6350

Notice of Availability of a Reasonable Alternative Standard to the Saline County Wellness Program

Your county provided health plan is committed to helping you achieve your best health. Rewards for participating in the Saline County wellness program are available to all Saline County employees. If you think you might be unable to meet a reasonable standard for a reward under this wellness program, you might qualify for an opportunity to earn one of the same rewards by different means. Contact the Wellness Committee, they will work with you to find reasonable alternatives to elements of the wellness program with equal levels of reward that are right for you in light of your health status. An Alternative Standard request form is provided for this purpose – provided with this booklet. This form **MUST** be completed and submitted during the time periods specified below. *(Additional documentation may be requested by the Wellness Committee.)*

NOTE: A written declaration of the need and request of a Reasonable Alternative requires:

- Your notification within 30 days of the start of each program year; or
- Within 30 days following an injury or illness that would also require an alternative standard

**Please use this form and/or any other acquired documentation and explanation sheets. Place within an envelope in attention to the Saline County Wellness Committee. Provide this envelope to the Committee via the County Assessor's office.*

NOTES:

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Questions about the program may be directed to the Wellness Committee