

**2018 Healthy School Point System (November 1, 2017 to October 31, 2018)
Incentive Paid out December 2018 via payroll department of each district**

Point Opportunity (<u>Circle all applicable</u>)	Points per occurrence	Maximum allowed
1. Flu Vaccine	2	2
2. a) Participation in Health Screening Annually, includes: Cholesterol, triglycerides, HDL, LDL, hemoglobin, A1C, CBC, Blood Pressure	5	5
b) Cholesterol level less than 200	2	2
3. Sign and submit non tobacco user affidavit	3	3
4. Participate & completion of Doctor Supervised Smoking Cessation Program or MMO Quitline Program	6	6
5. Participation in online fitness & calorie tracking for example: My Fitness Pal, Livestrong, Fitbit or Daily Burn (must submit minimum of 3 months participation data for 3 points or 6 months for 6 points) PRINT SUMMARY PAGE ONLY	3	6
6. Completion of a wellness screening (i.e. mammograms, pap smear, prostate, colonoscopy)	5	15
7. a) Participation in Weight Watchers Program (must submit receipt for minimum of 3 months) OR	3	3
b) Participation in a doctor-confirmed weight loss program, minimum of 10 weeks	3	3
8. 10% body weight loss, health care provider certified OR a BMI in a normal range, health care provider certified	4	4
9. Participation in health or fitness club/class/school program (must submit minimum of 3 months participation data)	5	10
10. Completion and proof of Health Assessment tool-MMO	3	3
11. Preventative, Semi-Annual Dental Exam	3	6
12. Vision Exam	3	3
13. Physical Exam by Doctor-Annually	5	5
14. a.) Proof of participation in organized/sponsored fitness event (i.e. benefit run must be a minimum of 5K or a 10 mile bike event with dated bib & receipt/printed results)	3	6
b.) Proof of participation in organized/sponsored fitness event (i.e. the event must be a minimum of a half marathon or a 30 mile bike event)	6	6
15. Nutrition & or wellness class	3	3
16. Use 5 or less sick days (Nov 2017 – Oct 2018)	1	1
Total Points	_____	_____
NAME: _____		

Must obtain 33 points per claim and supporting documentation must be included

Single Policyholders eligible for \$175.00 Health Insurance Premium Credit (Submission of 1 claim)

Family Policyholders eligible for \$350.00 Health Insurance Premium Credit (Submission of 2 Claims, EE & Spouse only) **All points must be submitted with numbered documentation.**

*NOTE: If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, please contact the Treasurer's office and we will work with you to develop another way to qualify for the reward. Physician verification may be required.