

Earn up to \$400 through Wellness!

COMPLETE THE WELLNESS PROGRAM KNOWLEDGE QUIZ - \$25.00

- Attend a Wellness Meeting, and complete the Wellness quiz with 100% accuracy during the month of September.
- Any employee eligible for insurance, and any spouse on the District health insurance may participate.
- This Educational Quiz is not mandatory in order to be eligible for the incentive plans.
- *Payable on the December 2023 payroll.*



Wellness for Peak Performance
Bozeman Public Schools

INCENTIVE LEVEL #1 – DOCUMENTATION OF PREVENTIVE WELLNESS EXAM

Participation Requirements

- Any employee eligible for the District’s health insurance and/or spouse on the District medical must submit the preventive check-up affidavit (signed by their doctor) to the Benefit & Wellness Coordinator no later than **April 30, 2024**.

Annual Incentive Breakdown

- 1st Year – WORTH \$250.00 (One time)
- Every 5th Consecutive Year – WORTH \$275.00 (\$175.00 + \$100.00 Bonus)
- Consecutive Years - WORTH \$175.00
- Non-Consecutive Years of Participation – WORTH \$150.00

Payable on

- If the preventative wellness exam form is submitted between May 1, 2023 – November 30, 2023, the incentive will be paid on the December 2023 payroll.
- If the preventative wellness exam form is submitted between December 1, 2023 – April 30, 2024, the incentive will be paid on the June 2024 payroll. No forms will be accepted after April 30, 2024.

INCENTIVE LEVEL #2 - \$100.00 – POINT MODEL PARTICIPATION

- Any employee and/or spouse on the District medical plan is eligible if they have completed the following:
 - Complete Incentive Level #1 – Preventive Wellness Exam Form
 - Complete and return the affidavit for exercise level and tobacco use by April 30, 2024
 - Accrue 200 points by April 30, 2024 – See point model below
 - *Payable on the June 2024 payroll*

Program Incentive Offerings	Points
Lipid Panel Blood Draw	50
Level 1 – Exercise minimum of three (3) days per week or Level 2 – Exercise five (5) or more days per week	50 or 75
Non-tobacco user OR Tobacco Cessation Program	50
Attend the Health Fair	30
BDS7 sponsored mental health event	10
Attend Wellness event(s) – 10 pts/event (limit 2) BSD sponsored wellness events put on thru the District Wellness program OR other Wellness related events that are completed on an individual basis. Confirmation of participation in the individual events is required on the spring wellness affidavit (example: registration form, receipt, facilitator signature).	20 (max)
Blood Pressure/Temperature/O2 Check 5 points/check (limit 2)	10 (max)
Total: 200 points required	

*Stay updated on current wellness events on the webpage → www.bsd7.org/our-district/departments/business-services



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If you meet any of the following criteria, you are eligible to participate:

- All Administrators, Professionals, and Certified employees
 - Classified employees with .5 FTE or higher
- Spouses of Employees that are currently enrolled in the District Medical Insurance
 - Retirees and their Spouses that are on the District Medical Insurance

Important Notice:

Bozeman School District Wellness Program is a voluntary wellness program available to eligible 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 will be asked to complete a preventive annual exam with a Primary Care Provider. You are not required to complete the medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$150-\$275 for completing an annual preventive exam. Although you are not required to complete annual preventive exam, only employees who do so will receive the \$150-\$275 incentive.

Additional incentives of up to \$125 may be available for employees who participate in certain health-related activities pertaining to educational quizzes, and the points model. If you are unable to participate in any of the health-related activities or 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 Alyssa Pack at alysa.pack@bsd7.org.

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 and the Bozeman School District may use aggregate information it collects to design a program based on identified health risks in the workplace, they 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.

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 Alyssa Pack at alysa.pack@bsd7.org.

***Exercise** - For substantial health benefits, www.health.gov recommends adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate – and vigorous – intensity aerobic activity.

Please Note - this form is for personal use to help keep track of your point total - do not send to wellness for verification.