

## CPSB Employee/Retiree WELLNESS PROGRAM

05/01/2024 – 04/30/2025

Eligibility requirements: (check one)

Full-Time CPSB employee, enrolled in CPSB Health Insurance Plan

Retiree, enrolled in CPSB Health Insurance Plan

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Campus/Site: \_\_\_\_\_

Participants earning a total of **8 points** by completing any combination of the services listed below will receive a 5% discount off the employee/retiree (not dependent or spouse) portion of the health insurance premium for the following plan year. Points must be earned during the program year and all documentation must be submitted by April 30, 2025. Members may email wellness information to [wellness@cpsb.org](mailto:wellness@cpsb.org).

- |   |           |
|---|-----------|
| ❖ Perform blood work at CPSB’s Wellness Fair (+) or with primary care physician                           | 3 pts     |
| ❖ Mammogram or Prostate Exam (#)  | 2 pts     |
| ❖ Colonoscopy (#)   | 2 pts     |
| ❖ Participate in <b>ANY</b> 5K fun run, walk, marathon, etc. (May only use once – Active & Retiree)       | 2 pts     |
| ○ Submit your event registration confirmation to <a href="mailto:wellness@cpsb.org">wellness@cpsb.org</a> |           |
| ❖ Take flu, shingles, covid, or pneumonia shot (#)  | 1 pt each |
| ❖ Participate in the scavenger hunt at the CPSB Wellness Fair (+)   | 1 pt      |
| ❖ Attend any of CHRISTUS/Ochsner health-related informational seminars (+)                                | 1 pt each |
| ❖ Annual wellness exam/physical (#)   | 1 pt      |
| ❖ Annual eye exam (#)   | 1 pt      |
| ❖ Annual dental check-up (#)  | 1 pt      |
| ❖ Solutions EAP seminar (+)   | 1 pt      |

(+) Participant does NOT need to turn in documentation for these points.

(#) Physician completes CPSB Wellness Program Verification Form, or you may submit your EOB to [wellness@cpsb.org](mailto:wellness@cpsb.org).

I, the undersigned employee/retiree, hereby agree to enroll in the CPSB Preventative Care Incentive Program. This voluntary program is being offered as a benefit to full time employees and retirees who are currently enrolled in the CPSB Group Health Insurance Plan. To qualify for incentives, the participant must complete the requirements during the program year. The Risk Management Department will track point totals and requirements.

\_\_\_\_\_  
Print Employee/Retiree Name

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Risk Management Approval