

# FSD 145

## Employee Wellness Program



09.01.25 - 05.31.26\*

*\*Final day to submit points - 5.31.26 No points will be accepted after this deadline.*

### For all full-time teaching staff.

As a school district, we want to lead the way with a wellness initiative that will encourage you to take an active role in managing your health. Becoming aware and creating habits toward a healthier lifestyle will have a positive, long term effect on staying healthy in the future. To encourage the development of healthy habits we will be continuing **Monthly Challenges** you may participate in throughout the program. Watch your emails for the Monthly Challenge specifics.

#### What's in it for me?

Besides learning more about how to develop and maintain a healthy lifestyle there are rewards for participating!

Monthly Challenges include a drawing each month for successful completion of that challenge. Gift card rewards are based on your total points at the end of the program.

Participants in the Wellness Program may use the Payroll Deduction Agreement for fitness trackers over \$150.00. Order your tracker through Steve Owens in Purchasing to participate. Questions? Offer expires 12.31.2025

Details on participation requirements are found on the next page.

#### Point Schedule

- ⇒ 500 - 999 points
- ⇒ 1,000 - 1,499 points
- ⇒ 1,500 - 1,999 points
- ⇒ 2,000 + points

#### Reward

- \$50 gift card
- \$100 gift card
- \$250 gift card
- \$500 gift card



## The FSD Wellness Program is full of benefits!

All you need to do is participate and track your participation.

Please read the required documentation carefully.

Documentation may be submitted via [Google Form](#) or email to [health@fsd145.org](mailto:health@fsd145.org). You **must include a completed copy of the Participation Checklist** if submitting your documentation via email.

### Activity

### Possible Points

- **10,000+ steps/day, 30 Minutes Moderate Exercise or Gym Workouts - 12 times per month**  
**50 points (per month)**  
*\*Use of home equipment may count towards your points. Include a photo of your home equipment, the date & time used and type of activity.  
(Minimum 30 minute workout.)*
- **Group Fitness class - 4 times per month**  
**50 points (per month)**  
*\*Verified by monthly class attendance printout or calendar initialed by class instructor.  
Virtual class is an option. Include the title of the class along with the date, time and type of activity.  
(Minimum of 30 min. in length per class.)*
- **Annual Wellness Exam/Physical**  
**100 points (per year) if included blood work**  
**50 points (per year) no bloodwork**  
*\*Verification form must be signed and submitted or EOB provided.  
Appointments dated 6/1/25 – 5/31/26 will count for this year's program.*
- **Annual Dental Exam**  
**50 points (per year)**  
*\*Verification form must be signed and submitted or EOB document provided.  
Appointments dated 6/1/25- 5/31/26 will count for this year.*
- **Annual Visual Exam**  
**50 points (per year)**  
*\*Verification form must be signed and submitted or EOB document provided.  
Appointments dated 6/1/25 - 5/31/26 will count for this year.*
- **Monthly Challenge**  
**100 points (per month)**  
*Monthly Challenge must be completed according to challenge criteria.*
- **BCBSIL—Health Assessment**  
**50 points (per year)**  
*Complete the Well onTarget Health Assessment found on your bcbsil.com personal portal. Submit verification. One assessment per year.*
- **BCBSIL Educational Program/Challenge or Calm Health Clinical**  
**50 points (per month)**  
*Complete a Well onTarget Challenge, Program found on your bcbsil.com personal portal or Calm Health Clinical found on the Calm Health App.  
Submit a screenshot of the completed program. One challenge/program per month.*
- **BCBSIL—Register for MDLIVE**  
**50 points (per year)**  
*Register for MDLIVE or show proof that you are already registered.*
- **Full or Half Marathon**  
**150/100 points (per year)**  
**10K or 5K Walk/Run**  
**75/50 points (per year)**  
*Submit your race information and confirmed completion time.*
- **Calm Health App Enrollment**  
**50 points (per year)**  
*Submit proof of your Calm Health app enrollment*
- **Anxiety Detox Enrollment**  
**50 points (per year)**  
*Submit proof of your enrollment.*

\*Wellness Program details may be found by going to our website: [www.fsd145.org/wellness](http://www.fsd145.org/wellness)