

CEBCO Wellness Program: 2021-22
County-Specific Incentive Information

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Please review the 2021-22 program handout then complete the information on this form.
Return to your assigned CEBCO Wellness Coordinator no later than Wednesday, 9/1/21.

COUNTY NAME: Sandusky

SECTION 1: CORE ACTIVITIES

All insured employees will be expected to complete this section to be incentive eligible. Please indicate below if insured spouses in your county will be required to complete this section as well: YES NO

SECTION 2: LIFESTYLE HABITS

Please circle which eligible participants will be required to complete this section to be incentive eligible (leave blank if neither party will be required): EMPLOYEES SPOUSES

How many activities will be required of the participants (as indicated above) in this section (max of 5); note that participants will choose which activities they want to complete in the section, if required – circle one: N/A 1 2 3 4 5

SECTION 3: LOCAL/COMMUNITY

Please circle which eligible participants will be required to complete this section to be incentive eligible (leave blank if neither party will be required): EMPLOYEES SPOUSES

How many activities will be required of participants (as indicated above) in this section 3 (max of 4); note that participants will choose which activities they want to complete in the section, if required – circle one: N/A 1 2 3 4

INCENTIVE TYPE OFFERED FOR COMPLETING APPLICABLE SECTIONS ABOVE

NOTE: Each member county must select at least one incentive type to offer for completing the program (meeting the county's criteria as outlined above) for the upcoming program year.

(CIRCLE & COMPLETE ALL THAT APPLY):

1. Premium Differential – employees who complete the program (meet program criteria as outlined by county) will pay less toward their monthly premium the upcoming calendar year.
 - a. What is the intended monthly differential? 4%
 - b. Approximately what percent of insured employees are currently union and cannot be impacted by this type of incentive design? _____

2. Plan Design Differential – example: low deductible plan offered to completers and high deductible plan offered to non-completers in 2022.

3. Cash/Gift Card – please provide details including the amount that will provided and if this will be conducted as a drawing or a guaranteed amount for completers:

4. Wellness related giveaways or prizes such as waived monthly premiums or other items – please provide details:
Memberships
Water

5. Other, such as additional PTO (Paid Time Off) – please provide details:

