

UMR Wellness Plan Design for PPSTA – Year 1 (Assessment and Awareness)

Eligible participants:

Benefit Trust Medical Plan PPSTA Participants

Benefit Trust Medical Plan PPSTA Spouses

Non-Medicare eligible retirees with Benefit Trust Medical Coverage

Health Goals/Activities	Points	Required	Additional	Additional
		6/1/2018-12/15/2018	6/1/2018-12/15/2018	1/1/2019-5/31/2019
Clinical Health Risk Assessment (Online)	1	√		
Biometric Screening	1	√		
Screening (Skin Cancer, Colonoscopy, PAP Smear, Mamo, PSA(male) {max 2 pts)	1		√	√
Annual Physical	1		√	√
Dental -6 month checkup	1		√	√
*Voluntary Group Activity (Walking Club,yoga,dance,etc) 20 completed activities = 1 point; max of 6 points	1		√	√
*Choice of miscellaneous fitness activity - minimum of 30 minutes (30 minutes of activity 20 times = 1 point); max of 6 points	1		√	√
Be a non-user of tobacco as indicated on tobacco affidavit	1		√	√
Complete a 5K, Half Marathon or Full Marathon	1		√	√
Massage Therapy (5 @1per month=1 point)	1		√	√
Flu, Pneumonia, or shingles vaccine	1		√	√

* Proof will be required to award the points. Please contact the PPSTA Benefit Trust Office to submit proof.

* Participant is defined as member or spouse.

Incentive Period 1: 6/1/2018-12/15/2018 (Required and Additional Activities)

In order to be eligible for the \$200 cash reward card, each participant must achieve 6 points by completing

the 2 required activities and 4 additional points.

Each member and spouse must achieve these points individually.

Incentive Period 2: 1/1/2019-5/31/2019 (Additional Activities)

In order to be eligible for a \$50 cash reward card, the member must have completed the Period 1 incentive and then have earned 6 additional points by 5/31/2019.

