



City of Kinston Health \$ense Program  
2022-2023

# HEALTH \$ENSE

## 2022-2023



**\*\*To be eligible for the wellness incentive, you must be an active employee at the time of payout. \*\***



**City of Kinston Health \$ense Program  
2022-2023**

**Employee Health Management Agreement**

By signing this agreement for participation in the Health \$ense Program, I am agreeing to the following:

1. I will read/review notices each year to learn of any changes in requirements for earning Health \$ense points. I understand agreements will automatically renew unless changes are made during the plan year that require new signatures.
2. I will complete and submit a “Health Management Agreement” in order to be eligible for point reimbursement. This agreement must be received by the coordinator prior to any activity for which I am claiming Health \$ense points. A faxed copy is acceptable as long as currently dated, signed and witnessed.
3. I will complete the required affidavits (Health \$ense forms) and turn them in as collected as early as possible and all before the final deadline in order to receive points. I understand final payouts will be made in December each year for all employees participating in the plan.
4. I am enrolled in the Health \$ense Program on an ongoing basis and do not need to renew this agreement as long as I am employed with the City of Kinston as a regular employee with thirty (30) or more hours per week (not including seasonal or temporary employment), unless changes have been made in the Health Management Plan during the year. I understand I must continue enrollment in the City of Kinston Medical Plan and continue to contribute premiums to the plan in order to be eligible to participate in the Health \$ense reimbursement program.
5. My Reimbursement Record, reflecting my accumulated Health \$ense points, will be available to me for viewing in Employee Health. If I do not agree with the balances, I have three (3) days to appeal the amount of reimbursement listed by providing additional new documentation to support my figures. If I do not review or appeal the record by the deadline, it is presumed to be accurate, and that amount will be distributed. I understand October 31 of the plan year will be the deadline for turning in points.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

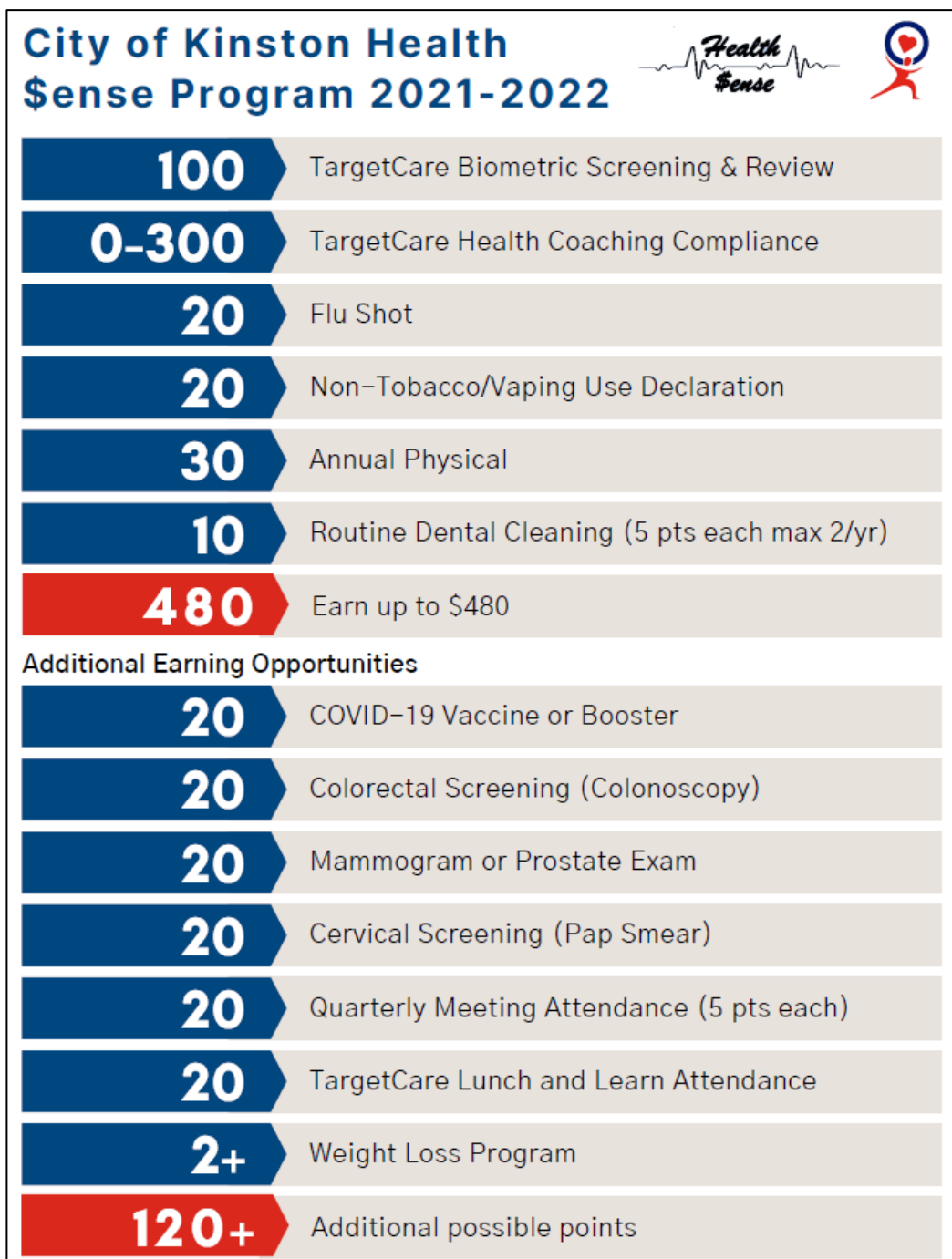
Department: \_\_\_\_\_





## City of Kinston Health \$ense Program 2022-2023

### Program Points Overview



You can earn up to **\$480 (1 point = 1 dollar)** by completing the activities/actions listed above. Any combination of points is allowed, however \$480 is the maximum that you can earn. Some exams or health screenings may not be recommended by your health care provider on an annual basis, so other earning options are available to you.



## City of Kinston Health \$ense Program 2022-2023

### The Program

**TargetCare** continues to assist the City in the Health \$ense Program. TargetCare is a company that specializes in helping employers, like City of Kinston, develop and implement workplace wellness programs. These programs are designed to help employees understand and manage their health through onsite preventive care.

TargetCare will carry out the onsite biometric screenings again this year in December 2022 (details to be announced). Following the biometric screenings, every participant will have an opportunity to review their screening results one-on-one with a TargetCare nurse during a follow-up visit. In addition, a health coaching program run by a Registered Nurse will be available to screening participants to assist in helping employees reach their health goals. Program points are available based on biometric screening and review participation as well as for ongoing coaching visit compliance (based on the results from the biometric screening).

TargetCare recognizes that some individuals are already working hard to maintain healthy habits and this program rewards low health risk participants with baseline health points. If you complete a biometric screening and review and fall into a low-risk category, you may be able to earn points without many (if any!) required follow-up health coaching visits. For those who need more assistance in reaching their goals, the same number of points can be earned by staying compliant with the required coaching visits based on the risk score you receive from your biometric screening results. Please see below for details of TargetCare's Right on Target (ROT) Health Coaching Program and baseline health points versus additional points you can earn by completing the required visits:





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### Point Earning & Tracking

Program points can be tracked through TargetCare's My Pathway to Health online portal or smartphone app. Please allow up to 4-6 weeks for points to be awarded for certain activities (those that are run through insurance claims or require reporting from City of Kinston to TargetCare).

#### Automated Tracking

- **Completion of the TargetCare Biometric Screening & Review (100):** Must complete biometric screening AND the review session to earn points.
- **TargetCare Health Coaching Compliance (up to 300):** Any baseline health points awarded as well as any points earned through ROT coaching.

This year **you will need to turn in forms for completing the below wellness.** Forms are located later in this packet:

- **Annual Physical (30)**
- **Colorectal Screening (Colonoscopy) (20)**
- **Mammogram (20)**
- **Prostate Exam (20)**
- **Cervical Screening (Pap Smear) (20)**

#### Attendance-Based Tracking

- **Quarterly Meeting Attendance (up to 20):** Health \$ense meetings will be once every quarter. The Employee Health Nurse will notify employees of the topics, times, and locations of the quarterly meeting. Please make sure you sign the attendance record before leaving the meeting.
- **TargetCare Lunch and Learn Attendance (20):** There will be one TargetCare Lunch and Learn in 2022. Details will be announced with the topic, location and time(s). Please make sure you sign the attendance record before leaving the Lunch and Learn.
- **Weight Loss Program (2+):** Earn 2 points per pound lost over a 12-month period with monthly weigh-ins with the City Nurse. First weigh-ins will take place in November 2021. Weigh-in monthly around the same date each month and after 12 months, total pounds lost will be calculated and 2 points per pound will be awarded.

#### Form Tracking

This year **you will continue to submit forms A through D** for the following visit types (signatures from health providers OR accepted alternate documentation must be provided):

- **Flu Shot (20)**
- **COVID-19 Vaccine or Booster (20)**
- **Routine Dental Cleanings (5 pts each/max 2 per yr)**
- **Non-Tobacco/Vaping Use Declaration (20)**



## City of Kinston Health \$ense Program 2022-2023

### A Letter to Healthcare Providers

**Plan Year Period: November 1 through October 31 of any given year**

Dear Healthcare Provider:

This letter is a brief explanation of the City's Health \$ense reimbursement program for participating City of Kinston employees. Due to rising health care and insurance costs, the City requires employees to pay a portion of the costs for individual health insurance coverage. Our Health \$ense Program includes a reimbursement system that allows employees to earn Health \$ense points that can be converted into cash to offset the cost of this insurance premium subject to premium payment limits. The program requires documentation in order to credit employees for preventive health checks each year. The "Annual Routine Physical Exam" may be conducted without Cholesterol and HDL or HbA1c depending on the employee's medical health. These tests will be done annually at our Biometric Screening Event. The prostate screening with PSA, pap smears, colorectal cancer screenings, and mammography, are in addition to what we are identifying as the Annual Routine Physical Exam and have separate and additional point values. These tests will earn Health \$ense points for employees with appropriate documentation; however, it is purely the healthcare provider's decision as to the necessity of these tests. The total cost of the routine annual physical exam is covered under the employee's annual wellness benefit at 100% with no co-pays for Wellness and includes blood work designated as part of the physical, whether done in the doctor's office at the time of the physical or sent out to another participating facility.

We greatly appreciate you and your office staff's willingness to provide this information for the employee. Please understand that we are not making any recommendations concerning the tests that are done on your patient. It is solely up to you and the patient as to what tests are appropriate. Please feel free to contact the Employee Health Clinic with any questions, comments, or concerns at 252-939-3373 or 252-939-3372.

Sincerely,

**Blake Burkett, RN**

Blake Burkett, RN  
City of Kinston Employee Health



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**Form A - Flu Shot**

Employee must obtain the initials and signature of the professional administering the flu shot. The professional is to initial beside the immunization given and sign below.

Please Initial and Date Next to Vaccine Administered:

**Flu (Influenza) (20):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

**Health Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Alternately, employee may provide a copy of the following as proof of flu shot within the Health \$ense Program plan year/period in order to be eligible for Health \$ense points (November 1 – October 31 of plan year):

1. Copy of consent form signed by employee that includes the date administered, signature of provider administering the flu shot, manufacturer, lot number and expiration date



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**Form B – COVID-19 Vaccine or Booster**

Employee must obtain the initials and signature of the professional administering the COVID-19 Vaccine or Booster. The professional is to initial beside the immunization given and sign below.

Please Initial and Date Next to Vaccine Administered:

**COVID-19 or Booster (20): \_\_\_\_\_ Date: \_\_\_\_\_**

Employee Signature: \_\_\_\_\_

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

**Health Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Alternately, employee may provide a copy of the following as proof of vaccination or booster within the Health \$ense Program plan year/period in order to be eligible for Health \$ense points:

2. Copy of vaccination card (date must be legible)
3. Vaccination Information PDF Generated from the NCDHHS COVID-19 Vaccine Portal (<https://covid-vaccine-portal.ncdhhs.gov/>)





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**Form C – Routine Dental Cleanings**

Employee must obtain the initials and signature of the dentist or authorized office personnel overseeing the routine dental cleaning. The professional is to initial beside the service performed and sign below.

Name of Dentist: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Please Initial and Date Next to Services Performed:

**Routine Dental Cleaning 1 (5):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Routine Dental Cleaning 2 (5):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

**Dentist or Authorized Office Personnel Signature:**

**Cleaning 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cleaning 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Alternately, employee may provide a copy of the following as proof of routine dental cleanings within the Health \$ense Program plan year/period in order to be eligible for Health \$ense points:

1. Copy of the Explanation of Benefits (EOB) from MetLife Dental



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**Form D – Non-Tobacco/Vaping Use Declaration**

I do not smoke or use any tobacco or vaping products. I have not smoked or used any tobacco or vaping products during this entire Well Bucks Plan Program year: November 1 – October 31.

I agree that if I fail to comply with my statement of tobacco or vaping product non-use, I will notify Employee Health and understand I will relinquish my right to the reimbursement points for this category for the current program year (**20**).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Form E- Annual Physical- One per year**

Employee Name \_\_\_\_\_ Date of Exam \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address of Facility \_\_\_\_\_

***CHECKS DO NOT EARN POINTS...MUST BE INITIALED BY MD or Office Staff***

\_\_\_\_ ANNUAL Routine Physical Examination w/PERSONAL MD (30)

\_\_\_\_ Prostate Cancer Screening and PSA (20) (one/year)

\_\_\_\_ Colonoscopy (20) (one/year) Signature \_\_\_\_\_

*Gastroenterologist/Office Staff*

\_\_\_\_ Mammogram (20) (one/year) Signature \_\_\_\_\_

*Radiologist*

\_\_\_\_ Cervical Cancer Screening (Pap smear) (20) (one/year)

Gynecologist Signature \_\_\_\_\_

or

Signature of Physician or Office Personnel \_\_\_\_\_