

2011-2012

# Wellness & Health Promotion Program



Made available to participant  
groups in the *South Central Service  
Cooperative School & CCOGA*  
Health Insurance Pool

### *PLEASE NOTE*

Reimbursement Requirements &  
Wellness & Health Promotion Agreement - Read, Sign &  
Mail in TODAY - or attach to your Approved & Signed Budget!

A site-based program intended to promote  
health and wellness for all persons.



**South Central Service Cooperative**  
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## **South Central Service Cooperative Wellness and Health Promotion Program**

The intent of the South Central Service Cooperative Regional Wellness Program is to improve the physical, mental, and social well being of all individuals. Overall goals of the program are: healthier/happier people with improved self-esteem, increased job performance, a decrease in sick leave days and lower health plan utilization.

The Insurance Advisory Committee provides input and recommendations regarding the Wellness and Health Promotion Program to the Service Cooperative Board of Directors and its Executive Director, Les Martisko.

The day-to-day operations of the Wellness Program are facilitated through Julie Glynn (Regional Wellness Coordinator).

Local site activities and annual budgets are determined and coordinated by the Site Wellness Coordinator(s), the Site Wellness Committee, and the employees.

### **Wellness and Health Promotion Agreement**

I, \_\_\_\_\_ of \_\_\_\_\_  
*Wellness Coordinator's Name School District/Agency*

have read the Wellness and Health Promotion Project Information and the Wellness Program Guidelines as stated in the South Central Service Cooperative **Wellness and Health Promotion Program Wellness Packet**.

- I understand that an **approved and signed wellness budget** must be sent to the South Central Service Cooperative office prior to receiving reimbursements for wellness dollars spent by the school district/agency.
- Financial assistance dollars are available only on a reimbursement basis - the expenditure is made and then a "request for reimbursement" form is submitted. All requests for reimbursements must be submitted no later than June 8, 2012 for SCHOOLS and Jan. 31, 2013 for CCOGA. However, they can be submitted at any time prior to this date.**

The member agrees to be bound to all terms of this agreement.

_____	_____
<i>Wellness Coordinator</i>	<i>Email</i>
_____	_____
<i>Date</i>	Name of Financial Officer in Agency/District

## ***Wellness and Health Promotion Project Information***

- The Wellness and Health Promotions project is funded by the school health insurance pool reserve dollars and is therefore only available to participant employer groups in that pool. **BCBSM does not fund this program.**
- Reimbursement is contingent upon continued membership in South Central Service Cooperative and its Health Insurance Pool. If a member manifests intent to leave the South Central Service Cooperative or the Health Insurance pool, the right to reimbursement for the Wellness program shall be limited. Reimbursement for the Wellness Program shall be no greater than the amount which the members paid in premiums for health insurance in excess of the amount of benefits paid for usage of the health insurance program. In no event shall the reimbursement exceed the formula for reimbursement. No reimbursement shall be given to a member whose dollar amount of usage of health insurance has exceeded the dollar amount of the premiums paid for health insurance.
- Participation is strictly voluntary. One year membership is required in Health Insurance Pool before school/CCOGA is eligible to receive wellness dollars.
- Each group's budget should be designed to cover operational expenses in implementing site-based wellness activities.
- This project highly recommends the establishment of partnerships with local or area medical facilities/pro-viders, other health insurance pool participating agencies and businesses whenever possible in an effort to promote cost-efficiency.
- Financial assistance** dollars are intended to help local sites carry on their activities for ALL employees - ***the involvement of dependents is recommended.*** The amount per site is based on the number of BCBSM health insurance contracts as indicated from our insurance Carrier on the renewal date (July 1). Financial assistance is not currently available to groups during their first year in the pool.
- Carryover of funds: Providing the Wellness Program funding continues into the next fiscal year, a participant group may request a carryover of unused funds into the next fiscal year to a maximum of 50% of their current year allocation *with a written request and submission of an approved budget for the carryover.* Any funds carried over must be expended within the next fiscal year and cannot become part of the carryover to a subsequent fiscal year.**



SCHOOL POOL
South Central Service Cooperative
Wellness and Health Promotion Activity
'Reimbursement Request Form'

Please complete One form for EACH wellness activity in your district.
Deadline for all submissions - June 8, 2012
\*May be submitted at any time prior to this date.

\*Activity must be completed prior to filling out this request for reimbursement.

District Name & ISD #: \_\_\_\_\_ Date filed: \_\_\_\_\_ Report# \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number contact person can be reached: (\_\_\_\_) \_\_\_\_\_

Mailing address for contact person: \_\_\_\_\_

2011-12 district financial assistance balance (from previous report): \$ \_\_\_\_\_

Reimbursement requested for this activity: \$(\_\_\_\_\_)

Financial assistance balance: \$ \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Number of persons directly involved in or benefiting from this activity: \_\_\_\_\_

Outcomes/Results:

Expenditures (reimbursement requested for this activity):
Please list below all expenses directly related to this activity.
\*\*ATTACH PROOF OF PAYMENT (invoices, receipts, etc.)

RETURN TO: Julie Glynn
South Central Service Cooperative
2075 Lookout Drive, North Mankato, MN 56003
(507) 389-5766
E-mail: jglynn@mnsccsc.org



CCOGA POOL
South Central Service Cooperative
Wellness and Health Promotion Activity
'Reimbursement Request Form'

Please complete One form for EACH wellness activity in your pool.
Deadline for all submissions - Jan. 31, 2013

\*May be submitted at any time prior to this date.

\*Activity must be completed prior to filling out this request for reimbursement.

CCOGA Name: Date filed: Report#

Contact Name: Email:

Phone number contact person can be reached: ( )

Mailing address for contact person:

2012 financial assistance balance (from previous report): \$

Reimbursement requested for this activity: \$( )

Financial assistance balance: \$

Type of Activity:

Number of persons directly involved in or benefiting from this activity:

Outcomes/Results:

Expenditures (reimbursement requested for this activity):
Please list below all expenses directly related to this activity.
\*\*ATTACH PROOF OF PAYMENT (invoices, receipts, etc.)

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South Central Service Cooperative
2075 Lookout Drive, North Mankato, MN 56003
Office: 507 389-1425 Direct Line: 507-389-5766
E-mail: jglynn@mnsccsc.org

## Sample Wellness Budget

*This page provides a sample wellness budget to give you ideas on how to lay out a working spreadsheet. You may use this format or create your own.*

Activity	Contractor / Responsible Party	Amount	Unit Cost	Budget	Comments / locations
<b>Screenings</b>					
Blood Glucose	Partnership/Area Hospital	800 over 2 years	\$ 5	\$ 4,000	School locations
Cholesterol	Partnership/Area Hospital	900 over 2 years	\$ 10	\$ 9,000	School locations
Mammogram	Partnership/Area Hospital			\$ 500	Hospital
Health Risk Appraisals	Partnership/Private Vendor	10 over 2 years	\$ 35	\$ 350	Vendor Site
<b>Flu Shots</b>	Partnership/Area Hospital	1000 over 2 years	\$ 10	\$10,000	School locations
<b>Fitness Corporate Membership</b>	Local Fitness Facility			\$ 500	
<b>Weight Reduction</b>					
The Solution	Partnership/Area Hospital	35 over 2 years	\$120	\$ 4,200	School locations
Real Life Weight Mgmt.	Independent Contractor	12 over 2 years	\$ 60	\$ 820	School locations
<b>Wellness Education</b>					
Various Seminars	Partnership/Area Hospital	25 over 2 years	\$ 50	\$ 1,250	School locations
Fee Reduction for Classes	Community Education	1998 Only		\$ 1,700	School locations
<b>Wellness Activities</b>					
Golf Tournaments	Community Education	2004 Only		\$ 1,600	
Building Wellness Equip.	School Nurses	2004 Only		\$ 8,650	
Coordination	Community Education	2004 Only		\$ 2,000	
Promotion	Community Education	2004 Only		\$ 7,400	
Building Contacts Stipends	Partnership/Area Hospital	Spring 2005		\$ 1,800	
Healthy Snacks	Community Education	2004		\$ 50	
<b>Miscellaneous</b>					
Printing	Printing Service			\$ 1,000	
Supplies	Area Vendors			\$ 500	
<b>Total Budget</b>				<b>\$55,320</b>	

## **Program Guidelines**

### **SOUTH CENTRAL SERVICE COOPERATIVE WELLNESS and HEALTH PROMOTION PROGRAM (hereinafter: Wellness Program)**

#### **Introduction**

As recommended by the Insurance Advisory Committee and approved by the Board of Directors, the following Guidelines have been established.

The intent of the South Central Service Cooperative Wellness Program is to improve the physical, mental, and social well being of all individuals. Overall goals of the program are:

- \* healthier/happier people with improved self-esteem
- \* increased job performance
- \* a decrease in sick leave days
- \* lower health plan utilization

A “Participant” is defined as an *entire employer group* (i.e., school district), even though there may be multiple, geographically separated buildings.

Other than health and wellness materials, it is not the intent of the Wellness Program to cause financial gain, related to wellness activities, for an employee of the Participant.

#### **Wellness Committee**

It is recommended that each Participant form a Wellness Committee to provide direction for site-based wellness planning and budgeting. This committee could be comprised of:

Wellness Coordinator (s)  
Labor and Management representatives/Financial officer

(An insurance advisory committee could act as the Wellness Committee.)

#### **Coordinator Meetings**

The Wellness Coordinator meetings are very beneficial in helping continue the success of the Wellness Program. The meetings provide information on what health themes are upcoming, ideas on wellness programs which may have an impact on employee health and well being, and offers an environment that encourages networking and resource sharing. Dates for these meetings occur in the fall and spring of the year.

## **Financial Assistance Calculation**

The Wellness and Health Promotion Program is funded by the school health insurance pool reserve dollars and is therefore only available to employer groups in that pool.

The amount per Participant is based on the number of health insurance contracts. The allocated amount per contract is determined annually and is not guaranteed from one year to the next.

## **Reimbursement Guidelines**

### **Participant Annual Plan And Budget**

Participant annual wellness activities and budgets should be planned out well in advance by the Wellness Committee. When planning the year's activities keep in mind that involvement of all people in the community (i.e. students, family members, adults in the community) is encouraged (i.e. group seminars on health and wellness, Shape-Up Challenge, WalkAmerica, etc.) .

At the discretion of each Participant, the annual wellness plan and budget should be submitted to the designated administrator(s) and/or governing board for review and approval. Budget line items should be within acceptable expenditure guidelines as used by the Participant.

**The approved annual plan and budget must be submitted to Julie Glynn with a copy of the board minutes and/or an administrator's certifying signature prior to reimbursement for activities. It is suggested that the approved, signed budget be submitted in advance, before "Request for Reimbursement Forms" are submitted.**

### **Local Wellness Coordinator Stipend**

A stipend is intended to supplement, not supplant.

Payment of a local wellness coordinator stipend is at the discretion of each Participant. If the Participant does choose to pay a stipend, a variety of references may be used (i.e. coaching pay, after school activity directors, etc.) and should be reflective of the goals and activities of the program, as well as time expectations of the coordinator.

**Proper documentation and/or invoices must be included with "Request for Reimbursement Forms" for Wellness Coordinator stipend.**

## **Group Activities and Incentives**

Planning for Wellness Programs should be determined by the interests and/or need of the employees. Character and the diversity of the employee work environment should be recognized.

Incentives should show a relationship to the Participant's Wellness Plan and may be used at the discretion of the Participant:

- Promote learning (i.e. seminar)
- Encourage participation in programs (i.e. Shape-Up Challenge)
- Encourage healthy lifestyle changes (i.e. weight management)
- Encourage compliance with professional health advice (i.e. flu shots)
- Encourage initiation and/or maintenance of healthy behaviors (i.e. aerobics, walking programs)
- Activities eligible for financial assistance reimbursement should be available to all employees and dependents. Typical examples would be (but not limited to:)
  - Health risk appraisals, screening, and assessments
  - Wellness seminars/presentations
  - Health promotions resources
  - Health Fairs
  - Speakers which promote wellness and healthy lifestyles
  - Program incentives (providing there is a connection to reach a goal)
  - Flu shots
  - Ergonomic classes
  - Exercise equipment for staff use
  - Local wellness coordinator stipend - a reasonable amount based on the number of employees involved and requirements of the position
  - E.A.P. (Employee Assistance Programs)
- Recognize individual and /or group accomplishments
- **Reward certificates** should be directly related to the promotion of personal health and well-being.
- Total amount budgeted for incentives should not exceed a reasonable amount of the total allocated annual budget. Proposed plan for the use of incentives needs to be submitted to the designated administrator (s) and/or governing board for review and approval.
- Cash or other "forms" of currency (i.e. chamber dollars and gift certificates) are discouraged to avoid potential inappropriate use of wellness funding.

### **QUESTIONS?**

Please contact Julie Glynn at the:

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2075 Lookout Drive
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