Incentivizing Healthy Behavior in State Employees Through Wellness Programs

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EXECUTIVE SUMMARY

Research Summary

Over the past ten years, states have increasingly started to implement wellness programs for state employees as a way to curb rising healthcare costs and the growing prevalence of chronic conditions. Many states are offering incentives as part of their wellness programs to motivate healthier behaviors and improve overall health outcomes for state employees. This Master’s Project examines the different types of incentives and disincentives that states are providing through wellness programs and considers the effects that these programs may be having on state employee health and wellness.

Research and Methods

This Master’s Project uses a qualitative approach to assess the different types of incentives and disincentives that states are implementing as a means to positively change employee health habits. It also summarizes the results that different states have seen thus far in terms of employee health and healthcare savings. To address these goals, I first collected information on every state’s wellness program through individual state wellness websites and articles detailing state wellness programs online. Second, I conducted interviews with Wellness Coordinators and directors from 11 states to see how these states chose to implement their wellness programs and incentives, what they hoped to achieve, and any results that they had seen thus far. When reviewing each state’s program, I collected information on the department that managed the state’s wellness program, the eligibility requirements for participating in the program, and the types of incentives and disincentives that the program offered to state employees.

Analysis and Results

Currently, 36 states use an incentives-only based program to motivate state employees to improve their health. These states provide incentives in the form of cash and material rewards, reduced benefits payments, ability to enroll in a lower premium health plan, reimbursement to a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA), days off of work, a reduction in the percentage paid into a health benefits plan, and discounted and compensated prescription drugs. Only 5 states also use penalties as disincentives, in addition to offering incentives, as a way to change employee health habits. Of these states, Alabama, Maryland and North Carolina employ an outcomes-based program model, which penalizes state employees who do not reduce their risk numbers in four chronic health areas. The other two states, Connecticut and Oregon, do not target specific risk factors, but penalize employees for not participating in certain healthy activities as part of the state’s wellness program.

While many states have projected financial savings as a result of their wellness program, only a few states have quantitative data on the success of their program. Based on
information from interviews, some of the early results from states that offer incentives-only based programs include higher rates of employees participating in the state wellness program; higher rates of screenings and early diagnosis of chronic conditions; reductions in state spending on health care and pharmacy claims; and increases in fruit and vegetable consumption. While these results are very positive and have the effect of motivating employees to take preventive steps to improve their health, none of these programs were successful at changing actual health outcomes or reducing risk factors. On the contrary, preliminary results from states that also use disincentives in addition to incentives reported lower rates of cigarette smoking, decreased rates of obesity, and improvements in blood pressure, cholesterol and glucose numbers.

**Recommendations**

- States that are interested in implementing a wellness program with an outcomes-based approach should offer some type of disincentive for employees along with an incentive.
- For best results, wellness programs should offer immediate rewards periodically to employees for taking positive health actions rather than promising a one-time reward in the future. Furthermore, smaller, immediate, and frequent incentives are influential only in the short run and should be accompanied with the additional threat of a penalty to produce long-term behavioral change.
- States should consider framing disincentives as incentives to improve participation rates in a wellness program. For example: raising premium rates for all employees but allowing employees participating in the wellness program to pay the normal premium amount disguises a penalty as a reward for taking health actions.
- States should hire wellness experts to educate and inform state employees about the benefits of joining a wellness program and how to do so.
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INTRODUCTION

The burden of chronic disease in the United States continues to expand as almost half of all Americans today are living with one or more chronic conditions (Rula and Sacks, 2009). This growing population translates into higher health care costs for employees and employers, as well as lower productivity at work and less time spent at work for unhealthy employees (Rula and Sacks, 2009). As a result, states across the country are implementing health and wellness programs based on a system of rewards and penalties. These programs are intended to incentivize employees to engage in healthier behaviors and to be more conscious of their lifestyle choices. The goal of such programs is to save money on health care costs and to improve employee health.

BACKGROUND ON THE GROWING CHRONIC DISEASE CRISIS

The rising prevalence of chronic conditions in the United States and the resulting high rates of medical costs attributed to these preventable conditions have been well documented in recent years (Finkelstein et al., 2010). Currently, more than 75 percent of health care spending in the U.S. goes towards covering people with chronic health conditions (Centers for Disease Control and Prevention, 2009). According to a study by RAND Health, in 2005, one out of every two Americans qualified as having a chronic health illness (Centers for Disease Control and Prevention, 2009). Many of these chronic conditions, such as heart disease, cancer, stroke, diabetes and respiratory diseases, are preventable and are linked to related conditions such as obesity and tobacco use.
As the crisis of obesity and other chronic health issues continues to rise in the U.S., medical experts and policy makers have begun to look for solutions based on preventive measures. These measures are aimed at reducing the prevalence of harmful lifestyle choices including unhealthy eating habits, lack of physical activity, and tobacco use. These behaviors contribute to preventable chronic health conditions and can threaten the wellbeing of many working Americans who are less productive at work, are absent more often due to illness, and have worse overall health (CBIA, 2014). Such a costly and increasingly dire crisis has encouraged companies and businesses to invest in wellness programs to encourage healthier lifestyles for employees as a way to eliminate risk factors that eventually lead to chronic disease.

Individual states have recently taken the initiative to improve public employee health after the publication of several studies on state employee health risks and costs. In a 2010 study, public sector employees reported a higher prevalence of every tracked chronic condition than private sector employees (Truven Health Analytics, 2013). Not only are public employees at high risk for chronic conditions, but they are also among the largest groups of employees in the U.S. (Truven Health Analytics, 2013). As such, public employees generate some of the highest costs for state governments and taxpayers who must support the sizeable healthcare expenditures associated with these conditions. States have only recently begun to look for solutions to reduce escalating healthcare costs. One solution that many states have begun to explore is the implementation of state-run wellness programs.
LITERATURE REVIEW

Obesity and Tobacco Use

Over the past several decades, obesity rates in the U.S. have steadily increased for adults and children, reaching proportions large enough to be considered an epidemic. In 1990, only 15 percent of the U.S. adult population was considered obese, but by 2010, 36 states had obesity rates of 25 percent or higher, and 12 of those had rates higher than 30 percent (“An Epidemic of Obesity”, 2010). In the U.S., around 300,000 deaths per year are directly related to obesity, and for patients with a body mass index (BMI) over 40, life expectancy is reduced by 20 years for men and at least by 5 for women (Balentine, 2012).

These statistics are even more staggering when considering the fact that obesity also increases the risk of developing many chronic diseases that are dangerous and significantly decrease life span. Some of these diseases include Type 2 diabetes, high blood pressure, high cholesterol, stroke, heart attack, congestive heart failure, heart disease, and cancer. Obesity has also been linked to less immediately dangerous consequences such as arthritis, kidney stones, depression and erectile dysfunction (“Obesity in America”, 2012).

This rise in rates of obesity largely stems from the unhealthy lifestyle choices of poor nutrition, overconsumption and lack of physical activity. As a result, most of these chronic conditions and diseases are preventable. However, the prevalence of these issues has risen steadily with obesity rates in America.

In addition to obesity, tobacco use is also a very large contributor to chronic health conditions in many Americans. Tobacco is the leading cause of preventable disease,
disability, and death in the U.S. (Centers for Disease Control and Prevention, 2009). While tobacco use has decreased significantly in the past 50 years, approximately 1 in 5 Americans still smoke, and every year over 400,000 people die from smoking or secondhand smoke exposure (Centers for Disease Control and Prevention, 2009). Tobacco causes certain cancers such as lung, throat, and mouth; chronic lung diseases such as emphysema and bronchitis; heart disease; stroke; pregnancy-related issues and many others (U.S. Department of Public Health, 2014). Tobacco and smoking related health care costs Americans approximately $90 billion every year. As a lifestyle choice with few to no benefits, tobacco use is the single most avoidable cause of death and disease in the United States (Centers for Disease Control and Prevention, 2009).

**Concerns for Employers**

Obesity, as well as many associated chronic conditions, has become an increasingly expensive problem for health care providers and taxpayers who are expected to cover the rising costs of providing health insurance to overweight and obese employees. Current cost projections predict that adult obesity has increased current annual medical expenses by $147 billion to a total of $210 billion per year for all taxpayers (CBIA, 2014).

In addition to the direct costs incurred by taxpayers and employers, mounting evidence shows that obese employees are less productive on the job due to pain or sickness resulting from chronic conditions. This phenomenon has been termed ‘presenteeism.’ A study at Duke University found that obese employees also have increased rates of absenteeism due to injuries and illnesses associated with obesity-related health issues (CBIA, 2013). Presenteeism and absenteeism combined cost U.S. employers an additional $11.7 billion dollars a years compared to normal weight employees (Finkelstein et al.,
The study at Duke also found that obese employees file twice the number of workers’ compensation claims and worked an average of 13 days less than non-obese employees due to injury and illness (CBIA, 2014).

These concerns are especially relevant for state governments, which are among the largest employers in the U.S. A 2013 report by Truven Health Analytics found that government employees cost 20 percent more to insure than private workforce employees, and that government employees have a significantly higher rate of chronic health conditions (Truven Heath Analytics, 2013). For many states, implementing a statewide wellness program that targets obesity, smoking, and other chronic conditions is a crucial first step in mitigating costs for state and local governments and taxpayers in the long run.

**Incentives and Disincentives**

One way that employers have begun to address these rising costs is by incentivizing healthy behaviors in employees. A variety of strategies incorporating incentives and disincentives have become popular methods through which to change behavior, such as rewarding employees for achieving certain health results or penalizing employees who do not. A recent Rand Corporation study found that “95 percent of companies plan to offer some kind of health improvement program for their employees, and the percentage of companies offering incentives to participate in these initiatives has increased from 57 percent in 2009 to 74 percent in 2014” (Cook, 2015). The Affordable Care Act also promotes the use of incentives by allowing for increases in the amount of money that employers can use to incentivize healthier behavior and outcomes through wellness programs (Worksite Wellness and the ACA, 2014).
Many of the concepts behind the use of incentives as a means to elicit specific behaviors are drawn from research in behavioral economics. Behavioral economics is concerned with how individuals make economic decisions with regard to psychological, social, and emotional factors (Bernheim, 2008). Some of the most common types of incentives reward employees for taking certain actions or achieving desired results. These can include offering health insurance premium reductions, cash bonuses, gift cards, co-pay reductions, and lottery prizes (Rula and Sacks, 2009). Alternatively, disincentives discourage certain behaviors through penalties, which may include co-pay increases, health insurance premium increases, benefit reductions, or salary decreases (Rula and Sacks, 2009). Some companies use both incentives and disincentives to persuade employees to take certain health improvement actions such as completing a survey about personal health and risk factors or getting a preventive health screening (Wieczner, 2015).

**IMPACT OF INCENTIVES**

Financial and non-financial incentives are two ways to target behavior in individuals with the intent to either induce “healthy” behaviors or reduce “unhealthy” behaviors. The Wellness Councils of America maintain that the return on investment of a wellness program is $3 for every $1 spent (Rula and Sacks, 2009), but few studies have directly compared the effectiveness of incentives to the effectiveness of disincentives. This is in part due to the fact that it takes at least two to three years for any cost benefits to become apparent after a wellness program is initiated (Hand, 2009), so it is difficult to judge the effectiveness of programs that rely on rewards to those that also rely on penalties.
Despite the current lack of information regarding how rewards and penalties differ in terms of motivating healthy behaviors, there is a considerable amount of research in the field of behavioral economics on the effect of rewards and punishments in changing human behaviors. Research in behavioral economics has shown that rewards given at the time of an action are more effective than those promised at a later time, and periodic rewards are more effective than one-time rewards (Rula and Sacks 2009). Studies also show that providing incentives as one-time approaches, such as giving a gift card or cash reward, is effective in the short term for simple behavioral changes, but is unlikely to change behavior for a long period of time (Anderko et al, 2012). Economist Florian Herold found in his research that it is cheaper to change a norm by initially rewarding people for performing certain behaviors as a way to establish a new norm. However, the norm can only be sustained if there is also the threat of punishment for violating the new norm (Gwynne, 2010). Andreoni et al also propose that rewards alone are relatively ineffective, but that rewards and the threat of a punishment complement one another to change individual behavior (Andreoni et al, 2003). These general behavioral economics principles can be applied when developing state wellness programs to employ the most effective strategies that encourage healthy employee behaviors.

**Evaluating Current Practices in State Employee Wellness**

The practice of using financial incentives as tools to break unhealthy habits and encourage healthy ones has been a strategy offered for many years by private-sector companies as a way to decrease expenses (Gray, 2014). States have only recently begun to embrace this model with the implementation of the first state-run programs within the last ten years. Now, as more states look for opportunities to improve state worker health and
reduce the costs associated with health care expenditures, many are choosing to implement different wellness models in the pursuit of the most cost-effective and health-focused programs for employees. Because most of these programs are still in their nascency, there has been relatively little effort to compile information about what each state has done to provide wellness alternatives for its employees.

As some states continue to modify existing wellness programs and others begin to construct their own programs, evaluation of the effectiveness of existing programs is becoming increasingly necessary. States need to know about current, comprehensive practices in the field of wellness so as to avoid the past mistakes of other programs and to incorporate methods that have improved employee health and decreased health care costs. This Master’s Project aims to collect data on the types of wellness benefits states are offering to their employees and to analyze the different methods states are currently employing. The goal of this project is to provide recommendations based on these findings for how a state should structure its wellness program so as to best achieve its goals for improving employee wellness and lowering health care expenditures.

**RESEARCH AND METHODS**

My research strategy for this project involved two methods of data collection. The first method involved collecting data on each state’s public employee wellness program through online research and the compilation of this information into a large database. The database allowed me to compare each state’s program side-by-side in order to evaluate the different program aspects. The second method took the form of in-depth interviews with 11 Wellness Program Coordinators and Directors from different states. These interviews
were used to identify individual components of each state’s wellness program, compare how states use incentives and disincentives, and report any results that states have seen thus far on improvements to employee health and healthcare savings.

**STATE EMPLOYEE WELLNESS PROGRAM DATABASE**

For the first stage of my research, I created a database (see Appendix A) that includes information on each state’s wellness and benefits program for public employees. I found all of the information included in the table online either on state wellness program official websites, on the websites of the state department that manages the program, or through online articles describing the program. This information constantly changes as states modify and update their wellness programs, and it is possible that some of the information that I have collected is out of date or has changed since I first found it.

The database includes components of each state’s wellness program, including the title of the program, the state department that administers it, and as many other additional details as I could gather. I sought to include information on who is eligible for each program, how employees, spouses, and dependents can participate in the program, what actions need to be taken to participate, and what incentives and/or disincentives are offered to participating employees. In some cases, I was able to report information on how a state paid for the cost of its program and what results a state has seen since the implementation of the program.

In cases where states did not have a centralized wellness plan, I tried to report information about any potential wellness benefits offered to state employees. This includes benefits offered through individual insurance companies and pilot programs in states that
are in the beginning stages of experimenting with wellness provisions for certain state employees.

**STATE INTERVIEWS**

My second form of research came from in-depth, 30-minute phone interviews with 11 state Wellness Coordinators or officials associated with the implementation of the state’s wellness program. Ten of the states that I contacted had well established wellness programs and offered incentives for their employees. These states included North Carolina, Connecticut, Nebraska, Oregon, Alabama, Arkansas, Indiana, Pennsylvania, Colorado and Washington. I chose these states because they either offered incentives or disincentives to their employees, had been operating for many years, or had been recommended to me by other state’s Wellness Coordinators as a model in the field of wellness. I also contacted California to request information about its pilot program for state employees. I communicated with the Coordinator for the wellness program in each state or, if a state did not have a Wellness Coordinator, someone associated with the implementation of the state’s wellness program. I asked each Coordinator or Director questions about the structure of his or her state’s wellness program, how the program used incentives or disincentives to improve employee health, what results the state had seen so far, and what challenges they encountered during implementation of the program (see Appendix B for a list of interview questions and Appendix C for a list of the contacts interviewed).

**RESULTS AND ANALYSIS**

The following section highlights important aspects of different state wellness programs found in my research through the examination of each state’s wellness program.
and state interviews. This information comes mostly from state interviews so as to make sure that the information reported is as up-to-date and valid as possible, but it also draws on information in the database from the most up-to-date state webpages and news sources.

**Initial Findings on Types of Programs**

Based on data collected from individual state wellness program websites and through interviews, I have found that 36 states rely on an incentives-only approach to motivate employee wellness. Five states use both incentives and disincentives in their wellness programs. The 9 states that are not included in the “incentives” and “disincentives” categories above are not included because they either do not have a state-wide wellness program, their program does not offer incentives, or they are in the preliminary stages of creating a wellness pilot program. Texas, Florida, Nevada, and New York are examples of states that do not have a statewide wellness program, but some of these states offer wellness benefits through individual insurance plans. Alaska, Michigan and Mississippi have organized programs but do not offer incentives or disincentives to participants. Finally, California and Hawaii have created pilot wellness programs and are currently only offering wellness benefits to a smaller group of state employees.

**Choosing Between Incentives and Disincentives**

In order to incentivize or deter specific employee behaviors, state wellness coordinators are forced to choose between offering rewards, penalties, or some form of both. While almost all of the interviewed states offer some form of an incentive to encourage healthy employee behavior, they differ in terms of also offering some type of disincentive, like a penalty, in addition to these incentives. The overwhelming reason that State Coordinators gave for employing an incentives-only based approach is that they...
don’t want employees to feel that the program is too punitive and want to encourage employees to participate in the program rather than feel forced into participating. State Wellness Coordinators that chose to add disincentives to their program believe that incentives alone are not enough to produce the desired result of changing employee behavior, and that penalties are necessary additions in order to change behavior. For example, Colorado is a state that uses only incentives in its wellness program. The main reason that it’s program initiators did not choose to also introduce penalties into its program is based on the concern that if state employees were told that they would be penalized for not participating, employees would feel forced to participate and, in turn, view the program negatively. Other state’s Wellness Coordinators and Directors also cited the desire to allow employees to decide whether or not they wanted to join the program in hopes that the program would be viewed more positively.

Connecticut, Maryland and Alabama, on the other hand, are three states with programs that use aspects of rewards and penalties as motivators. Alabama’s program charges employees who chose not to participate in the state’s wellness program an additional monthly premium, as well as an extra penalty charge if they have identifiable risk factors and do not make changes to mitigate these risks. Officials in Alabama’s program evaluated other wellness program designs and concluded that an incentives-only approach would not elicit the desired results for employee behavioral changes. Maryland’s program similarly charges a premium surcharge for all employees who do not complete a health assessment, but also singles out employees who are overweight or have a chronic condition and charges them if they fail to follow through on recommended treatments. Connecticut’s program uses a disincentives model but is less punitive for high-risk
individuals; employees who do not enroll in the state’s Health Enhancement Program (HEP) pay $100 more for their premium and a $350 deductible per person. State Coordinators felt that they couldn’t effectively implement the program without a carrot and a stick approach, so they chose to charge employees more for not committing

The framing of an incentive or a disincentive is very important to how employees view a program, as disincentives can make a program appear less appealing and more punitive. For example, Oregon initially offered a disincentive-based model in its wellness program’s first year of operation. Employees were forced to pay a surcharge for not completing certain health-related actions. The program was unpopular and received negative feedback from employees who felt that it was too punitive. In an effort to make the program more collaborative and supportive, Oregon changed its program and framed it as an “incentives program” by providing monthly payments to employees in exchange for taking steps to improve their health. The program still enacts penalties for employees who do not complete these steps by a certain date, but by framing the program as an “incentives” program, the program has seen higher rates of participation and has received more positive feedback.

**Types of Incentives Provided**

Incentives come in multiple forms and states offer many different types of incentives to employees. These incentives include cash and gift rewards, reduced benefits payments and percentage of income paid into a program, access to lower premium plans, reimbursement to a HSA or HRA, days off of work, and reduced cost of drugs. The chart below displays different types of incentives that states provide and the number of states that provide each type of incentive.
<table>
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<th>Incentive</th>
<th>States</th>
<th>Details of Incentive</th>
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| Cash Rewards, Gift Cards, Gym Discounts, Material Prizes | Arizona, Arkansas, Delaware, Idaho, Illinois, Kentucky, Maine, Massachusetts, Missouri, New Jersey, New Mexico, Ohio, Oklahoma, Vermont, Virginia, West Virginia, Wisconsin, Wyoming | Must compete a  
  • Health Risk Assessment  
  • Wellness Exam  
  • Physical  
  • Biometric Screening  
  • Win points for healthy activities  
  • Workshops  
  • Educational Seminars |
| Reduced Premium and Benefit Payments | Colorado, Kansas, Iowa, Louisiana, Montana, Minnesota, Rhode Island, North Dakota, Washington | Employees must complete certain wellness requirements  
  Agree to not use tobacco during year  
  Employers can achieve incentive for promoting wellness to employees (North Dakota) |
| Lower Premium Plan Upgrade        | Indiana, Kentucky, Nebraska, Tennessee, South Dakota                   | Allow employees to upgrade into plans with lower premium rates for completing wellness activities and providing health information |
| Reimbursement to a HRA or HSA     | Georgia, New Hampshire and Washington                                  | Employees can earn money which is credited to an HRA or HSA |
| Days Off of Work                  | Arkansas                                                               | Employees can earn points which are redeemable for material prizes and up to three days off of work |
| Reduced Percentage Paid into Benefits | Pennsylvania                                                          | State employees contribute 5% of their salary towards their benefits and are able to reduce their contribution percentage by 3% by participating in the state wellness program |
| Discounted and Compensated Drug Costs | South Carolina, Connecticut                                           | -SC covers the cost of certain generic drugs for employees who complete program requirements  
  -CT reduces the price of medications for certain chronic conditions |
It is difficult to evaluate exactly which types of incentives are the most effective at improving employee behavior, but a few states have found some positive changes. Arkansas’s program has recorded fewer days of employee absenteeism by offering employees the incentive of taking 3 days off of work for participating in the state wellness program. Similarly, state programs like South Carolina and Connecticut that provide discounted prescriptions have seen a rise in people picking up their prescriptions from drug stores.

**Types of Disincentives Provided**

Only five states also use penalties as disincentives for employees who do not participate in the state wellness program or take certain actions to improve their health. Oregon, North Carolina, Alabama, Maryland and Connecticut all provide incentives as rewards to employees who sign up for the state wellness program and engage in certain health activities, but also penalize employees who fail to complete these actions through higher deductibles, premiums, and insurance payments. For Connecticut, Oregon, and North Carolina, this includes charging employees when they fail to satisfy program requirements such as completing screenings, a Health Risk Assessment, or physical health actions. Alabama and Maryland increase costs for employees with chronic conditions who do not take actions to improve their conditions. Neither state penalizes employees whose conditions do not improve, as long as employees show that they are trying to manage their condition. States in this category have seen more outcomes-based results in terms of employee wellness improvements. Most of these states have reported some type of measurable improvement in different employee behaviors, such as lower rates of tobacco use, lower rates of obesity, and improvements in risk factor levels.
GOALS OF WELLNESS PROGRAMS

Most state Wellness Coordinators and Directors listed during interviews fairly similar reasons as to why they decided to develop a wellness program and the goals that they hoped to accomplish with the program. Overwhelmingly, the number one reason Wellness Coordinators give for implementing a statewide wellness program is to improve the health and wellbeing of the state’s public workforce. Every state Wellness Coordinator or official interviewed mentioned employee wellness and reduction of health risks as the primary motivations for implementing the program.

While “improving health and wellbeing” of state employees was unanimously cited as the primary motivation for the wellness program development, raising awareness about chronic conditions and early health actions was also mentioned as a goal by most Coordinators during interviews. Wellness Coordinators hope that by becoming more educated about health risks and engaged with their personal health, employees and their spouses will take steps to continue to stay healthy and reduce their risk for chronic conditions.

Although costs are not the primary reason for wellness program development in any state, they are a concern and a motivator for most states. State Wellness Officials from Connecticut and Alabama cited financial concerns and rises in health care costs during interviews as reasons for considering a wellness program for state employees. The concern of even greater escalations in state health care burdens motivated many of the interviewees to implement statewide wellness programs.
PROJECTIONS AND COST SAVINGS

Across the data from all of the interviewed states, two trends are present for almost all states: 1) cost projections are very difficult to calculate, so very few Wellness Coordinators were able to share with me predicted costs, and 2) for Coordinators that did venture a prediction of costs over time, they planned to see a cost reduction in terms of health care costs, at least after the first few years after program implementation. For example, in Colorado, incentives are paid for by employee premiums; those employees who don’t participate in the program pay for those who are participating. At about $1 million per year, the wellness program is projected to cost employees about $4-5 per month. The state expects to see about a $3-6 return through reduced medical claims, reduced worker compensation claims, and increased worker productivity. Indiana also projects that it will reach industry norms by seeing a return of $3 for every $1 spent, which would allow the program to pay for itself and yield a high return on investment. North Carolina projects an initial cost of a few million dollars as a result of members being able to lower their premiums, but predicts cost savings in future years.

For states that haven’t developed cost projections, most believe that any initial cost will be very minimal and quickly dissipate as the state begins to see returns in the form of reduced health care costs, claims and increased worker productivity. Oregon, for example, doesn’t have an exact projection for how much money its program will cost, but estimates that the costs of the incentive would be offset by the state’s tobacco surcharge.

Finally, a couple of states Wellness Officials stressed that, regardless of costs to the state, implementing a statewide wellness program is necessary for the improvement of employee health. Coordinators in two states, Washington and Colorado, insist that
regardless of cost, implementing benefits through the wellness program is the right and necessary thing to do to improve state employee health.

These projections suggest that, regardless of the type of wellness program implemented, states expect to see at least some type of positive return on their investment in relation to the costs associated with starting the program. Even though many states have projected savings within just a few years of the program start, it will still be a few years before they will be able to collect hard data on the success of their programs in terms of improved employee health. Until then, it is difficult to predict exactly how close cost projections will align with outcomes in reality.

PROGRAM EFFECTS ON EMPLOYEE HEALTH

Similar to predicting future cost returns for state wellness programs, it is comparably difficult to predict the effects that each of these programs will have on employee health. For most of the existing state wellness programs, it is still too early to see many results in terms of altered employee health. Even for many of the programs that have been around for over three years, the collection of quantitative data from participants has been difficult to gather and analyze. Some of these difficulties arise from the fact that these programs can’t legally access certain individual participant data and only have the self-reported answers from employee Health Risk Assessments off of which to base comparisons. Another problem that many states have encountered is that, because most wellness programs are voluntary, there are many employees who are not participating and therefore not providing data, making the data pool very small. Other programs that cover participating employees, their spouses, and their dependents receive data from all three of these groups and can’t differentiate between state employees and the other two, which
makes it difficult to record and interpret how state employees’ health changes. Arkansas specifically encountered the issue of having little measurable data from the program due to the fact that many employees were using the wellness system without having taken the required Health Risk Assessment.

Despite the difficulties of collecting quantitative data on employee outcomes and health improvements, some states officials have been able to collect some types of information and feedback on participating employees. Specifically, Program Coordinators from Nebraska, Oklahoma, Connecticut, Oregon, and Alabama reported positive findings, which varied by program type. A report published on Nebraska’s state wellness program reported that 514 new early stage cancers have been detected and 26 new cases of late stage cancer were diagnosed as a result of the increase in preventive screenings. It also found a 37 percent increase in preventive screening adherence (Hunnicutt, 2012). Based on its analysis of medical and pharmacy claims spending, it found a $4.2 million reduction in pharmacy claim spending from the first two years of its program when comparing wellness program participants’ health costs to non-wellness participants’ costs. The resulting return on investment was $2.70 returned in health care savings for every $1 spent on the wellness program (Hunnicutt, 2012). The Center for State and Local Government Excellence evaluated Oklahoma’s wellness program and found that, after three years of operation, OK Health participants have experienced a 21 percent decrease in medical claims, a 9 percent reduction in hospitalizations, a 34 percent reduction in doctor’s visits and a 3 percent decrease in emergency room visits compared with non-participants (OK Health, 2015).
While both of the preceding state programs employed incentives-only wellness programs, Oregon introduced disincentives in addition to offering incentives and found more outcomes-based preliminary program results. Oregon’s Public Employees’ Benefit Board (PEBB) found some positive trends in its early results that revealed that employees participating in the program were experiencing lower rates of cigarette smoking, lower rates of obesity, and higher rates of cancer screenings. However, it couldn’t prove that theses results were solely related to its Health Enrollment Model Program, as the analysis of its results is still early and ongoing. Alabama’s Clinical Director reported that participating employees in Alabama have experienced significant improvement in all targeted risk factors (blood pressure, cholesterol, and glucose) except for BMI. Finally, Connecticut’s wellness contact reported that the state saw a decline in inpatient visits to the hospital, an initial reduction in visits to the ER, and an increase in preventive visits for men (who in general utilize preventive health care less regularly than women).

These differences in outcomes vary by programs that use only incentives and programs that also use disincentives. While Nebraska and Oklahoma’s results reveal increases in program adherence and screenings, improvements in identifying chronic conditions, and reductions in health care costs, none of the results showed improvements in outcomes in related to sustained behavioral changes. Oregon and Alabama, in comparison, have reported lower rates of obesity, cigarette smoking, and reductions in levels of blood pressure, cholesterol and glucose for employees. While these initial results can only be attributed to a very small sample of states, they do indicate that the states that have implemented disincentives in their wellness programs have also seen outcomes-based health results. The states that structured their programs with only incentives have reported
that their employees are taking more preventive steps to improve their health, but have not necessarily seen improvements in the reduction of chronic conditions or risk levels. While it is too early to make any large assumptions from these preliminary results, this may imply that an approach that utilizes disincentives in addition to incentives may be the most successful way to promote long-term changes in employee behavior, while an incentives-only approach may be better at improving prevention related behaviors among employees. More results and time are needed to more accurately test this hypothesis.

**ISSUES TO IMPLEMENTATION**

Throughout the process of implementing a statewide wellness program, each state faced different types of barriers and challenges. One challenge that was common across states was the reluctance of employees to accept the new program. Many public employees, especially those who had been working for the state for many years, were at first unwilling to accept changes in their health insurance and had difficulty understanding the demands required of them to participate in the program, should they choose to join. This confusion was also exacerbated by the large number of older state employees in certain states like Indiana who were more reluctant to change their behaviors.

Along with state employees not entirely understanding the intent of wellness programs, many complained that they didn’t want the government collecting private information about their health. Multiple states, including Colorado and Connecticut, described employee perception of the programs as “big brother” collecting employee health information. This generated the fear that the information would be used against employees and caused many to become reluctant to share their personal information. Employees feared that they could lose their jobs if employers saw that they were
overweight or had a chronic condition, or that they would see changes in their life insurance premiums based on their health information. State wellness Directors and Coordinators faced the challenge of communicating to public employees that personal employee health information was secure and that no one else would have access to the information.

Another form of backlash that some states faced was from employees who felt that their state’s wellness program represented an overstep of government authority. Alabama’s Clinical Director reported many employees complaining that the additional $25 premium charge to those with high risk factors was a “fat tax” that unfairly charged overweight and high-risk employees. Alabama was the first state to use a biometric screening to charge a premium based on risk factors and also set high baseline standards as the basis for “at risk” status. As a result of this, the state received a high degree of scrutiny from the media and employees for being overly punitive and potentially putting economic pressure on already poor employees. Despite these complaints, Alabama state employees are some of the only state employees that actually met program biometric standards and lowered their risk for three out of four chronic conditions.

The challenge reported most often by state Wellness Coordinators was the difficulty of communicating to all public employees throughout the state information regarding program expectations that employees needed to satisfy in order to participate. Colorado, for example, has a very diverse group of employees in terms of age and location in the state and had difficulty informing employees about the wellness program. Some of the state’s employees, such as corrections employees, did not have access to a computer, so
wellness program officials had to use alternate forms of communication than email to reach this group. Nebraska officials faced a similar challenge of finding a way to inform its state employees on how to enroll in the program and what was required of them once they enrolled.

Finally, some states faced political and structural barriers during the implementation of their programs. Nebraska’s largest challenge to implementation was a two-year approval process that involved obtaining a buy-off from the Legislature and Unions regarding the funding of the wellness program. In addition, state statute includes incentive limitations, so the wellness program could not incentivize employees to change their behavior through cash or gift incentives. Washington’s Wellness Program Director described the inconvenience of having a very dispersed management structure in the state and the difficulties stemming from the fact that Washington does not have one executive leader to make all wellness decisions for the state.

**Future Modifications to Programs and Lessons Learned**

Based on the interview responses, many states cited some next steps that they would put in place in the future to improve upon their existing programs. One recurring idea is to change the program from a participation model to an outcomes-based model. Many of the current state programs use models in which employees are rewarded for participating in the wellness program and for taking a Health Risk Assessment or biometric screening. While this gives states an idea of their employees’ health profiles and activities, it does little to motivate employees to actually change their behaviors. An outcomes-based program, like Alabama’s and Oregon’s programs, incentivizes employees to make changes based on their Health Risk Assessments or biometric screenings to improve their health by
decreasing their blood pressure to a certain level, losing a certain amount of weight, or reducing their cholesterol levels.

Another necessary reform that was cited is to create a better system for claims data to be processed. Processing claims data can take months in some states, and this can preclude employees from receiving a wellness discount or reward on time if the state can’t confirm their participation by the necessary deadline. Connecticut’s Assistant Director considered a plan for the future in which employees swipe a card when they visit the doctor and type in a code to confirm that they went in for a preventive appointment. Their information and claims data could then be processed immediately.

Finally, hiring experts in different departments or areas of the state to present information to employees about the state’s wellness program would allow employees to better understand how their state’s program works. These few experts will be able to answer questions about the wellness program and convey the reasons why states are implementing such a program. This solution would address many of the current confusions, misunderstandings, and accessibility issues that states have encountered in the past.

RECOMMENDATIONS

Based on the data collected from interviews and state wellness websites, I recommend that states intending to reduce specific chronic conditions and risk factors in employees implement a wellness program model with both incentive and disincentive components. Alabama, Maryland and North Carolina, Oregon and Connecticut are the only states that currently use disincentives as a means to improve employee health behaviors.
While it is still too early to report health improvements for Maryland and North Carolina, both Alabama and Oregon reported outcomes-based results in terms of lower rates of obesity, blood pressure, cholesterol, and glucose levels. Connecticut also reported positive results in the form of more people taking advantage of preventive health benefits and picking up their prescriptions. No state that offered incentives without the addition of disincentives reported specific reductions in biometric measurements for state employees.

Incentives-based programs have the ability to motivate employees to take preventative steps towards improving their health. Incentives-only structured state programs like Nebraska and Oklahoma have reported decreases in state spending on medical and pharmacy claims as well as increases in early detection and employee program involvement. However, no states have actually reported an improvement in employee health outcomes without the use of penalties in addition to rewards. Based on these findings, states should consider enacting some type of disincentive in a state wellness program if its goal is to improve actual health outcomes and sustain changes in healthy behavior.

These finding are supported by research in behavioral economics, which posits that accompanying an incentive with the threat of a penalty is more effective in producing long-term behavioral change. While incentives appear to make employees more mindful of their health and increase the likelihood of joining a wellness program, they may not influence employee behavior enough to sustain a healthier lifestyle. As a result, states with well-established, incentives-based wellness programs have not seen the same outcomes-based health results as states that have implemented penalties for unhealthy behaviors.
Framing is also important when considering how people may react to receiving an incentive or a disincentive. Some states have experienced pushback from employees who felt that they were being punished by having to participate in the state’s wellness program. Framing a penalty as a reward can help improve willingness to participate in a wellness program and increase positive feelings about the program. For example, raising premium rates for all employees but allowing employees participating in the wellness program to pay the normal premium amount disguises a penalty as a reward for taking health actions. By framing some disincentives as incentives, states can expect to improve participation rates in their wellness programs.

To overcome some of the challenges that states have faced in implementing their wellness programs, states must find a way to convey pertinent information about the state wellness program to all state employees. While a large visibility campaign is a good way to provide information to a large amount of employees, it may not reach all employees or provide answers to more sensitive questions that employees may have. A better way to promote state wellness programs would be to hire multiple experts, either in state government buildings or who travel to different state buildings. These experts would be able to discuss the merits and the intricacies of the state wellness program with state employees. This would allow employees to learn why wellness is important, what the goals of the program are, and what the benefits of joining are for the employee and employer.

LIMITATIONS
This study had a few limitations despite my best efforts to collect salient and current information on state wellness programs. One of its largest limitations is that data on
state programs may be out of date or incorrect. I found differing amounts of information on almost all 50 states first through each state’s wellness website, online articles or other state department websites. Often, this data had not been recently updated or did not detail all elements of the state’s wellness program. Information that I found online did not always match the information that I was given by officials and program Coordinators during my interviews. Therefore, it is possible that some states may have different program models or incentives and disincentives than reported here. It was also very difficult to find all of the necessary information on each state’s wellness program online. For many states, I had to use multiple sources and, in some cases, I was still unable to a sufficient amount of information detailing state wellness for public employees. There may be many more results from state programs that I am unaware of because the data is simply not published online. This may be a reason why very few studies have tried to catalogue current material and best practices for state wellness programs.

Wellness programs are also very new and continuously change. During my research, the information provided online for some states changed over the course of a few weeks or a month. Data in my report may already be out of date since starting this project either because programs have changed or did not originally post up-to-date program information online.

Due to the time constraints of the project, I was only able to interview 11 out of 50 states. The information I have on these 11 states is the most accurate and up-to-date data possible, but an ideal project would have interview information from all 50 states. This
project could be continued in the future to collect more data through interviews with the other 39 states not interviewed in this project.

**CONCLUSIONS**

State-run wellness programs have gained popularity over the past ten years as most states have seen large increases in chronic conditions in their state employees coupled with a rise in health care costs. As more states begin to implement wellness programs, they will need to know the most effective wellness development approaches in order to improve employee health and decrease the costs of providing health care. This report provides an analysis of the current parameters of existing programs and makes recommendations to improve programs aimed at improving state employee wellness.
## APPENDIX A: STATE WELLNESS PROGRAM INFORMATION DATABASE

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Alabama State Employee’ Insurance Board</th>
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<tbody>
<tr>
<td></td>
<td>• 2008 announced plan to start in 2010</td>
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<td></td>
<td>• All active employees, covered spouses of active employees, non-Medicare retirees and non-Medicare covered spouses of retirees covered under the State Employees’ Health Insurance Plan (Group 13000) are eligible for a wellness premium discount</td>
</tr>
</tbody>
</table>

### Incentives Program:

- Charge additional $25 monthly premiums for state employees who choose not to participate in state’s wellness program through free health screenings
- Starting in 2009, all employees have access to free screening to identify risk factors and levels for at risk members that employees must seek to decrease. These include:
  - Blood pressure systolic reading of 160 or higher or your diastolic reading of 100 or higher;
  - Cholesterol reading is 250 or higher;
  - Glucose reading is 200 or higher;
  - Body mass index is 40 or higher.
- Employees that exceed baseline for one of these potentially costly conditions will be given a voucher for a free follow-up with a doctor
- In order to keep the discount, employees will be required to annually certify that they are taking steps to manage their condition, either through follow-up with a physician, participation in a wellness program, or active self-management
- Employees have one year to see a doctor at no cost, enroll in a wellness program, or take steps on their own to improve the above risk factors
- After a year, the employee will be screened again at no cost. If there is an improvement, there will be no cost. A penalty will be enacted if no change has occurred
- Employees whose condition does not improve will not be penalized as long as they show good faith in trying to manage their condition through one of the steps above.
- Starting in 2010, all employees will pay $50 per month with the opportunity to have their premium reduced to zero for healthy behaviors. For example, non-smokers will automatically have their payments reduced by $25. An additional discount of $25 will be given to employees who participate in the wellness program, including initial screening and follow-ups.
  - Effective January 1, 2010, all active employees will be assessed a $25 per month premium for single coverage. This is in addition to the $25 premium SEHIP members pay monthly if they, or their covered spouse, use tobacco products
  - Effective January 1, 2009, all active employees will be given the opportunity to have the $25 premium waived

http://www.gken.org/Synopses/CI_10005.pdf
http://www.adph.org/worksitewellness/assets/SEIBWellness.pdf
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<tr>
<th>State</th>
<th>Department and Program Description</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>AlaskaCare Employee Wellness Program</td>
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<tr>
<td></td>
<td>- Offer state employees a free ad confidential Health Risk Assessment to identify individual strengths and weaknesses and suggests actions to take to improve health.</td>
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<td>- Provides onsite individual health coaching to discuss wellness goals.</td>
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<td>- The official website offers links wellness activities in certain areas; suggests exercises to improve health; provides monthly infographics on health-related issues; lists healthy recipes; and uploads webinars on health.</td>
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<tr>
<td>Arizona</td>
<td>Arizona Department of Administration: Benefits Options Wellness</td>
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<td></td>
<td>- Beginning October 1, 2014, Benefit Options will offer state employees the Health Impact Program (HIP).</td>
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<td></td>
<td>- HIP is a wellness enhancement program designed as an incentive based employee wellness program for benefits eligible State of Arizona employees.</td>
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<td>- Employees will register through the Mayo Clinic Healthy Living online portal and have access to a health assessment, health information and resources.</td>
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<td>- HIP is voluntary and open to all eligible employees (no spouses, dependents or retirees).</td>
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<td>- Program participants must achieve 500 total points by September 30, 2015 to be eligible to receive up to $200; the amount may be lower depending on total participation.</td>
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<td>- In order to be eligible for the incentive, employees must complete at least ONE activity in each category. Categories include:</td>
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<tr>
<td></td>
<td>- Activity/exercise</td>
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<td>- Preventive Screenings</td>
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<td>- Nutrition/Other (tobacco, pregnancy, coaching, disease management)</td>
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<td>- All activities are self reported into the online portal and participants must retain proof of participation of reported activities.</td>
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<tr>
<td>Arkansas</td>
<td>Arkansas Department of Health: Arkansas Healthy Employee Lifestyle Program</td>
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<td>- AHELP launched in 2005</td>
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<td>- Its five stated goal for increasing the number of participants who:</td>
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<td></td>
<td>(1) are at a healthy weight,</td>
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<td>(2) choose healthy food options,</td>
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<td></td>
<td>(3) participate in regular physical activity,</td>
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<td>(4) obtain annual age-appropriate doctor-recommended screenings,</td>
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<td></td>
<td>(5) reduce or quit their use of tobacco products</td>
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<td>- In 2005, Arkansas State Sen. Linda Chesterfield passed Act 724, which allowed for (1) incentives for the improvement of state employee health, (2) leave for state employees who participate in the health employee program, and (3) walking areas for the state agency facilities establishing AHELP.</td>
</tr>
<tr>
<td></td>
<td>- Employees that participate in AHELP are required to take a confidential Health Risk Assessment (HRA), which evaluates diet, physical activity, other health risk factors, and readiness to make behavioral changes as a prerequisite to participate.</td>
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<td>- Employees are then encouraged to make positive lifestyle changes and report...</td>
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behaviors on an online reporting system

- Employees are rewarded with points for healthy behaviors, redeemable for incentives (t-shirts, water bottles, up to three days off paid leave)
- Can earn points through: physical activity, eating fruits and vegetables, remaining or becoming tobacco free, obtaining preventive health screenings, and taking the yearly HRA
- AHELP also includes: healthy food catered events; healthy vending machines; snack bars, health education through webinars; wellness team events/competitions (which can earn points); and counseling from wellness coaches for tobacco cessation, weight management, stress reduction, healthy eating, and diabetes prevention

Results:

- Little measurable evidence of health benefits from program due to an incomplete dataset as a result of many employees using the system without having taken a HRA
- “Despite an incomplete dataset, the pilot intervention revealed that 26.2 percent of participants ate three or more servings of vegetables per day, compared to 13.6 percent at the beginning of the pilot.
- Furthermore, 17.3 percent of participants ate three or more fruits per day, compared to 10.8 percent at the beginning of the pilot.
- Most recently, the 2013 AHELP Evaluation Report indicates that most ADH employees who participated in HRA engage in healthy eating behaviors and exercise at least two to three times per week.
- The report also indicates that self-reporting of alcohol consumption and smoking were low.”

Challenges:

- Full Compliance
- HRA does not offer specific steps to address health risks
- Initial glitches with tracking system and HRA

http://www.astho.org/Arkansas-Healthy-Employee-Lifestyle-Program/
http://www.healthy.arkansas.gov/programsServices/chronicDisease/Pages/AHELP.aspx

California

Heathier U: State Employee Workplace Wellness Pilot

- Healthier U is a state workplace wellness program currently piloted at the East End Complex with the California Department of Public Health and the Department of Health Care Services. The pilot is a partnership between CDPH, DHCS, SEIU Local 1000, CalHR, the State Treasurer’s Office, the State Controller’s Office, CalPERS, and Kaiser Permanente

Past PERS Expenditures: 22.4% ($362 million) of PERS expenditures (2008) on chronic diseases related to preventable conditions.

- An individual with hypertension costs an additional $1,595; diabetes an additional $2,863.
- Share of medical spending on preventable causes for male state workers in their fifties is 35%, for women it is 27%.

Key Program Costs

- Full time wellness coordinator at worksite
- Access to online physical activity and nutrition program, such as Healthy Trails and Thrive Across America. Healthy Trails $10,000 annual cost.
- CalHR dedicated staff to oversee expansion of pilot.

Key Program benefits
Healthier and more productive workforce: During pilot, DHCS and CDPH faced significant increase in workload, due in part to implementation of ACA and Ebola scare, yet remained supportive because saw participation helped reduce stress and increase morale.

- Achievements: 32% Registered (1,267); 58% joined a team.
- 27% active participants (1,035)
- Over 2 million exercise minutes logged
- Active participants logged an average of 4 days a week of at least 30 minutes per day.
- Prior to Thrive 21% of participants reported being active less than 3 days a week; after TAA only 5% reported less than 3 days.
- Participants active for 5 days or more increased from 46% to 70%.
- 39% reported losing weight; 46% reported increased energy.

Incentives-Based: Internal motivation
Focus program on intrinsic motivation—why people want to get healthy, what will enable them to be healthier
Create learning teams who support each other, explore why/how some people may not want to or be able to achieve goal—recognize importance of learning about what is not working
Include emphasis on environmental factors—learning about how environment can change to enable people to achieve their goals
Focus on the joy and satisfaction of the activity itself—have a place to share fun activities
Create fun activities for people to participate in
Spend time developing effective, collaborative teams, not just groups of individuals motivated by bribes, rewards or fear of punishment
Create structures that give individuals and groups autonomy/choice: give people important decisions to make, take into account all of the feedback

Early Success
- Exceeded baseline goals for all programs to date
- Created effective team of line staff and managers working side by side to develop wellness program
- Actively engaged leadership
- Labor collaborated to promote programs
- Introduced friendly competitions that focus on supporting co-workers
- Fostering teams to provide support and facilitate innovation
- Progress in addressing environmental and policy barriers
- Seeing early indications of culture shift

LAO Presentation 2015

Colorado
Colorado Division of Human Resources
- The State of Colorado partnered with Kaiser Permanente, United Healthcare and CafeWell to launch its state wellness program in 2013
- It began as part of Governor John Hicklooper’s goal to make Colorado the healthiest state in America
- The program was designed to increase the health of all state employees, encourage
healthier lifestyles, and ultimately stabilize healthcare expenses

- The voluntary program is available to ALL state employees and includes:
  - Online health coaching;
  - Customizable health challenges;
  - Access to wellness resources; and
  - Prizes and financial rewards.

“HOW IT WORKS: All State employees can participate in health challenges and are eligible to win monthly prizes by signing up at www.colorado.gov/wellness. Employees who participate in a State-sponsored health insurance plan are also eligible to receive a credit of up to $20 per month toward their health insurance premium by participating in the following activities beginning July 1:

1. **Complete a health assessment ($10 per month credit)**
   The health assessment is a survey offered by the employee’s chosen insurance provider (Kaiser or United Healthcare). By completing the online health assessment, employees earn a $10 per month discount on their health insurance premium. The health assessment survey must be completed in order to earn any premium credits offered through the program.

2. **Earn 400 CaféWell coins ($10 per month credit, with chances to win monthly prizes)**
   CaféWell coins are awarded based on an employee’s CaféWell activity. Employees who complete goals, start discussions, invite friends or simply complete their profile earn coins and can save another $10 per month. Employees who do not select State-sponsored health insurance are also eligible for monthly prizes through CaféWell, based on their participation.

Any incentive earned will be credited to the following month's paycheck. For instance, if an employee completes all requirements in July, the $20 credit will be reflected on their August paycheck.”

Projected Results:
- Fiscal return of $2.50 for each dollar invested
- Improved health outcomes for the workforce
- Health plan cost reductions
- Improvement in employee attendance, productivity and moral

http://cdpheemployeewellness.blogspot.com/p/6am-9am-breakfast-stations-pancakes-and.html
State Site: https://www.colorado.gov/pacific/dhr/wellness

<table>
<thead>
<tr>
<th>Connecticut</th>
<th>State Comptroller’s Office</th>
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<tr>
<td></td>
<td>Health Enhancement Program (HEP) is Connecticut’s voluntary wellness program for state employees and retirees implemented October 1, 2011</td>
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<td>To enroll in HEP, participants and/or enrolled family members must get a wellness exam, immunizations, and early diagnosis screenings</td>
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<td>According to HEP, “These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to disease education and counseling programs. By participating in</td>
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</table>
these programs, affected employees and family members will be given additional resources to improve their health.”

- Any enrolled members with one of the five listed chronic conditions must take part in an educational and counseling program.
- Individuals with only one of the five chronic conditions will not have to pay a co-payment for office visits related to the chronic condition.
- If a member fails to comply with HEP’s requirements, they will be removed from any available incentives.

**Incentives**
- Participants save money through lower monthly premiums and no deductible for in-network care for the plan year.
- If a participant has one of the five listed chronic conditions (diabetes, chronic obstructive pulmonary disorder or asthma, hypertension, high cholesterol, heart disease) they will receive a $100 cash payment.

**Early Results:**
- Primary care visits have increased, specially care decreased, ER visits decreased, adherence to maintenance medications for chronic illness increased.
- There are some early reports that HEP is slowing the increase for state employees.
- Employees pay lower premiums, deductibles, and copayments under HEP.
- These results are part of an evaluation by University of Michigan’s Center for Value-Based Design.

**Health Enhancement Program FAQ Doc**

<table>
<thead>
<tr>
<th>Delaware</th>
<th>Office of Management and Budget: DelaWELL</th>
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<tr>
<td>- DelaWELL Health Management Program, Delaware’s state employee wellness program, has been serving the state since 2007.</td>
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<td>- The State of Delaware covers approximately 110,000 people—state workers, their families and retirees—and is unique as it is the largest employer in the state.</td>
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<td>- It is provided to employees for free as part of health care benefits.</td>
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<tr>
<td>- DelaWELL offers employees a free, confidential wellness assessment, online health screenings, wellness challenges, online and onsite health seminars, and personal health coaching.</td>
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<td>- Benefit eligible state agency, school district, charter school, higher education employees, and state non-Medicare eligible pensioners enrolled in the State of Delaware Group Heath Plan can participate in the program to win rewards.</td>
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**Incentives Program Four Step Requirements**

1) Employees must first participate in a health screening OR work with a health care provider to complete a Health Screening Provider Form.
2) Compete a confidential online health assessment questionnaire to receive a wellness score and personalized report with health recommendations.
3) Employees can then call an Alere Health Advisor to learn about next steps to improve health (Not required).
4) Employees must meet the purchase requirements for the Weight Watchers Program OR actively participate in one of the following programs: NEW! Lifestyle Coaching (“Work with a Coach”) Program, NEW! Quit For Life® Program or Condition Care Program OR meet all four of the following requirements:
- Body Mass Index (BMI): Less than 25.0
- Blood pressure: Less than 120/80 (First number (systolic) must be less than 120 and second number (diastolic) must be less than 80)
- Total Cholesterol: Less than 200 mg/dL
- Tobacco-free lifestyle (Self-reported in the online Wellness Assessment)

Rewards
- Employees that complete steps 1 and 2 earn the Silver Level $100 DelaWELL Reward
- Employees that complete steps 1, 2 and 4 earn the Gold Level $200 DelaWELL Reward

Initial and Extended Pilot Programs
- Delaware ran an initial pilot program and an extended program in 2003 and 2004 (with 100 participants)
- In the initial pilot, participants improved their health in the short-term and opted to make healthier life decisions as a result of the program. The program resulted in immediate direct savings of more than $62,000, which were calculated based on savings from blood pressure reductions and fewer visits to the ER
- In the extended pilot, participants saw significant reductions in body fat percentage, improved overall fitness levels, and reduced blood pressure and cholesterol levels. The state estimated that it saved $450,000 in healthcare savings

http://delawell.delaware.gov/
Pilot Program info: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4106569/

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<tr>
<th>State</th>
<th>Details</th>
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<tbody>
<tr>
<td>Florida</td>
<td>Florida has no state wellness program, but offers wellness benefits through its different insurance agencies <a href="http://mybenefits.myflorida.com/content/download/106179/600280/Wellness_Chart.pdf">http://mybenefits.myflorida.com/content/download/106179/600280/Wellness_Chart.pdf</a></td>
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| Georgia| Georgia Department of Community Health (DCH)

*Be Well State Health Benefits Program*

- The Georgia Department of Community Health serve as the state’s administrator of health insurance coverage for state employees, teachers, school system employees and retirees who continued coverage (including annuitants and former employees on extended coverage), and covered dependents.
- SHBP allows members and covered spouse to earn up to 480 well-being incentives credits for engaging in healthy activities
- SBHP is offered through Healthways, which administers the 2015 action-based health incentives that will allow SHBP members and covered spouses to earn their well-being incentive credits
- To earn well-being credits, members must:
  1) Assess their health by completing a well-being assessment (WBA)
  2) Complete a biometric screening either at a SHBP sponsored screening event or with their physician
  3) Create a well-being plan and access resources such as phone coaching or online resources to record well-being activities
- Members can earn well-being incentive credits by doing and recording well-being activities
- Members can earn 240 well-being incentive credits for completing a WBA and a
biometrics screening, or 240 credits for completing a WBA and phone coaching or using online trackers

The State Health Benefit Plan (SHBP) is excited to announce the addition of our new wellness partner, Healthways, to provide members and covered spouses with the all new Be Well SHBP well-being program. Be Well SHBP (available through the new wellness portal, www.BeWellSHBP.com), offers a holistic approach to your personal well-being. By providing some of the most effective health resources and coaching services available, you and your covered spouse will be empowered to achieve your personal or family wellness goals and pursue a longer, healthier, and more fulfilled life. SHBP non-Medicare Advantage (MA) plan members and covered spouses can each earn up to $480 in Health Reimbursement Arrangement (HRA) account dollars just for participating and engaging in healthy activities – that is a family total of up to $960. HRA dollars can be used for eligible health care expenses. Any unused HRA dollars will roll over to the next Plan Year if you keep HRA coverage. For detailed information about the HRA plans, review the SHBP Decision Guide linked here. The new 2014 action-based incentive dollars will be earned and deposited in the member’s HRA account monthly as the healthy action is completed. For more information, visit our wellness portal at www.BeWellSHBP.com

2014 HRA Incentives*

To earn these HRA incentive dollars, complete the following actions between January and December 2014:

1. **Assess your health.**
   Complete your Healthways Well-Being Assessment® (WBA), a confidential, online questionnaire that will take about 20 minutes. *Please note: the Well-Being Assessment must be completed before HRA dollars can be earned.*

2. **Know your numbers.**
   Complete a biometric screening and submit your results (body mass index, blood pressure, cholesterol, glucose). The biometric screening must be completed at an SHBP-sponsored screening event or by your physician or other providers (identified by SHBP in published materials) and your results submitted appropriately. *By completing both actions, “Assess your health” and “Know your numbers,” HRA plan members and covered spouses can each earn up to $240 for your HRA account. Please note: the Well-Being Assessment must be completed before HRA dollars can be earned.*

3. **Take action.**
   It’s your choice! Complete the coaching pathway, online pathway, or a combination of both. *By completing the healthy actions outlined in “Take action,” HRA plan members and covered spouses can each earn up to $240 for your HRA account. Please note: the Well-Being Assessment must be completed before HRA dollars can be earned.*

   **Coaching Pathway**
   - Create your Well-Being Plan.
   - Actively engage in phone coaching.

   **Online Pathway**
- Create your Well-Being Plan.
- Record 5 online well-being activities using the same tracker within 4 consecutive weeks and earn $40 for your HRA account. You can earn these HRA dollars ($40) up to 6 times. Sample activities: track exercise five times, record daily steps five times, track food five times and earn $40 HRA dollars for your account.

The total 2014 incentive dollars earned by completing the above steps may be up to a maximum of $480 for each member and spouse, if covered. That is up to $960 total HRA incentive dollars for the member and covered spouse.

For more information or to get started today, visit [www.BeWellSHBP.com](http://www.bewellshbp.com)

### 2014 HRA Incentive Dollars*

In addition to the HRA base amount deposited into your HRA account for 2014, members and/or spouses (if covered) who met the 2013 Wellness Requirements (in any of the 2013 Wellness or Standard options) will each have $240 credited to the member’s HRA account on January 1, 2014. In addition, HRA dollars can be earned by members and covered spouses by successfully completing the three wellness actions outlined above (Assess your health, Know your numbers, and Take action.)

Any unused dollars in your 2013 HRA account under Cigna or United Healthcare will rollover into your 2014 HRA account. HRA dollars remaining from 2013 will rollover by April 2014. This allows 2013 HRA dollars to be used to pay your out-of-pocket expenses for 2013 claims filed no later than January 1, 2014.


<table>
<thead>
<tr>
<th>Hawaii</th>
<th>Hawaii Department of Health</th>
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<tbody>
<tr>
<td></td>
<td>• In 2009, Healthy Hawaii Initiative (HHI) organized a Government Agency Worksite Wellness Taskforce to establish a worksite wellness agency</td>
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<td>• The task force was made up of state agencies, county governments, government employee unions, and the Hawaii Employer-Union Health Benefits Trust Fund</td>
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<td>• The task force developed the Hawaii Government Agency Worksite Wellness Plan 2010</td>
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<td>• The Department is currently working on the development and implementation of a comprehensive worksite wellness pilot program</td>
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<tr>
<th>Idaho</th>
<th>Blue Cross Idaho: ThriveIdaho</th>
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<td>-developed in 2012 through Governor Otter’s initiative to provide Idaho state employees with a program to reward taking steps to improve their health</td>
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<td>-employees under one of the State’s group medical plans can accumulate points by participating in ThriveIdaho</td>
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<tr>
<td></td>
<td>-The program is offered through Blue Cross of Idaho</td>
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<td></td>
<td>-all active employees who are enrolled as the subscriber in a group health insurance plan administered by the Office of group insurance are eligible to participate</td>
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<tr>
<td></td>
<td>-Participants can receive a $250 cash reward when they accumulate 85-100 points between July 1, 2014 and April 30, 2015</td>
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<tr>
<td></td>
<td>To accumulate points, participants must:</td>
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<tr>
<td></td>
<td>1) complete the Health Qualification Form (HQF)—earn 50 points</td>
</tr>
</tbody>
</table>
2) Take and Online Personal Health Assessment (PHA) on the Blue Cross of Idaho member portal—earn 30 points
3) Sign up for a workshop or support program such as health coaching or a walking challenge—earn 10 points
4) Watch educational videos on the member portal—5 points each
-Blue Cross subscribers can access Blue Cross of Idaho’s WellConnected program, which is an interactive online program featuring a personal health assessment tool, online health encyclopedia, comparison tool to compare drug costs, and other features
-Blue Cross subscribers also have access to fitness club discounts, complimentary and alternative health, and other discounts

http://thrive.idaho.gov/

Illinois

Department of Central Management Services: Get HIP (Health Improvement Program)

As of April 30, 2014, Illinois has been in the process of updating its wellness program. Its website reports that the focus of the new plan will be on improving lifestyle choices to avoid chronic health problems. These lifestyle choices include:

- including eating healthier, being more physically active
- ending tobacco use
- managing stress more effectively
- getting more sleep

The website includes recommendations to:

- Get a preventive health exam each year
- Take advantage of medical plan resources
- Get a biometric screening from a doctor
- Take a Health Risk Assessment

The Department of Central Management Services provides all employees eligible for benefits under the State Employees Group Insurance Program a weight-loss benefit. Eligible plan participants are entitled to receive a rebate towards the cost of an approved weight-loss program. The maximum rebate is $200 once every three plan years. Employees who utilize a weight-loss program are eligible for the weight-loss benefit through the Department. Active employees who opt out or waive health coverage under the Program are not eligible for this benefit, nor are dependents, annuitants or survivors.

www2.illinois.gov/cms/Employees/benefits/StateEmployee/Pages/WellnessProgram.aspx
https://www2.illinois.gov/cms/Employees/benefits/StateEmployee/Pages/Weight-LossBenefit.aspx
<table>
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<tr>
<th>Indiana</th>
<th>Indiana State Personnel Department</th>
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<tr>
<td><strong>Invest in Your Health Indiana</strong></td>
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<tr>
<td>- The state of Indiana is offering employees the opportunity to upgrade their health plan to the Wellness Consumer Driven Health Plan (CDHP), which offers lower premiums to those who qualify.</td>
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<tr>
<td>- To qualify for the Wellness CDHP upgrade, employees covered by the state of Indiana medical plan provided through the State Personnel Department must enroll in Humana Vitality, an incentive-based wellness portal, to attain Silver Status within the program before August 31, 2015.</td>
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<tr>
<td>- To attain Silver Status, eligible employees must:</td>
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<tr>
<td>1) Take a health assessment to identify and address potential health risks</td>
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<tr>
<td>2) Participate in a vitality check with a primary care physician or attend a free screening event</td>
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<tr>
<td>3) Complete action items recommended within Humana Vitality. Each activity is ascribed a point value and enough points must be earned to attain Silver Status.</td>
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<tr>
<td>- The Upgrade program information applies to employees enrolled in a medical plan offered through the State Personnel Department and does not apply to conservation officers, excise officers or Indiana State Police plan participants.</td>
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<tr>
<td>- The Upgrade program is a coordinated benefit within our current health plans; therefore, it is only available to employees (and covered dependents) who are enrolled in one of the four medical plans offered through the State Personnel Department.</td>
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<tr>
<td>- For 2016, employees using tobacco can qualify for the Wellness CDHP as long as they meet all eligibility and qualification requirements. It is anticipated that this will change for 2017. It is possible to earn points by participating in Humana Vitality’s smoking cessation program.</td>
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<tr>
<td>- The Indiana State Personnel Department offers a $35 reduction in health plan premiums to each employee who agrees to not use tobacco during the year.</td>
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<tr>
<td>- To receive the $35 incentive, an employee must be tobacco-free by January 1, 2015, and continue so through the calendar year.</td>
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<tr>
<td>- Employees have the opportunity to select the non-tobacco use agreement during open enrollment for benefits for 2015.</td>
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<tr>
<th>Iowa</th>
<th>Iowa Department of Administrative Services</th>
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<tr>
<td>Healthy Opportunities</td>
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<tr>
<td>- Iowa’s launched Healthy Opportunities in 2013 to encourage participants to take control of their health and reduce their share of the health insurance premium.</td>
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<td>- Eligible participants include:</td>
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<tr>
<td>• Executive branch non contract employees</td>
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<tr>
<td>• Education bargaining unit employees (AFSCME)</td>
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<tr>
<td>• SPOC-covered employees</td>
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<tr>
<td>- Employees in a wellness program eligible position share in the cost of health insurance by paying 20% of the total health insurance premium.</td>
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</table>
By participating in the wellness program, employees can reduce the amount they contribute to their health insurance premium by:

- $111 per month for executive branch non contract employees
- $111 per month for education bargaining unit employees (AFSCME)
- $62 per month for SPOC-covered employees

Wellmark partners with WebMD Health Services to deliver wellness services including the on-site biometric screening and online health assessment for the Healthy Opportunities Wellness Program.

Participation in the wellness program is voluntary.

Participating employees must complete a biometric screening and an online health assessment.

The biometric screening is free and can be completed at participating Hy-Vee pharmacies, onsite through Summit Health, or at home with a self-administered home test kit.

The biometric screening consists of:

- Finger stick blood test taken from your ring or middle finger
- Blood pressure reading (diastolic and systolic blood pressure)
- Documentation of simple body measurements like your height, weight, and waist size

The online health assessment evaluates current health and quality of life; it promotes health awareness by reviewing personal lifestyle practices and health issues that could be impacted by personal choices.

Based on the results of the biometric screening and health assessment, a participant may qualify for personalized telephonic assistance from a health coach.

https://das.iowa.gov/human-resources/healthy-opportunities

**Kansas**

**Kansas Department of Health and the Environment**

**HealthQuest**

The purpose of this initiative is to provide businesses and organizations in the state with education, technical assistance, support, resources, and tools necessary to implement effective comprehensive wellness programs.

State Employee Health Plan members (SEHP) have access to a comprehensive wellness program, called HealthQuest, included with their benefits.

Members have the opportunity to earn a premium incentive discount on health insurance equal to $40 per month, or a discount of $480 on a health plan premium for Plan Year 2016.

There is no additional cost added to an employee’s premium for not participating, but they will be paying the base rate (undiscounted rate) for their insurance coverage.

To receive the incentive, members must:

1) Complete a biometric screening at an onsite screening event, by use results from your personal physician or ordering an at-home screening kit.
2) Complete a health assessment questionnaire (Required and worth 10 credits)
3) Participate in HealthQuest programs and activities (Voluntary and worth 20 credits)
   - Health Advisor (5 credits)
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<tr>
<th>Kentucky</th>
<th>Kentucky Department of Public Health</th>
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LivingWell Kentucky

-Kentucky state employees have the option to choose a LivingWell plan for 2015
-If an employee chooses one of the LivingWell plans, they must:
  • Complete a biometric screening (this consists of lab work to measure cholesterol, blood glucose, blood pressure, and height, weight and waist circumference to learn about your Body Mass Index (BMI))
  • Complete a HumanaVitality Health Assessment (can be completed online or through the HV app on a smartphone)
-Only the plan holder is required to complete both the biometric screening and Health Assessment; completion of these allows the employee to choose a LivingWell plan for 2016
-the more HumanVitality activities a member completes, the more Vitality Points they can earn
-HumanVitality members can earn points through:
  • Standard activities
  • Personal goals - After completing the Health Assessment, HumanaVitality will suggest goals based on current health condition and need
-The more Vitality Points a member earns, the higher their Vitality Status. This gives them more Vitality Bucks to spend at the HumanaVitality Mall as well as opportunities for discounts between 10 and 40 percent on purchases.
-dependents younger than age 18 who are covered under their parent/guardian’s Humana health plan can join in HumanaVitality and work toward a healthier lifestyle
-Vitality Points earned by kids accumulate toward their own Vitality Points accounts so they can see their points totals growing as they participate in healthy lifestyle activities.

After a member completes an online Health Assessment, HumanaVitality will suggest...
- The member picks which goals to tackle, and as he or she reaches the goals, HumanaVitality rewards points.

Discounts:
- HumanaVitality® members can save 10% on all healthier foods that qualify as Great for You™ at Walmart®.
- As HumanaVitality® participants, KEHP members can earn Vitality Bucks® through a variety of activities. After taking the health assessment, members can redeem Vitality Bucks at the online HumanaVitality Mall. Each member’s discount is based on your Vitality Status®.

https://livingwell.ky.gov/Pages/default.aspx

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<tr>
<th>Louisiana</th>
<th>Office of Group Benefits</th>
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<tbody>
<tr>
<td>Live Better Louisiana</td>
<td>2014: The Jindal administration launched Live Better Louisiana, a state employee wellness initiative aimed at reducing the state health insurance program’s costs.</td>
</tr>
<tr>
<td>The wellness program is for members enrolled in Blue Cross and Blue Shield of Louisiana health plans through the Office of Group Benefits (OGB).</td>
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<tr>
<td>Group Benefits covers around 250,000 state employees, retirees and their dependents, only 27 percent of which received a physical in 2013.</td>
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According to the Milken Institute, Chronic diseases were responsible for a $4.5 billion reduction from the state’s economy in 2003.

- Live Better Louisiana brings wellness checkups to employees where they work.
- Eligible members have the opportunity to schedule a confidential health evaluation with a licensed nurse practitioner to test:
  - Cholesterol and glucose levels
  - Height
  - Weight
  - Blood Pressure

- Results are reviewed and shared with participants to make them aware of potential risk factors.
- Members diagnosed with medical conditions will be referred to their primary care physician for assistance.

Incentives:
- Participants will receive a premium reduction on their insurance if they complete an online health assessment and a wellness checkup within one year.

Goals:
- The wellness initiative is aimed at reducing state health insurance program costs.
- It was started as part of a plan to bring financial stability to Group Benefits

Projections:

Choices such as going tobacco-free, eating a healthy lunch, or workplace fitness programs could reduce economic costs by an estimated $17 billion in 2023 and increase the state’s economic output by $62 billion in 2050

http://www.louisianamedicalnews.com/state-wellness-program-swells-cms-2419

<table>
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<tr>
<th>Maine</th>
<th>Bureau of Human Resources: Division of Employee Health and Benefits and Office of Workers’ Compensation</th>
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<tbody>
<tr>
<td></td>
<td>ME First</td>
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<tr>
<td></td>
<td>-ME First is a wellness program for Maine State Employees to help them create wellness goals, learn healthy nutrition and exercise habits and create awareness</td>
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</table>

Eligible applicants must:
- have a BMI of 25 or higher
- be an active full-time or part-time State of Maine employee eligible for benefits
- work within easy commuting distance of a ME First meeting location
- be able and willing to make the commitment to attend ME First meetings and appointments for a minimum of six hours each month during normal business hours

Participants must commit to:
1. Attend monthly group meetings.
2. Meet individually with their wellness coach, nutrition educator, fitness specialist and nurse health coach as needed (depending on their program year and goals).
3. Attend fall and spring health and fitness screenings.
4. Be open to new learning, experiences and lifestyle changes.
5. Communicate respectfully with their supervisor, ME First meeting group and ME First team

- The State of Maine has partnered with YMCAs and the University of Maine system to provide free gym memberships across the state and to extend gym memberships to active State of Maine Employees who are eligible for State paid benefits

- Wellness Center membership is available to State of Maine employees and retirees, with their spouses/domestic partners at no cost.
http://www.maine.gov/deh/healthbenes/wellness/MEFirstProgram.html
In 2015, Maryland began its state wellness program - The health benefits plan covers about 255,000 state workers, retirees and dependents.

- to participate in the program, State employees must:
  - choose a primary care physician
  - undergo a health assessment
  - discuss the results with the doctor during the plan's first year

- The program is operated by three administrators:
  - CareFirst and United Health Care will each offer a preferred-provider organization, which offer discounts to members who use caregivers in their networks, and a more restrictive exclusive-provider organization
  - Kaiser, which provides care through its own proprietary system, will give state employees a coverage option they haven't had before. The contracts have terms of six years, with two options for two-year extensions.

**Incentives:**

- Rewards:
  - all laboratory work and x-rays are covered
  - copays for doctors visits are waived for visits with the primary physician and generic drugs for some chronic conditions, such as high blood pressure
  - Officials said members who smoke would be offered free smoking-cessation treatment, while those who are obese would be offered nutrition counseling at no cost

**Penalties:**

- Patients who fail to choose a doctor or have a health assessment could face a premium surcharge of $50 annually, or roughly $1 per week, starting in 2016.
  - That surcharge would rise to $75 in 2017 and could go higher after that
  - employees could pay as much as $375 for failing to follow medical advice
  - Members who are diagnosed with a chronic condition such as diabetes or elevated cholesterol but fail to follow through on recommended treatments will have to pay an extra $250 in 2016 and $375 in 2017
  - smokers do not face surcharges until they completed three rounds of smoking-cessation courses without quitting
  - members are not be penalized for being overweight as long as they stayed in treatment.

**Projections:**

- could save the state and its employees $4 billion over the next decade
- low use of preventive care programs and poor compliance with treatment plans for persistent ailments cost the state an estimated $700 million a year.

The public works board refused Aetna's request after Foster said a delay would interfere with the state's plans to begin open enrollment in October.

Patrick Moran, president of AFSCME District 3, said the state employees' union negotiated with the state on the program and is happy with the result.

Wellness program info: [http://www.dbm.maryland.gov/benefits/Pages/WellnessHome.aspx](http://www.dbm.maryland.gov/benefits/Pages/WellnessHome.aspx)

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<tr>
<th>Massachusetts</th>
<th>Commonwealth of Massachusetts Group Insurance Commission</th>
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<tr>
<td></td>
<td>WellMASS</td>
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<td>- The pilot wellness program, WellMASS, was offered in 2012 and was available to active state employees working in the Executive Branch, Constitutional Offices the Legislature</td>
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<tr>
<td></td>
<td>- Employees must be enrolled in a GIC health plan to be eligible</td>
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<td></td>
<td>- Retirees, Survivors, and Employees of Authorities, municipalities, higher education, and the Judicial Trial Court System are not eligible for this pilot program</td>
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<tr>
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<td>- This program, administered by the Staywell Company, LLC, provided helpful tools to improve employee health and wellbeing</td>
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</table>

Open Enrollment lasted from April 9 – May 7, 2012 for WellMASS and included complimentary health screening, including blood pressure and cholesterol at GIC Health fairs

**Program Overview**

If employees completed the following activities they would be eligible for rewards:

- **Health questionnaire** to get an idea of their current health and to help guide future health goals
- **Online resources** to help employees set goals, monitor progress and find answers
- **Health coaching** by phone, mail, or text messaging to give employees tips for eating right, stopping smoking, exercising, and relieving stress. Health coaching is available to eligible participants based on their Health Questionnaire risks
- **Committing to being a wellness champion for one year**
- **Online healthy living programs**

Incentives:
-completing any of the above activities allowed employees to enter into a raffle for prizes. -Taking the HA by July 1, 2012, made employees eligible for 75 $100 gift cards

-If they earned 100 points by February 15, 2013, they were eligible for 50 $250 gift cards.

Results:

-Held in the fall, winter and spring, total weight loss across all 86 participants who stayed through the duration of the program was 854 pounds

-Participants lost between 1.93 and 13.8 percent of their total body weight

Current Program:

-GIC offers state employees 6 insurance options that provide discounts on gym memberships and diet programs


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<tr>
<th>Michigan</th>
<th>Michigan Civil Service Commission</th>
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<tbody>
<tr>
<td>-Michigan offers gym discounts and wellness resources to state employees but has no organized wellness program</td>
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</tr>
<tr>
<td>-Michigan offers a choice of insurance plans for employees to chose from with wellness advice and options</td>
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http://www.michigan.gov/mdcs/0,4614,7-147-22854_24290---.00.html

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<thead>
<tr>
<th>Minnesota</th>
<th>State Employee Group Insurance Plan</th>
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<tbody>
<tr>
<td>State employees earn a rich package of wellness benefits, including:</td>
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**Health Insurance and Pharmacy Benefits**/ The State of Minnesota is self-insured and provides qualified employees with three health insurance carriers from which to choose:

- BlueCross BlueShield of Minnesota
- HealthPartners
- Preferred One

- Routine physical exams are provided at no cost to the employee

**Personal Health Assessment and Wellness Coaching.** State employees who are eligible for health insurance are also encouraged to complete the personal health assessment each year. Completing the health assessment qualifies employees for free coaching in different wellness areas

Those who complete a health assessment and agree to a coaching call are given reduced co-pays on medical visits for the year
**Employee Assistance Program (EAP):** The EAP provides professional, confidential consulting services to employees and their immediate family members at no cost to the user, in a broad range of areas, including marriage, family, workplace, chemical dependency, financial and legal counseling.

**Convenience Clinics:** Convenience clinics, located throughout Minnesota, provide quality medical care for simple illnesses such as colds and ear infections, health screenings and vaccinations. Services are available for a copayment, which is waived for preventive care.

**Sick and Vacation Leave:** State employees earn sick and vacation leave in accordance with their union contract.

**Work Well:** Work Well is a wellness benefit for State of Minnesota employees and provides technical support to all agency wellness committees.

http://mn.gov/mmb/segip/health-solutions/employees/workwell/employee/mywellben/index.jsp

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<tr>
<th>Mississippi</th>
<th>Department of Mississippi Finance and Administration</th>
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<td></td>
<td>- In Mississippi, state agencies can, by law, provide “optional incentives to encourage participation in the wellness program, including providing flexibility in employee scheduling to allow for physical activity and participation in the wellness program and coordinating discounts with gyms and fitness centers across the state.”</td>
</tr>
<tr>
<td></td>
<td>- Participants in the state wellness program must use an AHS State Network Provider to receive wellness benefits</td>
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<td>- Benefits are provided at 100% of the allowable charge for up to two annual wellness/preventive office visits and certain diagnostic tests</td>
</tr>
<tr>
<td></td>
<td>- Healthy You! Blue Cross and Blue Shield for Mississippi state employees offers a wellness guide for employees as well as an annual wellness visit to a Healthy You! Network Provider at no out-of-pocket cost</td>
</tr>
<tr>
<td></td>
<td>- No general state wellness program and no listed incentives</td>
</tr>
<tr>
<td></td>
<td><a href="http://knowyourbenefits.dfa.state.ms.us/Adultcare.htm">http://knowyourbenefits.dfa.state.ms.us/Adultcare.htm</a></td>
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<tr>
<th>Missouri</th>
<th>Missouri Consolidated Health Care Plan</th>
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<td></td>
<td><strong>Strive for Wellness</strong></td>
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<tr>
<td></td>
<td>- MCHCP provides coverage to employees and retirees of most state agencies as well as public entities that have joined MCHCP</td>
</tr>
</tbody>
</table>
-nearly 100,000 state and public entity members are covered by MCHCP

-The goal of *Strive for Wellness* is to inform members about health risks and empower them to enjoy life that they deserve

-The Partnership and Tobacco-Free Incentives provide members with extra motivation to take control of their health

**Partnership Incentive**

-The focus of the Partnership Incentive is on state employees and non-Medicare retirees, so the program is available only to subscribers who do not have the TRICARE Supplement Plan or primary coverage through Medicare

-to receive an incentive of $25 per month, members must complete a Partnership Agreement

-By completing the online partnership, members agree to:
  - Provide an available contact phone or email address
  - Complete the online Health Assessment
  - Submit the Health Care Provider form and receive an annual wellness exam

-If you are identified as having four or more risk factors, MCHCP recommends that you enroll in Behavior Modification Health Coaching, but it is not required to receive the Partnership Incentive
  - These health risk factors include low back, weight, nutrition, stress, physical activity, tobacco use, prediabetes, blood pressure, health maintenance, alcohol abuse, insomnia, anxiety, depression or cholesterol

**Tobacco-Free Incentive**

-Non-Medicare subscribers and covered non-Medicare spouses will receive the incentive of $40 per month, per person, if they do not use tobacco or agree to enroll and actively participate in an MCHCP-approved tobacco cessation program

[http://www.mchcp.org/stateMembers/striveForWellness/index.asp](http://www.mchcp.org/stateMembers/striveForWellness/index.asp)

<table>
<thead>
<tr>
<th>Montana</th>
<th>Montana Health Care and Benefits Division</th>
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</table>

*Live Life Well*

-Employees can earn up to $30/month off their 2016 monthly benefits payment by completing the below activities before October 31, 2015
-If an employee has a dependent age 18 or older or spouse/domestic partner on his or her Plan and he/she completes the activities above and the required certification steps, it doubles the discount—to a potential maximum of $60/month off per policy holder (up to $120 maximum for Joint Core members)

Discount Activities:
### $10 Health Screening Discount
Employees **must complete the Health Screening Discount to qualify for the Tobacco Free and/or Next Steps Discounts**

### $10 Tobacco Free Discount
If an employee uses tobacco and has not completed a tobacco cessation program in 2015, the maximum discount possible is $20/month—$10 off for getting a health screening and $10 off for completing four of the “Next Steps” activities  
If an employee uses tobacco, he/she may qualify for the Tobacco Free Discount if the employee certifies that they have completed a tobacco cessation program between January 1, 2015 and October 31, 2015 or have a medical reason why you cannot quit using tobacco

### $10 Next Steps Discount
- Complete 4 of the activities listed below
- Engage in a wellness program through Cigna, CareHere or HCBD
- Exercise an average of three days a week, 15 minutes a day
- Get a dental exam
- Get an eye exam
- Update a vaccine (flu shot, tetanus, etc.)
- Get a routine annual physical exam

http://benefits.mt.gov/Discount

### Nebraska

**Nebraska Administrative Services State Personnel**  
*Make the Moves that Matter*

- “In 2009, Nebraska launched a comprehensive wellness program for state employees to encourage them to live healthy lifestyles and use more preventive health care.

- Nebraska has about 18,000 state employees, and Employees and spouses enrolled in any State of Nebraska health plan (Wellness, Regular, High Deductible, and Consumer Focused) are eligible

- the state also created and offered a [Wellness Options PPO](#) to state employees, which is a health insurance plan for state employees that bases premiums in part on their efforts to maintain healthy lifestyles

- The Wellness Options PPO combines wellness activities and traditional PPO benefits into a single plan. It is a new, lower-priced option to the other traditional health insurance plans the state offers to its employees.

- Nebraska is among the first states to offer state workers a Wellness PPO health insurance plan, and about 5,000 employees are currently in that plan”
To qualify for the Wellness PPO plan, employees must complete these three steps on an annual basis:

- undergo biometric screening
- fill out an online questionnaire about their health
- enroll in one of four wellness activities

-“The biometric screening records employees’ height, weight, blood pressure, total cholesterol, HDL, LDL, triglycerides, and glucose levels

-This information is supplemented by answers employees provide in the online questionnaire, and addresses lifestyle behavior, health histories, and the employees’ current health status”

- The wellness activities include: Personalized Lifestyle Programs, Cardio Tracker, Walk this Way, Empowered Coaching Lifestyle Management, and Empowered Coaching Condition Management

-**Feel Like a Million** is one of the four wellness activities

- Employees can enroll in this component to learn about and track daily their activities related to healthy eating and exercise

- Employees can work with a coach in the Empowerment component to get personal guidance and support about living a healthier lifestyle

- Employees with chronic diseases such as diabetes can work with a coach in the **Condition Management** component to help manage their disease so they feel better and enjoy a good quality of life

- People who are generally sedentary can enroll in **Walk This Way**, a wellness activity in which participants agree to walk and log 600,000 steps by a certain date. The state gives employees pedometers to record their progress.

**Results:**

- “Between 2006 and 2008 health insurance premiums for Nebraska state employees increased by an average of 15 percent each year

- Implementing wellness options and the Wellness PPO helped reduce that increase to about 2 percent between 2009 and 2010

- In addition, preventive screening under the program is credited with detecting 257 new
cancer cases, 218 new high blood pressure cases, and 191 new diabetic cases

- Detecting these cases in their early stages increases the chances employees will recover from or at least control their diseases, and it should also lower the cost to treat them.

- Nebraska won a 2010 Workplace Wellness award from the Wellness Councils of America and a CSG Innovations in 2011 for its wellness initiatives”

http://knowledgecenter.csg.org/kc/content/states-link-wellness-programs-health-insurance-plans-0

<table>
<thead>
<tr>
<th>State</th>
<th>Program Description</th>
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</thead>
<tbody>
<tr>
<td>Nevada</td>
<td>Nevada Public Employees Benefits Program</td>
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<tr>
<td></td>
<td>- The website provides Wellness and preventive care recommendations, as well as a list of the Wellness/preventive care benefits covered by specific health plans</td>
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<tr>
<td></td>
<td>- Does not provide incentives to achieve wellness</td>
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<tr>
<td></td>
<td><a href="http://pebp.state.nv.us/AdultPrev.htm#A15">http://pebp.state.nv.us/AdultPrev.htm#A15</a></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>State of New Hampshire Employee Wellness Program</td>
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<td></td>
<td><em>Healthy Lifestyles</em></td>
</tr>
<tr>
<td></td>
<td><strong>Eligibility</strong></td>
</tr>
<tr>
<td></td>
<td>- All employees and their dependents (18 years of age and older) enrolled in a State health plan are eligible to take the Anthem Healthy Lifestyles Well-Being Health Assessment (HAT) and participate in the online Anthem Healthy Lifestyles Program</td>
</tr>
<tr>
<td></td>
<td>- However, only the state employee that is the subscriber of the health plan is entitled to the $200 Health Reimbursement Arrangement (HRA) benefit for taking the HAT</td>
</tr>
<tr>
<td></td>
<td>- If two State employees are married and both are covered on the same medical policy, only the subscriber of the plan is entitled to the $200 HRA benefit for taking the HAT</td>
</tr>
<tr>
<td></td>
<td>- If they are each covered on separate medical policies and are both subscribers, then they would both be entitled to the $200 HRA benefit for taking the HAT</td>
</tr>
<tr>
<td></td>
<td><strong>Anthem Health Lifestyles Well-Being Assessment</strong></td>
</tr>
<tr>
<td></td>
<td>- The Anthem Healthy Lifestyles Well-Being Health Assessment, referred to as the Health Assessment Tool (HAT) is a free confidential questionnaire that evaluates overall well-being</td>
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<tr>
<td></td>
<td>- This assessment gathers information about all the factors that influence a person’s well-being, including physical, emotional and financial health and social connectivity</td>
</tr>
<tr>
<td></td>
<td>- Employees enrolled in a State health plan can participate in a worksite Know Your Numbers (KYN) Health Screening administered by Anthem's vendor Healthways and Hooper Holmes.</td>
</tr>
<tr>
<td></td>
<td>- After participating in a worksite KYN Health Screening, Anthem will award 100 points in the employee's Health Rewards online program.</td>
</tr>
<tr>
<td></td>
<td>- If an employee cannot attend a worksite KYN Health Screening, they can visit their health care provider to have the screening done</td>
</tr>
</tbody>
</table>
Incentives: Health Reimbursement Arrangement

- In order to receive the $200 HRA in 2015, eligible employees must complete the HAT on or after January 1st, 2015
- Completing the HAT is voluntary and has no effect on your employment at the State of New Hampshire, your health benefit coverage or your eligibility to receive medical care
- Effective January 1, 2015, upon completion of the HAT, employees who are represented by the State Employees' Association of NH (SEA), unrepresented (Classified, Unclassified, Non-Classified or HR Confidential), or an employee of a Statutorily Authorized Group (SAG) will be eligible for up to $300 in $100 increments in HRA benefits for completing 3 out of 6 Health Rewards Activities in 2015

- In order to be eligible for the Health Rewards HRA you must be a subscribing member of the State's group medical and prescription drug plan and have completed the HAT
- To earn up to $300 in tax-free incentives you must participate in qualified health promotion activities
- In addition to the subscribing members mentioned above, a state employee who is independently eligible to enroll in the State's plan but is enrolled as a dependent (either as a spouse or adult child) on a subscribing state employee's plan will be eligible for the Health Rewards HRA once he or she has completed the HAT
- To earn up to $300 in tax-free incentives the enrolled dependent must participate in qualified health promotion activities.

The Healthy Lifestyles Program Allows Employees to:

- Complete your Health Assessment Tool (HAT) called the "Well-Being Assessment"
- Create a well-being plan based on your results of your Well-Being Assessment and your personal goals
- Set up trackers to keep tabs on your exercise, weight, nutrition or medication
- Access to wellness resources, including videos, articles, healthy recipes and more
- Connect with people who have the same goals

Health Reward Activities

1) **Know your numbers screening**: After participating in a worksite KYN Health Screening, Anthem will award 100 points in the employee's Health Rewards online program

2) **Fitness and Nutrition Events**: Each fitness event is worth 5 points and each nutrition event is worth 5 points. Once the employee has reported 10 fitness events and 10 nutrition events, the employee receives 100 points. A fitness event is defined as being physically active for at least 30 minutes a day on 5 or more days in a week. A nutrition event is defined as consuming at least 5 servings of fruits and vegetables on 5 or more days in a week.

3) **Employee Health Education Program**: The Employee Health Education Program covers health promotion and disease prevention topics, important medical self-care and health utilization decisions, and health and wellness program approaches that can help prevent or slow the progression of serious health concerns.

4) **Annual Check-Up**: By completing an Annual Check Up (annual physical or
wellness exam) with a medical provider in 2015, an employee can receive 100 points in Health Rewards

5) **Flu Vaccination:** After receiving a flu vaccination in the fall of 2015, an employee can receive 100 points in Health Rewards.

6) **Tobacco Free:** Employees that do not use tobacco products (cigarettes, chewing tobacco, cigars, etc.) can earn this reward in the Health Rewards Program. An alternative to the Health Action Plan for an employee to quit tobacco and earn a Health Reward in 2015 is to successfully complete the New Hampshire Tobacco Helpline cessation program.

http://www.admin.state.nh.us/wellness/Wellness_RewardProgram.html#Eligibility

**New Jersey**

New Jersey Department of the Treasury

**NJWell**

-NJWell is a wellness plan option for employees in the State Health Benefits Program and School Employees Health Benefits Program and their covered spouses or partners

-Participation is voluntary

-The mission is to “cultivate healthy lifestyle choices for active SHBP and SEHBP members to lower health risk factors, improve well being, and ensure that New Jersey's SHBP and SEHBP members are healthy and productive for years to come. And since healthy members typically require less costly health care, NJWELL will help the SHBP and SEHBP contain future costs.”

- SHBP and SEHBP members can participate in NJWELL and earn up to 500 points by completing the Biometric Screening, Health Assessment, and some additional activities before October 31, 2015

  - Health Assessment (150 points)
  - Biometric Screening (100 points)
  - Elective Activates (300 points = $100 incentive)
    - Chat by phone with disease management coach (100 points)
    - Flu shot (75 points)
    - Participate in online coaching (50 points)
    - Age/gender appropriate screening (25 points)
    - Participate in an online activity (25 points)

- The following incentives are available for attaining different point levels: 400 points = additional $50 incentive, 500 points = additional $50 incentive, Employees have until October 31, 2015 to earn up to 500 points.

- That's a possible $200 in rewards, in total, based on the total points earned by October 31, 2015 — A covered spouse/partner can also earn his or her own incentive gift card by earning points, or a potential $400 per couple

- If only one of the member, spouse or partner accrues 250 points, then that person would receive a $100 Prepaid Visa Gift card.

- If both the member and their covered spouse or If both the member and their covered spouse or partner accrue 250 points, then they would each receive a $100 Prepaid Visa Gift card, totaling $200 in rewards

http://www.state.nj.us/treasury/pensions/njwell/main.shtml
<table>
<thead>
<tr>
<th>State</th>
<th>Plan Description</th>
</tr>
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<tbody>
<tr>
<td>New Mexico</td>
<td>State of New Mexico Group Benefits Plan</td>
</tr>
<tr>
<td><strong>New Mexico Working on Wellness</strong></td>
<td>- Free Preventive Health Checkups are available to employees and their spouses/domestic partners who have medical coverage with the State’s Group Benefits Plan.</td>
</tr>
<tr>
<td></td>
<td>- Employees can get a checkup on work time and will receive a <strong>$25 VISA gift card</strong> upon completion</td>
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<td>- Upon request, checkup results can be sent confidentially to an employee’s health provider</td>
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<tr>
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<td>- The check up provides employees with immediate valuable health information (blood pressure, blood sugar/glucose, cholesterol, HDL, LDL, triglycerides, liver screenings, etc.)</td>
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<tr>
<td></td>
<td>- Results will be privately reviewed on site by a nurse practitioner</td>
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<tr>
<td></td>
<td><a href="https://www.mybenefitsnm.com/wellnessprogram.htm">https://www.mybenefitsnm.com/wellnessprogram.htm</a></td>
</tr>
<tr>
<td>New York</td>
<td>New York State Department of Health</td>
</tr>
<tr>
<td></td>
<td>- Website provides tools for promoting worksite wellness</td>
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<tr>
<td></td>
<td>- No statewide wellness program for employees</td>
</tr>
<tr>
<td>North Carolina</td>
<td>North Carolina State Health Plan</td>
</tr>
<tr>
<td><strong>NC Health Smart</strong></td>
<td>- In 2008, the North Carolina State Personnel Commission approved the state's first worksite wellness policy</td>
</tr>
<tr>
<td></td>
<td>- The State Health Plan offers health benefits to all eligible teachers, state employees, retirees and other individuals identified in the North Carolina General Statutes</td>
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<td>- Two of the plans, the Consumer-Directed Health Plan (CDHP) and the Enhanced 80/20 Plan, offer financial incentives for taking steps to improve employee health</td>
</tr>
<tr>
<td><strong>Incentives: Wellness Premium Credits</strong></td>
<td>- Employees can lower their monthly premium for the Consumer-Directed Health Plan and the Enhanced 80/20 Plan by completing specific wellness activities</td>
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<tr>
<td></td>
<td>- Wellness premium credits apply only to the employee-only premium</td>
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<tr>
<td></td>
<td>- In order to receive the wellness premium credits, employees must complete the wellness activities within 30 days of their hire date</td>
</tr>
<tr>
<td><strong>Consumer Directed Health Plan</strong></td>
<td>- This plan includes the ability to lower monthly premiums by completing wellness activities</td>
</tr>
<tr>
<td></td>
<td>- Attest that you and your covered spouse (if applicable) are non-smokers or commit to a smoking cessation program—$20/month</td>
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<td></td>
<td>- Complete a confidential Health Assessment—$10/month</td>
</tr>
</tbody>
</table>
|               | - Select a Primary Care Provider for yourself and each covered dependent (if
**Enhanced 8/20 Plan**

- This plan has higher premiums in exchange for lower copays, coinsurance and deductibles. This plan includes the ability to lower your monthly premium by completing wellness activities
  - Attest that you and your covered spouse (if applicable) are non-smokers or commit to a smoking cessation program—$20/month
  - Complete a confidential Health Assessment—$15/month
  - Select a Primary Care Provider for yourself and each covered dependent (if applicable)—$15/month

**Additional Wellness Incentives**

Additional wellness incentives are available in the Consumer-Directed Health Plan and the Enhanced 80/20 Plan that lower your out-of-pocket costs for various health care services you receive throughout the year.

**Other Wellness Resources**

- covered flu shots and routine physicals
- confidential support from coaches
- additional online resources to manage stress, depression or substance abuse
- free or reduced cost dietician visits
- FDA approved weight management medications and bariatric surgery are covered

http://www.shpnc.org/myMedicalBenefits/default.aspx

North Dakota

**North Dakota Public Employees Retirement System (NDPERS)**

**Building a Healthy North Dakota**

- The employer based wellness program allows participating employers to receive a 1% health insurance premium discount for promoting wellness initiatives for their employees at their worksite
  - The program goals are to:
    - have 100% of our employers supporting a wellness message at their worksite
    - have our members get a greater understanding of wellness
    - create a better quality of life for our membership
- Employers that participate in the NDPERS Group Health Insurance Plan have the opportunity to enroll in the employer based wellness program on an annual basis
  - The wellness plan year is from July 1 to June 30

Employers electing to enroll in the program must:
- Submit the Commitment Agreement SFN 58643
- Appoint a Wellness Coordinator
- View or attend the BCBS Wellness Coordinator Workshop or a HealthyND Worksite Wellness Training
- Distribute communication materials to employer’s employees on a monthly basis and promote the PERS Tobacco Cessation Program (state agencies only)
- Develop & submit Wellness Program annually through the Employer Based
Wellness Discount Application SFN 58436 & Wellness Benefit Funding Program Application SFN 58361
  • Implement Wellness Program during plan year
  • Report at plan year-end the results of wellness activities using Wellness Program YearEnd

Program/Activity Confirmation SFN 58437
- For an employer’s wellness program to be approved for the 1% premium discount, an employer must obtain 5 points
- The 5 points are obtained based on the types of activities being promoted as follows:
  • 1 point (mandatory) – submission of Commitment Agreement SFN 58643, appointment of wellness Coordinator and attendance at BCBS Wellness Coordinator Workshop or HealthyND Training= 1 point (mandatory)
  • One Day Program = 1 point
  • Multi-Day Program = 2 points
  • Comprehensive Wellness Plan = 4 points

http://www.nd.gov/ndpers/insurance-plans/employer-based-wellness.html

Ohio

Ohio.gov

Take Charge! Live Well!

- The state of Ohio partnered with Healthways to provide state employees with the Take Charge! Live Well! Wellness program
- This program is available to employees and spouses enrolled in the State of Ohio medical plan
- Employees are eligible to receive a Take Charge! Live Well! reward if they are enrolled in one of the state's health plans and complete eligible activities
- They may also receive a reward for your enrolled spouse's participation

- Eligible employees and spouses can each earn up to $350 in reward cards by completing the program Pathway to Health

Pathways to Wellness

Step 1: Assess your Health
  • Complete a biometric screening; (earn $75) or
  • Complete your Well-Being Assessment (earn 50)

During the biometric screening, a health professional will collect measurements, including height and weight. A blood sample will be taken to determine cholesterol and glucose levels, triglycerides and other factors that can lead to lifestyle-related health complications

The Well-Being Assessment is a confidential questionnaire that evaluates employee overall well-being. This survey gathers information about physical, emotional and financial health and social connectivity

Step 2: Take Action
  • Complete the Coaching Pathway; OR
• Complete the Online Pathway (earn $200)

**Coaching Pathway**: The Well-Being Assessment and biometric screening are prerequisites and must be completed prior to earning a reward for the Coaching Pathway. Employees must complete four telephonic coaching sessions.

**Online Pathway**: the Well-Being Assessment must be completed prior to starting the Online Pathway

1) Complete the Online Wellbeing Plan
2) Complete 5 of the 9 online tools to help achieve wellness goals. Each of the 5 online tools must be completed 10 times:
   - Exercise tracker
   - Food tracker
   - Servings tracker
   - Body Weight tracker
   - Steps tracker
   - Medication tracker
   - View/read/listen Resources—view online videos or read online stories
   - Wellness journal entry
   - Complete action item

http://www.tclw.das.ohio.gov/

<table>
<thead>
<tr>
<th>Oklahoma</th>
<th>Oklahoma Department of Health and Human Services—Employee Benefits Council</th>
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<tbody>
<tr>
<td></td>
<td><strong>OK Health</strong></td>
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<tr>
<td></td>
<td>- OK Health was launched in 2006 to teach employees to change their lifestyles and improve their health</td>
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<tr>
<td></td>
<td>- Employees must complete an online health assessment which includes medical history, nutrition, lifestyle, and other factors</td>
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<td>- Employees also receive a copay-free visit to their primary care physician for lipid and glucose blood tests at the beginning of their participation in the program, and again in 12 months</td>
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<tr>
<td></td>
<td>- OK Health uses the test results to assess employees’ health risks, and then assigns them a mentor, with whom they talk by phone as often as once a week to help them manage their weight, reduce stress, and exercise regularly</td>
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<tr>
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<td>- During the 15-minute phone consultations, mentors and employees work through education modules on exercise, nutrition, stress management, diabetes management, smoking cessation, and other health topics</td>
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<td>- Participants can use online tools to develop goals and action plans, track their progress,</td>
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</table>
Participants are eligible for several incentives:

- A free initial visit to a primary care physician and accompanying lab work;
- Discounts at fitness centers throughout the state; and
- Annual financial incentives totaling total $100, $300, or $500 at 64 state agencies.

To date, 4,600 individuals have participated in the program for one year, and 1,000 have stayed in the program longer than one year.

In collaboration with epidemiologists at the Oklahoma State Department of Health, the EBC has determined that after three years of the program, OK Health participants have achieved measurable improvements in their health compared with non-participants:

- 21 percent decrease in medical claims
- 9 percent reduction in hospitalizations
- 34 percent reduction in doctor’s office visits
- 3 percent decrease in emergency room visits


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<tr>
<th>Oregon</th>
<th>Public Employee Benefits Board</th>
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*Healthy Engagement Model (HEM)*

**To Participate, employees must complete two steps:**

**Step 1:** Complete a confidential online health assessment on your health plan's website during Open Enrollment

**Step 2:** Enroll in HEM when you enroll in 2016 benefits during Open Enrollment

-After enrollment, employees have the opportunity to take advantage of no cost health actions. These are voluntary actions

**Health Actions**

- **Exercise Rewards:** Work out at a qualified fitness club or exercise center 8 times per month, and you’ll receive up to a $45 subsidy each quarter ($15 per month)
- **Healthy Team Healthy U:** Healthy Team Healthy U is a fun, interactive wellness program done at work with your team for 12 brief sessions. You will be given the tools to improve your diet, be more physically active, have more energy, and enjoy better health
- **Mood Helper**: MoodHelper is an easy-to-use, personalized program that can teach you how to manage depression at your own pace, in the privacy of your own home.

- **Tobacco Cessation Programs**: PEBB members who use tobacco have $25 deducted monthly from their pay (plus $25 for spouse/partner who uses tobacco), but they can end the deduction when they quit. Members who use tobacco also have higher rates for optional life insurance.

- **Weight Watchers**: PEBB principal subscribers and their covered spouses, domestic partners and dependents age 10 and older can enroll in Weight Watchers at no cost.

Employees don't have to report on their choice of health actions or how they did on them.

- When an employee enrolls in a 2016 medical plan, they will be asked if they completed two health action before Open Enrollment.

- They must complete two health actions by next Open Enrollment.

- Neither an employer or PEBB has access to an employee’s protected health information.

**Incentives**

- For employees who don't cover a spouse or domestic partner, the monthly health incentive is $17.50.
- For employees who cover a spouse or domestic partner, it's $35 (both individuals must participate).
- For dual-eligible, dual-enrolled couples, the member of the couple with the earlier birth date will receive the incentive.
- HEM Non-Participants have a $100-per-person deductible added to the standard deductible in their medical plan to a family maximum of $300.

http://www.oregon.gov/DAS/PEBB/WELLNESS/Pages/HEMOverview.aspx

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<thead>
<tr>
<th>Pennsylvania</th>
<th>Pennsylvania Employees Benefits Trust Fund (PEBTF)</th>
</tr>
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</table>

**Get Healthy**

- The 2014 wellness screenings are required for employees AND covered spouses/domestic partners for the employee to earn the health care contribution waiver.
- The wellness screening includes a test for cholesterol and blood glucose (sugar) levels and height, weight and blood pressure measurements. The screening are offered through Quest Diagnostics® Blueprint for Wellness® program.
- Wellness screenings are available to permanent full-time and part-time employees and covered spouses/domestic partners that are covered under PEBTF medical and/or supplemental benefits.
- To earn the Get Healthy waiver beginning July 1, 2015, the employee AND covered spouse/domestic partner must complete a wellness screening by December 31, 2014.

https://www.pebtf.org/GetHealthy/
**Rhode Island**

State of Rhode Island

*Rewards for Wellness Program*

- All State of Rhode Island employees are eligible to participate in Rewards for Wellness programs and screenings, but only employees who are paying the State employee co-shares posted on the Office of Employee Benefits website are eligible to receive incentives for co-share credit.
- No spouses are dependents are eligible for the program, only state employees
- Participation is voluntary
- Eligible employees that participate in the following activities are eligible to receive up to $500 in credits towards the cost of their health insurance co-shares:
  1) Complete “Choosing Care” Online Tutorial ($50 incentive)
  2) Complete myuhc.com Online Health Assessment ($50 incentive)
  3) Obtain blood pressure screening less than 140/90 OR consult with a physician for a follow up ($100 incentive)
  4) Obtain Total Cholesterol/HDL Ratio Screening equal to or less than 5.0 OR consult with a physician for a follow up ($100 incentive)
  5) Obtain Body Mass Index (BMI) Screening less than 30 OR complete one of the approved actions to lower BMI ($100 incentive)
  6) Complete Physical Activity Challenge ($100 incentive)

- Incentives will appear in an employee’s paycheck as a credit to their health insurance co-share
- Employees do not have to participate in all activities to receive a co-share incentive credit
- Employees with high blood pressure, cholesterol, and/or a high BMI can still receive the incentive credit if they take qualifying actions

http://www.wellness.ri.gov/rfw2013-2014/

**South Carolina**

South Carolina Public Employee Benefit Authority (PEBA)

*Wellness Incentive Program*

- Eligible State Health Plan members who meet certain requirements may receive condition-specific-related generic drugs and supplies at no cost for 12 months.
- Potential members have one or more of these conditions:
  - Diabetes
  - Cardiovascular disease, including coronary artery disease (CAD), hypertension (high blood pressure) and hyperlipidemia (high cholesterol)
  - Congestive heart failure PEBA is waiving the copayments for these generic drugs and diabetic supplies as part of an effort to encourage subscribers and their covered dependents with diabetes or cardiovascular disease to better manage their conditions.
- Subscribers and their covered spouses and dependents, whose primary coverage (in which the PEBA insurance pays benefits before any other insurance) is the State Health Plan, are eligible for the program
- Retiree, COBRA and survivor subscribers and their covered dependents may also
potentially qualify for the program
- Your eligibility in the program will last for a full 12 months once you have qualified.
- We identify members through claims or preauthorization for one of the qualifying conditions (diabetes, cardiovascular disease or congestive heart failure)

Drug Coverage
- The program offers generic versions of covered drugs in these classes:
  - Antihypertensives (drugs to treat high blood pressure)
  - Cholesterol-lowering drugs
  - Diabetes drugs and diabetes testing supplies

Qualifications Requirements for Members 18 and older
1) Complete the Health Survey (first time qualification for diabetes and cardiac conditions)
2) Participate in a Health Management Program (for specific condition)
3) Visit the doctor
4) Complete lab tests

Requalification Requirements for Members 18 and older
1) Complete a Personal Health Assessment (PHA) (yearly requalification for diabetes and cardiac conditions)
2) Participate in a Health Management Program (for specific condition)
3) Visit the doctor
4) Complete lab tests
5) Receive health coaching or attend approved class


South Dakota

Latitude Wellness Programs

There are three types of Latitude Wellness Programs you can choose from, including:
- participatory (individual) programs
- worksite wellness challenges
- HMP enrollment programs that target certain health conditions.

Step 1: Complete a free Health Screenimg
Step 2: Complete an Online Health Assessment
Step 3: Earn 75 Latitude Wellness Program Points

**Health Screening**: measures Cholesterol (Total, HDL, LDL, Triglycerides, TC/HDL Ratio), Blood pressure, and Body mass index

**The Online Health Assessment**: takes 15 minutes and asks employees to answer questions about their health and daily habits and to review their personalized report with actions they can take to get healthier

**Latitude Wellness Program Points**

There are a variety of different programs to choose from, including:
- Participatory (individual) Programs—include things members can complete on an individual basis. It may be something he or she is already doing or an activity or testing required for his or her job. These programs require online tracking or proof of completion (different point values assigned to each activity)
- Worksite Wellness Challenges—group and individual challenges created to
engage members in areas of physical activity, nutrition, sleep, resilience, stress management and promote positive behaviors (25 points each)

- HMP Enrollment Programs—target certain health conditions. Members are asked to participate in enrollment programs based on individual Health Screening results, Health Assessment results, or medical and pharmacy claims. Members with one or more of these conditions may also self enroll in a program (75 points each)

-To qualify for the lowest deductible health plan offered in FY16, an employee and his or her covered spouse must complete a Health Screening, online Health Assessment, and each earn 75 Latitude Wellness Program Points

http://benefits.sd.gov/activeemployee.aspx

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<tr>
<th>Tennessee</th>
<th>State of Tennessee Group Insurance Program</th>
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*ParTNers for Health*

-New Employees and Newly Covered Employees or Spouses (after 1/1/15) enrolled in the Partnership PPO must complete the requirements of the Partnership Promise each year they are enrolled

-If the requirements aren’t met, employees and spouses will be transferred to the Standard PPO the following year.

-The Partnership PPO option allows employees to pay less for their coverage by taking an active role in your health and fulfilling the Partnership Promise

-The Partnership Promise is an annual commitment

-The Partnership Promise requirements may change from one year to the next.

New members and their covered spouses must only do TWO things:

- Complete the online Well-Being Assessment (WBA)
- Get a biometric health screening

-Both requirements must be completed within 120 days of an employee’s insurance coverage effective date

*ParTNers Plan*

-The plan is a personalized tool that helps each member reach his or her healthy best

-The ParTNership PPO rewards members with lower costs because they have agreed to take steps to maintain or improve their health

-These steps are called the Partnership Promise: Partnership PPO members promise to take steps in exchange for lower health insurance rates and lower cost services

-After completing the online Well-Being Assessment (WBA), members can view their results as well as recommended focus areas, like healthy eating, stress management and tobacco cessation

-Members can use these recommendations to create an online Well-Being Plan with suggested action items

-In 2015, a biometric screening is required of all new members of the Partnership PPO (employees and covered spouses) as well as those members contacted by Healthways for health coaching.

-There will be no onsite biometric screenings in 2015. Screenings must be completed with a healthcare provider and have a Physician Screening Form completed

-The screening includes height, weight, blood pressure and waist circumference. A sample of blood is also collected to determine blood sugar, cholesterol levels and other
factors that can lead to lifestyle-related health complications
-An employee’s annual wellness visit (i.e. physical exam) is considered a preventive service and is offered to members at no cost
-A coach may contact each member at any time during the plan year (January 1 – December 31, 2015); the coach will work with each member to create reasonable and achievable goals that can be changed at any time when appropriate
-As long as a member is making an effort to work towards his or her goals, they can stay in the Partnership PPO

Tobacco
-There is no surcharge for tobacco use
-If an employee enrolls in the Partnership PPO, they must participate and complete a Healthways’ tobacco cessation coaching program (as part of the Partnership Promise coaching requirement)
-Members are not required to quit – just participate in the program and try to quit

Discounts
-Fitness center discounts are available to all state group insurance program members
-Certain fitness centers have agreed to offer a discount on their regular member price and/or initiation fees.

http://partnersforhealthtn.gov/wellness.shtml

Texas Department of State Health Services
-Government Code, Chapter 664 requires the Department of State Health Services (DSHS) to designate a statewide wellness Coordinator to create and develop for use by state agencies, a model statewide wellness program to improve the health and wellness of state agencies.
- Since 2008, state agency wellness efforts have been based on the Texas Model Wellness Program, which established policy and program objectives for agencies to use as a foundation for wellness activities. Objectives include:
  • Increasing usage of preventive screenings and services
  • Improving tobacco prevention and cessation
  • Increasing physical activity
  • Increasing healthy eating
  • Improving stress management (including Employee Assistance Program services)
  • Supporting nursing mothers
- During the next two years, DSHS will focus on implementing statewide initiatives aligned with the objectives of the model wellness program, and will continue to support state agency wellness planners as they implement wellness activities in their agencies

https://www.dshs.state.tx.us/wellness/worksiteresources.shtml
Healthy Utah is an exclusive wellness benefit for eligible PEHP members and their spouses.
- All group health care plans under the PEHP umbrella, including Preferred Care, Advantage Care, and Summit Care plans, qualify for the Healthy Utah Benefit.
- PEHP Waist Aweigh is for PEHP members with a BMI of 30 or higher to provide support, education, and financial incentives.

Healthy Utah offers a variety of programs, services, and resources to help members get healthy and stay well.
- myHealthyUtah is an online account tool to access Healthy Utah where members can review their past testing session results, including blood pressure, cholesterol, weight, and body composition.

Rebates
- Healthy Utah offers a "First Steps" and "Good For You" rebate. "First Steps" rebate may be earned annually after attending a biometric screening.
- Members must attend an annual biometric screening and earn their "First Steps" rebate before they can participate in any improvement rebates.

1. BMI Improvement Rebate
   To qualify: Your body mass index (BMI) must be 25 or greater. Calculate your BMI, or attend a Healthy Utah testing session.

2. LDL Cholesterol Improvement Rebate
   To qualify: Your total cholesterol level must be 200 mg/dL or higher. A valid cholesterol result can be obtained from your primary care physician or a Healthy Utah testing session.
   To earn the rebate: Decrease your LDL cholesterol to your goal level.

3. Blood Pressure Improvement Rebate
   To qualify: Your blood pressure would need to be greater than 120/80 mm/Hg to qualify.
   To earn the rebate: Working with your physician, set a goal blood pressure and successfully accomplish it.

4. Diabetes Management Rebate
   To qualify: You must currently be diagnosed with type I or type II diabetes.
   To earn the rebate: You must lower or maintain your A1C at 7 or lower for the past year. The A1C tests reflects your blood sugar activity over a period of three months.

5. Tobacco Cessation
   To qualify: You must currently use tobacco.
   To earn the rebate: You must be tobacco free for six months.

http://www.healthyutah.org/
LiveWell Vermont

-the Vermont SEWP announced the start of “One Life, Live It Well” incentives campaign in 2014
-This campaign encourages employees to complete the following wellness initiatives:

- 2015 Online Personal Health Assessment via the LiveWell Vermont portals: $50/50 points
- Completion of ONE of four Wellness Challenges administered by LiveWell Vermont staff during the 2015 incentive year: $25/25 points
- Completion of ONE Workshop via the wellness portal, which must be completed by November 1, 2015: $25/25 points
- BONUS: Completion of an Annual Physical Exam between November 1, 2014 and November 1, 2015: $50/50 points

Completion of wellness initiatives qualifies active permanent State of VT employees covered under BCBSVT for cash incentives (up to $150)
-Non-plan employees will earn points toward wellness drawings held on a quarterly basis and during challenge
-In addition to the online health assessment, employees can join wellness challenges and workshops, register for events, and access nutrition and exercise planners and trackers
-LiveWell Vermont will continue to offer on-site wellness events, biometric screenings and flu shots throughout the year.

Eligibility requirements
-Active employees insured with SOV BCBSVT are eligible for the cash incentive: 50 points = $50. Limited to $100 per employee annually.
-Active employees not insured with SOV BCBSVT are eligible for drawings: 50 points = 1 drawing entry

http://humanresources.vermont.gov/salary/wellness

CommonHealth

-offers fitness center membership discounts to all State and Local Choice employees
- Programs cover a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations - that make it easy to participate.
- CommonHealth offers these additional wellness programs:
  * Stress Management Sessions
  * Fitness Center Discounts
  * The Compass Newsletter
• Weight Watchers reimbursement
• Annual Wellness Events like walking and weight loss challenges
• A full library of past programs complete with all educational materials
• An interactive website with health quizzes and wellness tools for you and your family

Participation in CommonHealth is open to the following classifications of Commonwealth employees:

• Full-time Salaried Employees (30-40 hours)
• Part-time Salaried Employees (more than 20 hours)
• Wage employees
• Full-time Faculty
• Part-time Faculty
• Retirees (and spouses) are also eligible to participate.
• Family members 18+ years, living permanently in the employee's household are eligible. These include spouses or dependents (under 23 years, non-self supporting).
• Wage Employees only (no family members) are eligible to participate.

Employees do not need to be enrolled in the health insurance program in order to participate in CommonHealth.

http://www.commonhealth.virginia.gov/aboutus.htm

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<th>Washington</th>
<th>Public Employees Benefits Board</th>
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**SmartHealth**

- SmartHealth, Washington State's voluntary and confidential wellness program
  These PEBB medical plan subscribers are eligible to qualify for the wellness incentive:

  • Employees.
  • Retiree subscribers not enrolled in Medicare Part A and Part B
  • COBRA and PEBB Extension of Coverage subscribers not enrolled in Medicare Part A and Part B
  • Leave Without Pay subscribers
  • Eligible subscribers’ spouses or registered domestic partners enrolled in a PEBB medical plan may also participate in SmartHealth, but will not qualify for the wellness incentive

- Eligible subscribers can qualify for one of these wellness incentives in 2016:

  • A $125 reduction in the subscriber's 2016 PEBB medical deductible. OR
  • A one-time deposit of $125 into the subscriber's health savings account (if enrolled in a PEBB consumer-directed health plan in 2016)

-to earn these $125 wellness incentives, members must
1) create an account at the SmartHealth web page
2) Take the SmartHealth Well-being Assessment (required to earn the wellness incentive). Earn 800 points for completing the Well-being Assessment by June 30, 2015. Earn 100 bonus points if completed by March 31, 2015
3) After completing the Well-being Assessment, complete other activities on SmartHealth's website to earn more points.
   - eligible members who reach 2,000 points by June 30, 2015, will qualify for a $125 wellness incentive in 2016 either as
     • $125 off the subscriber’s PEBB medical plan deductible in 2016, OR
     • A one-time $125 deposit into the subscriber’s health savings account (if the subscriber is enrolled in a PEBB consumer-directed health plan in 2016)
   - employees that don’t participate in SmartHealth won’t qualify for the $125 wellness incentive in 2016

http://www.hca.wa.gov/pebb/Pages/wellness.aspx

West Virginia

Public Employee Insurance Agency (PEIA)

Pathways to Wellness

W. Va. Code 5-16-8 requires the Public Employees Insurance Plan to provide wellness programs and incentives to discourage alcohol, tobacco and chemical abuse, as well as an educational program to encourage proper diet and exercise

- Pathways to Wellness offers a variety of presentations on subjects like nutrition, stress management, and physical activity
- PEIA Preferred Provider Benefit and Health Plan worksites are eligible for onsite fitness classes and wellness challenges that may be arranged
- This program provides participants with health screens for heart disease, diabetes, hypertension, and osteoporosis. Pathways also offers lifestyle change and grant programs addressing physical activity and nutrition
- PEIA offers Pathways through a partnership with the Marshall University College of Health Professions and the Marshall University Research Corporation

The Improve Your Score Program (IYS) is an outgrowth of the Pathways to Wellness health screens and provides participants with color-coded report cards which clearly define the participants’ risk scores using a color-coded report
- Members scoring green (healthy range) receive a $50 check, those in the yellow (moderate risk) receive a $25 check, and those in the red do not receive a check but like those scoring “yellow” are referred to appropriate disease management programs
- The participant’s report is shared with the primary care physician for appropriate follow up/intervention
- IYS shows participants their changes over time so that they become more aware of their modifiable health risk factors and the measures they can take to improve their risk scores
- IYS currently ranks them on blood pressure, Body Mass Index (BMI), glucose, and cholesterol

The Face-to-Face Diabetes Program is a disease management program developed by PEIA which provides enrollees with diabetes with health education, regular visits with a provider certified in diabetes self management and waives co-payments on diabetes-
related drugs and some lab tests
- With more than 4,000 participants, both process and clinical outcomes for these members have improved ensuring that they are receiving the appropriate services when they should, and providing them with the necessary lifestyle skills to improve their health.

The PEIA Weight Management Program provides PEIA members with a BMI of 30 or greater, or 25 or greater with a related condition, with the services of a dietitian, exercise physiologist, and personal trainer at approved fitness centers
- PEIA now has a network of 50 participating facilities statewide
- This is the first program of its kind in West Virginia and one of the few in the nation

Pathways Website: [http://www.peiapathways.com/Home/Index](http://www.peiapathways.com/Home/Index)
Other Programs Link: [http://www.state.wv.us/admin/personnel/empecom/stline/05-09/09/Oct09-02.pdf](http://www.state.wv.us/admin/personnel/empecom/stline/05-09/09/Oct09-02.pdf)

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<tr>
<th>Wisconsin</th>
<th>Wisconsin Department of Employee Trust Funds</th>
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<tr>
<td></td>
<td><em>Well Wisconsin</em></td>
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<td></td>
<td>- Well Wisconsin is a program designed to make members more aware of their current and future health risks, and save them money in the process</td>
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<td></td>
<td>- Every adult enrolled in your State of Wisconsin health insurance plan can participate in the Well Wisconsin program, including your member spouses and children who are 18 or older</td>
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<tr>
<td></td>
<td>- Each spouse/partner and adult dependent may complete the program and earn their own rewards from the member’s insurance provider</td>
</tr>
<tr>
<td></td>
<td>- Each participant can earn their own reward from a member’s health insurance provider, and on-site Wellness Assessments are open to adult dependents as well as State of Wisconsin employees</td>
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**Steps for Completing the Wellness Incentives Program:**

1) Take a Wellness Assessment: this 20-minute assessment is a baseline measurement of common health factors and will measure blood pressure, cholesterol level, glucose, and height and weight. A health insurance provider may work with members to make personalized recommendations such as stress reduction, nutrition tips, or exercise options based upon the assessment results

2) Complete an online Health Survey: a short questionnaire about member health habits, which highlights healthy habits and suggest areas on which to improve

**Incentives:**
- Beginning in 2014, all insurance plans will offer a $150 incentive for completing the Well Wisconsin program (paid in cash, check, or gift card depending on the health plan)
- Depending on the plan, many plans will continue to offer discounts or reimbursement for fitness club memberships, community supported agriculture, and health education courses for tobacco cessation, weight loss and nutrition

[http://www.wellwisconsin.wi.gov/Home](http://www.wellwisconsin.wi.gov/Home)
<table>
<thead>
<tr>
<th>Wyoming</th>
<th>State of Wyoming A&amp;I Human Resources Division</th>
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<tr>
<td></td>
<td>Wellness Benefits are offered through the Wyoming State Employees’ Group Insurance</td>
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<td></td>
<td>All members enrolled in the Health Plan through Wyoming State Employees’ Group Insurance can receive two blood draws per year from the Wyoming Health Fairs at no cost to the member</td>
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<td></td>
<td>All employees/retirees (subscriber) of the Health Plan through Wyoming State Employees’ Group Insurance can receive one $25 dollar incentive payment for getting a blood draw through Wyoming Health Fairs</td>
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<td></td>
<td>All members may continue to use a Health Assessment for their own benefit through Cigna Healthcare</td>
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<td></td>
<td>Many State Agencies have their own wellness program outside the Employees’ Group Insurance Program</td>
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<tr>
<td></td>
<td>Wyoming does not have a wellness program that targets weight loss and tobacco cessation</td>
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<td></td>
<td><a href="http://www.wyoming.gov/loc/06012011_1/egi/wellness/Pages/default.aspx">http://www.wyoming.gov/loc/06012011_1/egi/wellness/Pages/default.aspx</a></td>
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APPENDIX B: STATE WELLNESS PROGRAM INTERVIEW QUESTIONS

1. Could you please tell me about your state’s incentives program for state employees and how it works?
2. When did your state implement this program?
3. Will this affect all state employees? If not, how many employees will it affect?
4. How did you decide to structure the program this way?
5. Why did you choose to offer these incentives/disincentives?
6. What are the results that you are trying to accomplish?
7. What, if any, results have you seen so far?
8. How much money will this cost the state? How much is it projected to save?
9. What barriers to implementation did you face?
10. Would you consider adding any other types of rewards or penalties in the future?
APPENDIX C: STATE CONTACTS

**Alabama:** Deborah Taylor, Clinical Director, Alabama State Employees’ Insurance Board (SEIB)

**Arkansas:** Katrina Betancourt, Worksite Wellness Section Chief, Arkansas Department of Health

**Colorado:** Nate Sassano, Statewide Wellness Coordinator, Colorado Department of Personnel and Administration

**Connecticut:** Scott Anderson, Assistant Director, Healthcare Policy and Benefit Services Division

**Indiana:** Cameron Troxell, Health and Wellness Director, Indiana State Personnel Department

**Nebraska:** Barbara Munro, Wellness Coordinator, State of Nebraska Employee Wellness and Benefits

**North Carolina:** Tom Friedman, Healthcare Policy Analyst/Legislative Liaison, North Carolina Treasurer’s Office

**Oregon:** Margaret Smith-Isa, Program Development Coordinator, Public Employees’ Benefit Board

**Pennsylvania:** Kate Farley, Executive Director, Pennsylvania Employee Benefits Trust Fund (PEBTF)

**Washington:** Scott Pritchard, Wellness Program Director, Public Employee Benefits
WORKS CITED


Balentine, Jerry R., MD, Obesity, MedicineNet.net on 7/18/2012


