

REQUEST FOR COUNCIL ACTION

Date: 4/27/09
Item No.: 12.a

Department Approval

City Manager Approval



Item Description: **2010 Benefits Contribution Incentive**

INTRODUCTION AND BACKGROUND:

Through benefits changes toward consumer driven health care plans and the City's Wellness program, we have provided both awareness and opportunities for healthier and happier employees. The committees believe the next step is continued education and a focus on preventative care.

During the January Benefits and Wellness Committee meetings the teams looked at 2008 accomplishments and future goals. Members felt the changes incorporated into the 2009 benefits package provided a solid foundation for choice and a potential change in employee benefits use and behavior. The teams believe that improving employee wellness advances the long-range goal of increasing the health and happiness of staff and minimizes health insurance rate increases. We've seen a slight decline in claims over the last year and thus believe our programs are beginning to work.

In 2008, approximately 30% of Roseville employees saw their physicians for a wellness check, whereas the national average is closer to 80%. The members feel that Roseville's poor participation in preventative checkups is one reason that claims have been so high, which resulted in higher rate increases. To achieve the goal of improving employee health and minimizing insurance costs, the Benefits Committee (in agreement with the Wellness Committee) feels the next step is to provide greater incentives to get employees to complete health assessment surveys and see their doctor for a wellness exam. By following these initiatives, employees will be better informed about their health risks and, with the help of their doctor, may identify health problems at an early stage when they may be correctable, better managed, or less expensive to treat.

Therefore, Management concurs with the Benefits Committee and recommends directing a larger share of the Council-approved benefits contribution to employees who have completed certain wellness oriented initiatives prior to the beginning of the 2010 health insurance year. The Committee believes that \$10 per month would be enough incentive to motivate employees to participate. This distribution will be added to all benefit-eligible employees who participate showing the proper documentation during the benefits enrollment period for 2010.

To achieve this \$120 annual incentive, the employee must complete at a minimum, an annual Health Risk Assessment, an annual blood pressure screening, and a physical exam as directed by your doctor according to age, gender, and personal risk factors, prior to the end of the open enrollment period for the 2010 insurance year. Eligible employees who have opted out of Roseville's insurance coverage could participate in the same way to earn the additional \$10/month contribution as they could be on the City's plan at any time.

We want to be able to inform employees about this early enough in the year to allow ample time for scheduling an appointment with their doctor, if needed, and to complete an on-line Health Risk Assessment. Employees don't necessarily need to get ANOTHER physical exam/screening this year if their physician does not recommend one; they may just need to have their physician fill in the Benefits Plan Contribution Incentive form which I have attached to show how this would be administered.

BUDGET IMPLICATIONS

The budgeted 2010 Council approved budget for benefits contributions will cover the cost of the proposed incentive so there is no additional cost. Those that do not participate will receive \$10 per month less than the Council approved rate, resulting in budgetary savings.

REQUESTED COUNCIL ACTION

Motion to approve a \$120 annual incentive as part of the 2010 Council approved Benefits contribution for staff, and to direct City staff to prepare the necessary documents for execution, subject to City Attorney approval as to legal form.

Prepared by: Eldona Bacon
Attachments: A: Benefits Plan Contribution Incentive Form



EMPLOYEE NAME _____

Benefits Plan Contribution Incentive

Earn \$10 a month toward your health insurance. Complete items A, B, and C below and submit a copy of this form with your benefits enrollment for the New Year. Note that the physical exam/screening (item A) is required on a schedule determined by your physician, whereas the blood pressure screening (item B) and Health Risk Assessment (item C) need to be completed at least once a year.

- A. Physical Exams/Screenings** as appropriate for your gender, age, and personal risk factors as performed by a physician and/or other qualified medical professional are required at the intervals recommended for you by your physician. Based on your physician's recommendation, a physical exam/screening might include blood sugar or cholesterol testing, colorectal cancer screening, mammogram, obesity screening, tobacco use/exposure screening, calcium/osteoporosis counseling, alcohol abuse screening, depression screening, cervical cancer screening/pap smear, and/or folic acid screening. Your physician's determination of WHICH exams/screenings you need will not be shared with Roseville Human Resources; H.R. only needs to know you have had a physical exam and WHEN your physician wants to see you again.

This section is to be completed by employee's physician.

Clinic Name/Address Stamped Here:

Date of most recent wellness physical exam or screening: _____

Next physical exam or screening should occur by the end of _____
Month and year

Physician's signature: _____

AND

- B. A Blood Pressure Screening** performed by a qualified medical professional is required every year. This screening can be a part of a visit to your physician, blood donation center, or the neighborhood fire station.

Screener's Company Name, signature and date(s) to verify screening(s)

AND OVER

- C. A Health Risk Assessment** is required every year and is available through your health insurance provider or other online websites such as <http://www.healthstatus.com/index.html>. Print and attach the confirmation sheet generated at the conclusion of the online assessment; the confirmation sheet DOES NOT contain any of your personal health information.

Once this form is signed by your physician, keep it. Simply add signatures for each annual blood pressure screening until your next physical exam/screening and submit a copy of this form with your benefits enrollment materials.

Schedule your next recommended physical exam/screening early so you don't miss open enrollment because you may only sign up for this incentive at benefits enrollment time each year.