

Jefferson Board of Education

2023 Wellness Incentive Plan Program Description and Instructions

The Board of Education has established a supplemental fund to indemnify and reimburse staff members who are enrolled in the district's medical insurance plan and participate in the 2023 Wellness Incentive Plan. The parameters of such fund are as follows:

- a. The fund will be administered by Brown & Brown, who will advise the Board's Business Administrator on the dollar amount due to eligible employees and/or their spouse/partner.

Reimbursement claim forms should e-mailed to:

Brown & Brown

Attn: Paul McGowan

Paul.McGowan@bbrown.com

- b. The fund will be open for dates of service 11/1/22 through 10/31/23. The deadline for completing required activities is 10/31/2023 and employees will have until 11/15/23 to submit the payment claim form and required documentation to Brown & Brown. Employees and/or their spouses/partners who qualified for and received an award from the SEHBP after 11/1/2022 will not be eligible for an additional Wellness Incentive Payment during this timeframe.
- c. The maximum annual allotted amount per eligible employee and/or spouse/partner is \$250.
- d. Requirements will include:
- Create a member profile on Aetna.com
 - Complete the Aetna Health Risk Assessment (print completion page)
 - Annual Wellness Visit with Primary Care Physician
 - Complete **one** of the following
 1. One dental cleaning
 2. One eye care check-up
- e. Incentive payments will be provided during the month of December 2023.
- f. All transactions other than payment in December 2023 will occur directly between employees and Brown & Brown in order to preserve the privacy of Protected Health Information (PHI) as defined by HIPAA. Board of Education employees will be required to return or destroy or delete all PHI submitted to them by other employees.

Jefferson Board of Education

2023 Wellness Incentive Payment Claim Form

Employee Information

Employee Name _____

Telephone _____

Home Address _____

Email _____

Completed Tasks

Aetna Health Risk Assessment

AND

Annual Well Visit
(PCP or OBGYN)

One of the following:

Dental Cleaning

Eye Care Check-up

Required reimbursement information

I am applying for reimbursement for: Myself Spouse/Partner

The following documentation must be submitted with this form (please retain originals for your records):

- 1. Explanation of Benefits (EOB) from Aetna (well visit and eye care check-up) and/or Delta Dental (dental cleaning)**
Date of service must be between 11/1/22 through 10/31/23
- 2. Aetna Health Risk Assessment (HRA) completion page.**
After completion of the HRA you have the option to print the results. Print this page and submit with this form.

Reimbursement claim forms and supporting documentation should e-mailed to:

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