



2020 Wellness Packet
for
Benefits Eligible
Employees of FSM

See Page 7 for 'NEXT STEPS'...



Dear Employees of Freedom Senior Management,

Over the years Freedom Senior Management has made a financial investment, for qualified employees, through two *significant* Wellness Discounts. We are happy to announce that these same opportunities are available for 2020!

These incentives are in place to encourage employees in their health journey. In addition to our Wellness Discounts, we will continue offering our newest program, the Fitness Reimbursement! ***You can earn one, two or all three!***

See enclosed for specific details, but here are the ‘highlights’!

- ✓ **Tobacco Free Discount** – Affidavit that you (and your spouse if applicable) have been smoke free for at least one year.
- ✓ **Wellness Discount** – Meet 4 out of 5 wellness targets (requires bloodwork)
- ✓ **Fitness Reimbursement** – Demonstrate participation at a licensed fitness center at least 12 times each quarter or provide Fitbit Report demonstrating the same.

Questions? Please see your HR team members...we are here to help.



WELLNESS 2020



For 2020, our health insurance program will include **two opportunities** to lower your health insurance costs!

1. **Tobacco Free Discount:** If your spouse is also on the plan, both of you need to certify that you have been tobacco-free for at least 1 year.
2. **Wellness Discount:** *To be eligible, you must meet 4 of the 5 criteria listed below (Wellness Targets).*
 - Your blood pressure and waist circumference can be measured by your physician or by a company nurse.
 - The bloodwork measures listed below can be provided through your doctor's office.
 - We will accept bloodwork that is within six months of enrollment or within 60 days of enrollment, for a newly eligible member.
 - All results must be in writing and provided to HR prior to the enrollment deadline.

Fitness Reimbursement (Quarterly): To be eligible, you must provide documentation and certify, quarterly, to Human Resources that you have participated in fitness activities at a licensed gym/fitness center or through Fitbit Reporting*, at least 12 times during the eligibility quarter.

Please find forms enclosed for your review and use.

NOTE: Forms may also be obtained through HR.

Freedom Senior Management Tobacco Free Affidavit 2020 Plan Year

Employee Name: _____ **Department:** _____
Location: _____ **Badge #:** _____

At Freedom Senior Management, we encourage employee wellness and a healthy tobacco free workplace by offering a discount on healthcare insurance to employees who do not use tobacco products. Employees are eligible for the tobacco free discount by certifying that they have not used tobacco products over the previous 12 months. This affidavit is used to certify that the employee is tobacco free. The affidavit must be renewed at our healthcare enrollment each year. If an employee's spouse is also covered by our medical insurance, they also must certify that they are tobacco free.

DEFINITION: Use of tobacco products means any use of cigarettes, vaping devices, cigars, snuff, chewing or pipe tobacco or any other product containing nicotine (patches, gum, etc.) as well as electronic cigarettes. **Tobacco free** means I have not used any form of tobacco products within the previous 12 months.

Employee - I _____ hereby attest that:

I have not used any tobacco products over the past 12 months and plan to remain tobacco free throughout the entire 2020 plan year.

Spouse – I _____ hereby attest that:

I have not used any tobacco products over the past 12 months and plan to remain tobacco free throughout the entire 2020 plan year.

I agree and acknowledge (*signature required*):

I understand that any misrepresentation of the information contained on this form could result in loss of the tobacco free discount if I have certified above that I am/we are tobacco free.

I have received, read and understand our tobacco free policy.

Employee Signature	Date
Spouse Signature	Date

Freedom Senior Management Wellness Discount 2020 Plan Year

Wellness Targets	Your Measures
<p>1. Blood Pressure TARGET RANGE: ≤ 120/80</p> <p>2. Waist Circumference TARGET: ≤ 40" for men; ≤ 35" for women</p>	<p>Blood pressure: _____</p> <p>Waist Circumference: _____</p> <p>Measured by (name of nurse): _____</p> <p>Signature of nurse: _____</p> <p>Date: _____</p>
<p>3. Cholesterol TARGET RANGE: Total Cholesterol/HDL ratio 3.5:1 or below</p> <p>4. Triglycerides TARGET RANGE: <150</p> <p>5. Blood Sugar TARGET RANGE: <100 (fasting)</p>	<p>Provide lab results to Human Resources (lab work must be within six months prior to enrollment or within 60 days of a new member's enrollment date)</p>

Name (please print): _____

Signature: _____

Department: _____

JT SBC

Received by HR: _____

Freedom Senior Management

Fitness Reimbursement 2020 Plan Year

At Freedom Senior Management, we encourage employee wellness by offering a Fitness Reimbursement to benefits eligible employees who engage in verifiable fitness at a licensed fitness center or through Fitbit Reporting (example: gym, yoga, sports centers).

Employees are eligible for the Fitness Reimbursement by certifying below and by providing formal documentation from a licensed fitness center/ through Fitbit Reporting* on a quarterly basis. The documentation must demonstrate participation at a licensed fitness center OR via Fitbit* at least 12 times within the past quarter (3-month intervals defined by schedule below). **Note: a printed document, demonstrating participation, from the licensed fitness center/through Fitbit Reporting* is required in order to receive this reimbursement.**

I _____ hereby attest that I have met the requirement of personally participating in fitness activities at least twelve times over the last quarter (3-month time period). I have enclosed the required documentation in order to receive this Fitness reimbursement during the next quarter.

Schedule

Note with "X"	Fitness Review Quarter/Time Period	Employee provides documentation of minimally 12 visits to HR	Quarter/Time Period Applied to Payroll
	January 1, 2020 – March 31, 2020	DUE TO HR by 4/7/20	April 1, 2020 – June 30, 2020
	April 1, 2020 – June 30, 2020	DUE TO HR by 7/7/20	July 1, 2020- September 30, 2020
	July 1, 2020- September 30, 2020	DUE TO HR by 10/7/20	October 1, 2020 – December 31, 2020
	October 1, 2020- December 31, 2020	DUE TO HR by 1/7/21	January 1, 2021 – March 31, 2021

I agree and acknowledge (signature required):

- I understand that any misrepresentation of the information contained on this form will result in loss of the Fitness Reimbursement. FSM will also enforce its policies, as outlined in the employee handbook, if an employee is found misrepresenting fitness participation.

Employee Signature	Date
HR Signature	Date

NOTE:

Employees whose employment ends with Freedom Senior Management will not be 'paid out' any fitness reimbursement earned from a preceding quarter. Earned fitness is only applied to an eligible employee that is actively employed with Freedom Senior Management.

Fitbit Reporting* = 30 minutes of elevated heart rate demonstrates one fitness event.



Remember, these discounts and reimbursement are for full-time employees who are or will be benefits eligible for 2020...

Tobacco Discount:

Please bring your completed Tobacco Free Affidavit to Enrollment.

Wellness Discount:

If you wish to participate, please see our Club Care Nurse to get your waist measured and blood pressure taken prior to Enrollment. The Nurse will sign the document. Then, once you have your bloodwork documentation back, please bring the Wellness Discount form to Human Resources with the lab results attached.

Fitness Reimbursement

The 12 fitness events you complete during the three-month period prior to eligibility is how you earn this reimbursement during the following quarter.

Employees will receive an incentive of premium reductions if they complete a biometric screening and a HRA and the employee is not using nicotine. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting nbosco@freedomsenior.com or calling 941-552-3278.