

# Athens County Health Challenge – 2017 Benefits Program

January 1, 2017 – December 31, 2017

150 Points Needed to Meet Requirements

Activity	Dates	Points/Frequency	Description	Verification Needed
Annual Physical	1/1/17-12/31/17	40 Max 1x	Annual physical check up	Physician Verification form, EOB or bill specifically stating reason for visit.
Blood Draw (w/lab analysis)	1/1/17-12/31/17	20 Max 1x	Minimum of lipid/glucose panel blood draw w/ lab analysis	Physician Verification form, EOB or bill specifically stating reason for visit.
Annual Gynecological Exam	1/1/17-12/31/17	25 Max 1x	Annual routine gynecological exam, pap smear	Physician Verification form, EOB or bill specifically stating reason for visit.
Mammogram	1/1/17-12/31/17	25 Max 1x	Annual exam	Physician Verification form, EOB or bill specifically stating reason for visit.
Colonoscopy	1/1/17-12/31/17	35 Max 1x	Annual exam	Physician Verification form, EOB or bill specifically stating reason for visit.
Prostate Screen	1/1/17-12/31/17	25 Max 1x	PSA test	Physician Verification form, EOB or bill specifically stating reason for visit.
Dental Exam	1/1/17-12/31/17	15 Max 1x	Routine exam	Physician Verification form, EOB or bill specifically stating reason for visit.
Eye Exam	1/1/17-12/31/17	15 Max 1x	Annual exam	Physician Verification form, EOB or bill specifically stating reason for visit.
Hearing Exam	1/1/17-12/31/17	15 Max 1x	Annual exam	Physician Verification form, EOB or bill specifically stating reason for visit.
Cancer Exam	1/1/17-12/31/17	25 Max 1x	Annual exam	Physician Verification form, EOB or bill specifically stating reason for visit.

A.C.E. Fit Event	1/1/17-12/31/17	25 Max 1x	Participation in County planned fitness event	Sign in sheet
Break & Walk Events	1/1/17-12/31/17	15 Max 2x	Participation in County Break & Walks	Sign in sheet
Short distance event	1/1/17-12/31/17	10 Max 4x	Possible events include 5k or 10k walk/run, less than 25 mile bike event, Warrior Dash.	Registration or running number.
Medium distance event	1/1/17-12/31/17	20 Max 3x	Possible events include half-marathon, 25-60 mile biking event.	Registration or running number.
Long distance event	1/1/17-12/31/17	40 Max 2x	Possible events include marathon, more than 60 mile bike ride, triathlon.	Registration or running number.
Walking Pedometer Program	Jan – Mar Apr – June July – Sept Oct – Dec	10 pts – 250,000 steps 15 pts – 500,000 steps 20 pts – 750,000 steps 25 pts – 1 million steps Max 1x per quarter	Walking program using downloadable pedometer to record steps.	Electronic downloaded data. No hand written data.
30 Home/External or Gym Workouts	Jan-Mar Apr-June July-Sept Oct - Dec	10 10 10 Max 1x per quarter	Minimum of 30 minutes per session/day. Walking not included (see walking pedometer program). No canoeing, gardening, raking, shopping, cutting wood, etc.	Fitness log or gym printout.

Lunch –n- Learn	1/1/17-12/31/17	5 Max 4x	Lunch & incentives provided @ each session	Sign in sheet.
Athens Co. Wellness Health Fair	6/6/17	25 Max 1x	Participate in Athens Co. Wellness Health Fair.	Punch card.
Smoking Cessation Program	1/1/17-12/31/17	25 Max 1x	Completion of accredited program.* Must complete minimal of 8x for group sessions and 3x for individual sessions.	Certificate of completion.
Stress Management Program	1/1/17-12/31/17	15 Max 1x	Completion of accredited program.*	Certificate of completion.
Diabetes Management Program	1/1/17-12/31/17	15 Max 1x	Completion of accredited program.* Must complete minimal of 10x for group sessions and 5x for individual sessions.	Dr. referral needed to attend program. Certificate of completion.
Financial Management Program	1/1/17-12/31/17	5 Max 2x	Completion of session.	Sign in sheet.
Attend Training on Preparing Healthy Meals	1/1/17-12/31/17	10 Max 4x	Completion of accredited program.*	Certificate of completion.
Stay Well Program	1/1/17-12/31/17	20 Max 1x	Participate in the Stay Well Program	CEBCO Stay Well Program document
Weight Loss Program	1/1/17-12/31/17	25 Max 1x	Accredited program** (Ex. Weight Watchers)	Certificate of completion.

\*Taught by a physician, nurse, health educator or other healthcare professional.

\*\*Physician controlled weight management program and/or program conducted by “accredited” organization.

*All items not covered by the insurance plan will be the responsibility of the employee.*