



PREVENTIVE CARE INCENTIVE
5/1/23 – 4/30/24

Eligibility requirements: (check one)

- Full time CPSB employee enrolled in CPSB Health Insurance Plan
- Retiree enrolled in CPSB Health Insurance Plan

Name: _____
 Address: _____
 Phone: _____ D.O.B.: _____
 Email: _____ Campus: _____

Participants earning a total of 8 points by completing any of the services listed below will receive a 5% discount off the employee (not dependent) portion of the health insurance premium for the following plan year. **Points must be earned during the program year and all documentation must be submitted by April 30, 2024.** Members may email wellness information to wellness@cpsb.org.

- Perform blood work at CPSB’s wellness fair (+) or with personal physician (*) 3 pt
- Participate in the scavenger hunt at the CPSB wellness fair (+) 1 pt
- Take flu, shingles, fully COVID Vaccinated, or pneumonia shot (#) 1 pt each
- Participate in CPSB’s annual “From The Classroom To A 5K” (+) **Active Employees Only** 2 pt
- Attend any of CHRISTUS St Pat’s health related informational seminars (+) **Dates TBA** 1 pt each
- Annual Wellness Exam/Physical (#) 1 pt
- Mammogram or Prostate Exam (#) 2 pt
- Colonoscopy (#) 2 pt
- Annual eye exam (#) 1 pt
- Annual dental check-up (#) 1 pt
- Solutions EAP workshop (+) **Active Employees Only** 1 pt

(+) Participant does NOT need to turn in documentation for these points
 (#) Physician completes CPSB Wellness Program Verification Form

(*) Physician completes Biometric Screening Form or you may email your EOB (Explanation of Benefits) to wellness@cpsb.org showing service was performed.

I, the undersigned employee/retiree, hereby agree to enroll in the CPSB Preventive Care Incentive Program. This VOLUNTARY program is being offered as a benefit to full time employees and retirees who are enrolled in the CPSB Group Health Insurance Plan. In order to qualify for incentives, the participant must complete the requirements during the program year. The Risk Management Department will track requirements.

 Print Employee Name

 Approval

 Employee Signature

 Date Signed

Voluntary Preventative Care Incentive

Voluntary Preventative Care Incentive

Completion of Requirements results in 5% reduction off Employee Only Premium

- Full-time CPSB employees enrolled in our health insurance plan
- Retirees enrolled in our CPSB health insurance plan

Earn 8 of the possible 20 points on the Preventive Care Incentive Form by April 30, 2024

2023 – 2024 Premium Savings

Plan	Monthly	Annually
High Option	\$18.01	\$216.12
Low Option	\$9.00	\$108.00
PPACA	\$5.16	\$61.92
Medicare Blue Advantage (Through 12/31/23)	\$5.02	\$60.24
Medicare Blue Advantage (As of 1/1/24)	\$5.26	\$63.12

