

# Wellness Program / Voluntary Preventative Care Incentive

## Voluntary Preventative Care Incentive

Full-time CPSB employees & retirees earning a total of 8 points by completing any of the services listed below will receive a **10% 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.
- ✓ All documentation must be submitted by April 30, 2027.
- ✓ Members may email wellness information to [wellness@cpsb.org](mailto:wellness@cpsb.org).

**Earn 8 of the possible 20 points listed below by April 30, 2027**

<ul style="list-style-type: none"> <li>• Perform blood work at the CPSB Wellness Fair (+) or with primary care physician (#) <b>CPSB Wellness Fair:</b> Saturday, October 17, 2026   7AM - 10AM <u>NEW Location:</u> CPSB Central Office (3310 Broad St.)</li> </ul>	3 points
<ul style="list-style-type: none"> <li>• Participate in the scavenger hunt at the CPSB wellness fair (+)</li> </ul>	1 point
<ul style="list-style-type: none"> <li>• Take flu, shingles, fully COVID Vaccinated, or pneumonia shot (#)</li> </ul>	1 point each
<ul style="list-style-type: none"> <li>• Attend any of CPSB health related informational seminars (+) <i>Dates TBA</i></li> </ul>	1 point each
<ul style="list-style-type: none"> <li>• Annual Wellness Exam/Physical (#)</li> </ul>	1 point
<ul style="list-style-type: none"> <li>• Mammogram, Prostate Exam, or Bone Density (#)</li> </ul>	2 points
<ul style="list-style-type: none"> <li>• Colonoscopy (#)</li> </ul>	2 points
<ul style="list-style-type: none"> <li>• Annual eye exam (#)</li> </ul>	1 point
<ul style="list-style-type: none"> <li>• Annual dental check-up (#)</li> </ul>	1 point
<ul style="list-style-type: none"> <li>• Participate in School-Based Wellness Program – TBA (+) <i>Active Employees Only</i></li> </ul>	2 points

(+) Participant does NOT need to turn in documentation for these points

(\*) Physician completes Biometric Screening Form

(#) Physician completes CPSB Wellness Program Verification Form or you may email your EOB to [wellness@cpsb.org](mailto:wellness@cpsb.org).

## 2026 – 2027 Premium Savings

Plan	Monthly	Annually
High Option	\$43.08	\$516.96
Mid Option	\$30.35	\$364.20
Low Option	\$21.54	\$258.48
PPACA	\$12.19	\$146.28
Medicare Blue Advantage (Through 12/31/26)	\$13.22	\$158.64