



## BeWell Rewards Program Outline

**Program Launch Date:** October 1, 2024

### **Program Objective:**

The BeWell Rewards program is designed to incentivize team members at the City of New Braunfels to prioritize their physical and emotional well-being. By participating in wellness-related activities and events, team members can earn rewards while improving their health. Eligible team members will have the opportunity to receive a \$50 reward added to their paycheck once per plan year and will be entered in a quarterly drawing for 8 vacation hours.

### **1. Eligibility Requirements**

- Full-time team members are eligible for participation in the Rewards program.
- To be eligible for the BeWell Rewards, team members must complete all of the required activities and submit the necessary documentation through the BeWell Rewards online form.

### **2. Activities to Complete**

Team Members must complete the following activities to qualify:

- **Attend 3 BeWell Events**

BeWell events are officially sanctioned wellness events held throughout the year at various locations. These events will have a sign-in sheet and display the BeWell logo.

- **Complete 2 Preventive Care Activities**

Examples of preventive health activities include (but are not limited to):

- Annual preventive health screening with your primary care physician (PCP)
- Bloodwork (such as lipid panel, glucose test, etc.)
- Dental cleaning
- Annual eye exam
- Hearing exam
- For more examples, view the BCBSTX Patient Wellness Guidelines at

<https://www.bcbstx.com/provider/clinical/clinical-resources/preventive-care>

### **3. Submitting Documentation**

To receive credit for your activities, you must submit the following through the BeWell Rewards online form: <https://forms.office.com/g/h8ACX6L5Sy>

- **Preventive Health Screenings**

Documentation options:

- A City-approved letter from your healthcare provider OR
- A note from your provider indicating you have received the screening OR
- Explanation of Benefits (EOB) from your health insurance provider

**Note:** Do not submit any personal medical results, only proof of completion.

- **BeWell Events**

Submit the event name/description and the event date. Documentation will be cross-referenced with event attendance records.

#### **4. Tracking and Processing Rewards**

- Human Resources will review submissions quarterly for completion.
- Each qualifying team member is allowed one entry per year, and participants will be entered into the drawing for vacation hours based on the quarter in which the completed form is submitted to HR.

#### **5. Program Evolution**

This rewards program may evolve over time. Team members are responsible for regularly checking their email and [NewBraunfels.gov/benefits](http://NewBraunfels.gov/benefits) for updates regarding the program.



## Preventative Screening Verification Form

This form is for the purpose of verifying that a preventative health screening has been completed.  
**Please do not include any personal medical results or sensitive health information.**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Screening:** \_\_\_\_\_

### Type of Preventative Screening Completed:

(Please check all that apply)

- ☐ Annual Physical Exam
- ☐ Bloodwork (e.g., lipid panel, glucose test)
- ☐ Dental Cleaning
- ☐ Eye Exam
- ☐ Hearing Exam
- ☐ Other: \_\_\_\_\_

### Provider's Information:

- **Provider Name:** \_\_\_\_\_
- **Clinic/Hospital Name:** \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_