

VILLAGE OF DOWNERS GROVE
Report for the Village Council Meeting
9/1/2015

SUBJECT:	SUBMITTED BY:
Wellness Screening Contract	Dennis Burke Director of Human Resources

SYNOPSIS

A resolution has been prepared authorizing an agreement with CHC Wellness for an employee health risk assessment screening.

STRATEGIC PLAN ALIGNMENT

The Strategic Goals for 2011-2018 identified *Exceptional Municipal Services*.

FISCAL IMPACT

The FY15 Health Insurance Fund budget includes \$58,000 for this contract.

RECOMMENDATION

Approval on the September 1, 2015 Consent Agenda.

BACKGROUND

The Village is committed to providing a wellness program that supports a healthy and productive workforce. Wellness-related information from this screening leads to better health care decisions, reduced health insurance claims and can help control the costs of the Village's Health Insurance Program. The health risk assessment screening gives the participants an up-to-to date analysis of their current health condition and makes recommendations to reduce their risk of serious illnesses.

Employees and their spouses will have the option to be screened at Village Hall, Public Works, Lincoln Center, or at their choice of several participating satellite facilities.

The testing will include:

- Full Biometric Screening (Blood Draw)
- Health Risk Assessment
- Personal Wellness Score
- Weight
- Blood Pressure

All participants will receive a confidential report of their screening results. The Village will receive an Aggregate Report (which does not disclose personal information) identifying potential health risks. These

results will be analyzed by the Village's Wellness Committee that will develop health programs aimed at those identified health risks.

Participation in the health risk assessment is not mandatory, however, participants will receive incentives toward their health insurance premiums.

ATTACHMENTS

Resolution

Agreement

RESOLUTION NO. _____**A RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND CHC WELLNESS**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Agreement (the "Agreement"), between the Village of Downers Grove (the "Village") and CHC Wellness ("CHC"), for employee health risk assessment screenings, as set forth in the form of the Agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Village Manager and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____

Village Clerk



Client Screening Form

Company Name:	Village of Downers Grove	Broker/Consultant:	The Horton Group
Total Eligible:	700	Last year's participation:	505
Eligible Participants:	<input checked="" type="checkbox"/> EE's-all	<input checked="" type="checkbox"/> Spouses-all	<i>Required:</i> Members on company plan: \$: 135 Payer: Company Other insurance plans: \$: 135 Payer: Participant Uninsured: \$: 135 Payer: Participant Medicare/Medicaid/Military: \$: 135 Payer: Participant UHC: \$: 135 Payer: Participant
Company Main contact:	Dennis E Burke dburke@downers.us 630-434-5537	Other Contact:	Mary Weisenburn mweisenburn@downers.us 630-434-5538
Company headquarters address:	801 Burlington Ave Downers Grove IL, 60515	Client Status:	<input type="checkbox"/> Fully Insured <input checked="" type="checkbox"/> Self-insured
Insurance Carrier(s):	BCBS	PPO/HMO SPLIT:	
CHC Wellness Solution Package: <input checked="" type="checkbox"/> Core Health <input type="checkbox"/> Total Health			
Billing notes/cost:	<ul style="list-style-type: none"> Wellness program at \$135.00 Physician forms for the fire department at \$65.00 for all employees and spouses on plan Direct bill to VODG Attn: Dennis Burke All employees not on the plan will pay \$135.00 at the time of service. We will verify insurance cards at the time of screening. We will bring privacy screens, a scale, and a few tape measures to the screenings. Our staff will not be taking height, weight, or waist. We are providing the scale and tape measures for participants to self-measure if they choose. 		
Marketing notes:	We will create a special flyer for remote screeners and for the fire department. Please bring privacy screens to all onsite screenings.		
Incentive: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$50.00 per month premium differential for employees and \$50.00 additional for spouses.		
Custom HRA Questions (up to 5)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Health Standards: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, fill out Implementation form and submit		Incentive Tracking: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, fill out Implementation form and submit	



Travel & Expense to add per participant cost? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remote Screenings:		September 1 st – October 31 st	
Any screenings canceled within 14 days of the event will be subject to a 30 participant cancelation fee.			
Location Name:	Lincoln Center	Travel Needed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location Contact number:	Dennis at 630-434-5537 or Mary at 630-434-5538	Location Contact name:	Dennis Burke
Location Address:	935 Maple Ave Downers Grove, IL 60515	Location Contact e-mail:	dburke@downers.us
Screening Date:	September 17 th	Screening Start/End time:	7:00am – 12:00pm
Total # Location EE's:	150	Expected for location:	100
Screening Room location:	Auditorium	Language Needed:	<input type="checkbox"/> Spanish <input type="checkbox"/> Polish
Any screenings canceled within 14 days of the event will be subject to a 30 participant cancelation fee.			
Location Name:	Village Hall	Travel Needed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location Contact number:	Dennis at 630-434-5537 or Mary at 630-434-5538	Location Contact name:	Dennis Burke
Location Address:	801 Burlington Ave Downers Grove, IL 60515	Location Contact e-mail:	dburke@downers.us
Screening Date:	September 26	Screening Start/End time:	7:00am – 12:00pm
Total # Location EE's:	150	Expected for location:	100
Screening Room location:	Committee Room	Language Needed:	<input type="checkbox"/> Spanish <input type="checkbox"/> Polish
Any screenings canceled within 14 days of the event will be subject to a 30 participant cancelation fee.			
Location Name:	Public Works	Travel Needed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location Contact number:	Dennis at 630-434-5537 or Mary at 630-434-5538	Location Contact name:	Dennis Burke
Location Address:	5101 Walnut Ave Downers Grove, IL 60515	Location Contact e-mail:	dburke@downers.us
Screening Date:	October 8	Screening Start/End time:	7:00am – 12:00pm
Total # Location EE's:	150	Expected for location:	100
Screening Room location:	Lunch Room	Language Needed:	<input type="checkbox"/> Spanish <input type="checkbox"/> Polish



Any screenings canceled within 14 days of the event will be subject to a 30 participant cancellation fee.

Location Name:	Village Hall	Travel Needed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location Contact number:	Dennis at 630-434-5537 or Mary at 630-434-5538	Location Contact name:	Dennis Burke
Location Address:	801 Burlington Ave Downers Grove, IL 60515	Location Contact e-mail:	dburke@downers.us
Screening Date:	October 24	Screening Start/End time:	7:00am – 12:00pm
Total # Location EE's:	150	Expected for location:	100
Screening Room location:	Committee Room	Language Needed:	<input type="checkbox"/> Spanish <input type="checkbox"/> Polish

Customized HRA Question:

1. What department are you in?

- a. Police
- b. Fire
- c. Village Hall/Other
- d. Public Works
- e. Parks, Library, or EDC
- f. Spouse

By signing below you acknowledge that you have reviewed this document and all details related to pricing, program participation minimums, and non-cancellation are accurate and accepted.

Client Name (Printed): _____

Client Signature: _____

Date: _____

CHC Wellness Representative (Printed): Laura Wiegel

CHC Wellness Representative Signature: Laura Wiegel

Date: 8/18/15