

VILLAGE OF DOWNERS GROVE
Report for the Village
6/4/2019

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

SYNOPSIS

A resolution has been prepared authorizing an agreement with CHC Wellbeing, Inc. for an employee health risk assessment screening. The cost of the contract is dependent on the number of participants. In 2018, 507 employees and their spouses participated in the risk assessment screening for a total cost of \$65,000.

STRATEGIC PLAN ALIGNMENT

The goals for 2017-19 includes *Exceptional Municipal Services*.

FISCAL IMPACT

The FY19 Health Insurance Fund budget includes \$70,000 for this contract.

RECOMMENDATION

Approval on the June 4, 2019 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-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 WELLBEING, INC.**

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 "Client") and CHC Wellbeing ("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



CHC Wellbeing Statement of Work

<u>Client Information</u>		<u>Billing Contact Information</u>	
Client Name	Village of Downers Grove - Village Hall	Bill To	Village of Downers Grove - Village Hall
Contact Name	Dennis Burke	Billing Contact	Dennis Burke
Phone Number	630-434-5537	Phone Number	630-434-5537
email	dburke@downers.us	email	dburke@downers.us
Address	801 Burlington Avenue	Address	801 Burlington Ave
City, ST, Zip	Downers Grove, IL 60515	City, ST, Zip	Downers Grove, IL 60515

Wellbeing Program Eligibility

Total Employees	460	Total Expected Participation	515
Total Eligible to Participate	460	Total Participation Last Year	507
Funding Type	Self Funded	Insurance Carrier	BCBS

Program Information

Program Type	Wellness Screening / Flu Event (Joined)	Program Start Date	8/1/2019		
Price	\$140.00	Program End Date	7/31/2020		
Minimum Required per Event	30	Incentive Description	Premium Differential		
Under Minimum Fee	\$140.00	Qualifying Question	No		
Under Minimum Payor	Company	Custom HRA Question(s)	Yes		
Under Minimum Notes	Screenings - 30 participant onsite minimum per event; Flu - 20 participant onsite minimum per event	Job Notes	All onsite events will be combo clinics - screenings + flu		
Activity Tracker	Yes	Nutrition Tracker	Yes	eLearning	Yes
Financial Wellbeing	Yes	Mindfulness	Yes	Go Green-Full Company	No
Travel Required	No	Bill Actual Travel	No	Per Participant Travel Fee	\$0.00
Travel Fee Notes:					
Remote	Yes	New Hire Remote	No	Remote Only	No
Remote End Date	11/30/2019	New Hire Remote End Date			
Physician Screening Form	Yes	Physician Screening Price	\$65.00		
Physician Screening End Date	11/30/2019	Physician Screening Payor	Company		

Additional Services

Height/Weight/Waist	No	\$0.00	Height	No	Weight	No	Waist	No
Portal Solution	No	\$0.00	Portal Billing Option		n/a			
Portal HRA Option	Standard HRA		Portal HRA End Date		n/a			
Walking Program	No	\$0.00	Custom Rewards Platform		No	\$0.00		
Health Coaching	Yes	\$0.00	Biometric Data Import (Current Year)		No	\$0.00		
Flu Services	Yes	\$35.00	Historical Data (Up to 3 previous years)		No	\$0.00		



Billing Notes:

Flu Program Eligibility

Total Expected Participation	200	Total Participation Last Year	174
<input checked="" type="checkbox"/> Employees	<input checked="" type="checkbox"/> Spouses	<input type="checkbox"/> Dependents	<input checked="" type="checkbox"/> Retirees

Flu Marketing Materials

Guide and FAQ (booklet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> email <input checked="" type="checkbox"/> Mail	email Marketing to: Client and Broker
Flyer 8 ½ x 11	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> email <input type="checkbox"/> Mail	
Poster 11 x 17	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> email <input checked="" type="checkbox"/> Mail	Spanish Materials Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Flu Pricing

<u>Vaccine Type</u>	<u>Vaccine Cost</u>	<u>Specialty Vaccines</u>	<u>Specialty Vaccine Cost</u>
<input checked="" type="checkbox"/> Quadrivalent	\$35.00	<input type="checkbox"/> Pneumonia	\$130.00
<input checked="" type="checkbox"/> Preservative Free	\$39.00	<input type="checkbox"/> Tdap	\$73.00
<input type="checkbox"/> High Dose	\$65.00	<input type="checkbox"/> Shingles	\$300.00/\$420.00

Minimum 20 shots administered per event

Price per count below minimum: \$35.00

Specialty vaccines cannot be billed through insurance. Payment for these vaccines is due at the time of service.

CVS Voucher:

 Yes No

CVS Voucher Cost: \$40.00

Walgreens Voucher:

 Yes No

Walgreens Voucher Cost: \$40.00

Flu Payment Information

<input checked="" type="checkbox"/> Direct Bill	Bill Event to <input type="checkbox"/> Company <input type="checkbox"/> Broker <input checked="" type="checkbox"/> Other
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Who will pay for Preservative Free or High Dose?
(if not checked above)

See notes below

 Submit to Insurance as Claim

CHC does not bill HMO, Medicare, Medicaid or Tricare plans.

Funding Type	Self Funded	Insurance Carrier	BCBS
<u>PPO</u>		<u>HMO</u>	<u>UNINSURED</u>
<input checked="" type="checkbox"/> Insurance - Collect Onsite <input type="checkbox"/> Insurance - Participant Roster		<input type="checkbox"/> Company <input checked="" type="checkbox"/> Participant <input type="checkbox"/> Broker	<input type="checkbox"/> Company <input checked="" type="checkbox"/> Participant <input type="checkbox"/> Broker

Flu Notes/Special Billing Instructions: Employees, spouses, and retirees on the Village's PPO health plan - CHC will bill flu shot through BCBS

Employees, spouses, and retirees on other insurance - participant will pay \$35

Primary vaccine - quadrivalent; Preservative free only available upon request.



Location Name: Lincoln Center

Location Information	Screening Information
Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 935 Maple Avenue City, State, Zip: Downers Grove, IL 60515 Location Contact Name: Location Contact Phone Number: Travel Required: No Bill Actual Travel Costs: No T&E expenses Paid By: Per Participant Travel Fee: \$0.00	Screening Start Date: Thursday, 9/12/2019 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Room 312 Arrival Time: 06:00 AM Central Flu Shots: Yes Privacy Screens or Partitions: Yes Language Needs: None Bilingual Staff Needed: No Bilingual Forms Needed: No
Screening Notes: Privacy screens required at all onsite events. CHC will also make tape measures and scales available at all onsite events in case participants would like to measure themselves prior to self-reporting.	

Location Name: Public Works

Location Information	Screening Information
Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 5101 Walnut Avenue City, State, Zip: Downers Grove, IL 60515 Location Contact Name: Location Contact Phone Number: Travel Required: No Bill Actual Travel Costs: No T&E expenses Paid By: Per Participant Travel Fee: \$0.00	Screening Start Date: Thursday, 10/10/2019 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Lunch Room Arrival Time: 06:00 AM Central Flu Shots: Yes Privacy Screens or Partitions: Yes Language Needs: None Bilingual Staff Needed: No Bilingual Forms Needed: No
Screening Notes: Privacy screens required at all onsite events. CHC will also make tape measures and scales available at all onsite events in case participants would like to measure themselves prior to self-reporting.	



Location Name: Village Hall

Location Information	Screening Information
Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 801 Burlington Avenue City, State, Zip: Downers Grove, IL 60515 Location Contact Name: Location Contact Phone Number: Travel Required: No Bill Actual Travel Costs: No T&E expenses Paid By: Per Participant Travel Fee: \$0.00	Screening Start Date: Saturday, 9/21/2019 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Committee Room Arrival Time: 06:00 AM Central Flu Shots: Yes Privacy Screens or Partitions: Yes Language Needs: None Bilingual Staff Needed: No Bilingual Forms Needed: No
Screening Notes: Privacy screens required at all onsite events. CHC will also make tape measures and scales available at all onsite events in case participants would like to measure themselves prior to self-reporting.	

Location Name: Village Hall

Location Information	Screening Information
Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 801 Burlington Avenue City, State, Zip: Downers Grove, IL 60515 Location Contact Name: Location Contact Phone Number: Travel Required: No Bill Actual Travel Costs: No T&E expenses Paid By: Per Participant Travel Fee: \$0.00	Screening Start Date: Saturday, 10/19/2019 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Committee Room Arrival Time: 06:00 AM Central Flu Shots: Yes Privacy Screens or Partitions: Yes Language Needs: None Bilingual Staff Needed: No Bilingual Forms Needed: No
Screening Notes: Privacy screens required at all onsite events. CHC will also make tape measures and scales available at all onsite events in case participants would like to measure themselves prior to self-reporting.	



HEALTH & WELLNESS PRICING

Participant Group 1		Participants: Employee on the Company Health Plan Retiree on the Company Health Plan Spouse on the Company Health Plan														
Included																
Tests	Health & Wellness	H & W + Reflex A1C	TSH	PSA	Nicotine	Hemoglobin A1C	Cardio C	Homocysteine	Blood Type	Vitamin D	Testosterone	B12 Folate	H Pylori	Gluten Allergy	NMR	
Client Paid	\$140															
Insurance Paid (PPO - Included)																
Insurance Paid (PPO - By Request)																
Participant Paid			\$42	\$39		\$34	\$39	\$54	\$25	\$40	\$42	\$42	\$41	\$29	\$99	
Tests Not Available					✓											
Payor: Company Co-pay Amount: \$0.00 Co-pay Payor: N/A		Price: \$140.00 Company Surcharge: \$0.00 Solution Type: Core Health						Take Insurance (Y/N): No PSA Age Cutoff:								
Notes: Employees, spouses, and retirees on the Village's health plan - CHC will direct bill Village of Downers Grove at \$140 per participant																
Personal physician form - CHC will direct bill Village of Downers Grove at \$65 per participant; utilized for firefighters																

HEALTH & WELLNESS PRICING

Participant Group 2		Participants: Employee on Other Health Plan Retiree on Other Health Plan Spouse on Other Health Plan														
Included																
Tests	Health & Wellness	H & W + Reflex A1C	TSH	PSA	Nicotine	Hemoglobin A1C	Cardio C	Homocysteine	Blood Type	Vitamin D	Testosterone	B12 Folate	H Pylori	Gluten Allergy	NMR	
Client Paid																
Insurance Paid (PPO - Included)																
Insurance Paid (PPO - By Request)																
Participant Paid	\$140		\$42	\$39		\$34	\$39	\$54	\$25	\$40	\$42	\$42	\$41	\$29	\$99	
Tests Not Available					✓											
Payor: Participant Co-pay Amount: \$0.00 Co-pay Payor: N/A		Price: \$140.00 Company Surcharge: \$0.00 Solution Type: Core Health						Take Insurance (Y/N): No PSA Age Cutoff:								
Notes: Employees, spouses, and retirees NOT on the Village's health plan - CHC will direct bill the participant at \$140																



HRA Questions / Responses

<u>Questions</u>	<u>Responses</u>
1. What department are you in?	a. N/A - I am a spouse b. Police c. Fire d. Village Hall/Other e. Public Works f. Parks, Library, or EDC

CANCELLATION POLICY: Please note that a cancellation fee will apply for events cancelled with less than two weeks' notice. The fee is \$500 plus non-refundable travel costs incurred.

If you have elected insurance as the payment method and insurance does not cover the claims, CHC will invoice you for services rendered.

I have reviewed and I agree to the terms, minimums and fees reflected in this document.

Client Name: Village of Downers Grove - Village Hall

CHC Wellbeing, Inc.

By: _____
Client Signature

By: Barbara Freund

Name: _____
Printed Name

Name: **Barbara Freund**

Title: _____
Title

Title: **Executive Vice President**

Date: _____

Date: _____