



2024 Employee/Retiree Wellness Incentive Form

Exams may be submitted as they are completed. Upon receipt, \$100 per exam will be credited. You must be either a full-time employee or an employee/retiree enrolled in the City's Health Plan to participate.

Section 1: To be completed by City of Chesapeake Employee/Retiree

Employee/Retiree Name: _____ Phone: _____

Email: _____ Date of Birth: _____ Employee ID: _____

I hereby agree to release and hold harmless the participating organization, their employees and any other persons acting on their behalf from any liability or claim, including any claim of personal injury with respect to this service. I agree, to the best of my knowledge and belief, that all statements and answers to the questions in this form are complete and true. I further acknowledge that falsification of information on this application will be considered fraud and will result in immediate loss of my wellness program incentive. In addition, fraudulent activity will be reported to Human Resources for further review in relation to City of Chesapeake policies.

Employee/Retiree signature

Date

Section 2: To be completed by Health Professional Completing Annual Physical

An annual physical was completed on _____ (date).

**Please note the physical must be completed between January 1, 2024, and December 31, 2024, to be eligible for the 2024 Wellness Incentive.*

I verify by signature below that the above information is accurate.

Health Professional name (printed)

Health Professional's signature

Section 3: To be completed by Optometrist or Ophthalmologist Completing Eye Exam

An annual eye exam was completed on _____ (date).

**Please note the eye exam must be completed between January 1, 2024, and December 31, 2024, to be eligible for the 2024 Wellness Incentive.*

I verify by signature below that the above information is accurate.

Optometrist or Ophthalmologist name (printed)

Optometrist or Ophthalmologist's signature

Section 4: To be completed by Dental Hygienist or Dentist Completing Dental Exam

A dental exam was completed on _____ (date).

**Please note the dental exam must be completed between January 1, 2024, and December 31, 2024, to be eligible for the 2024 Wellness Incentive.*

I verify by signature below that the above information is accurate.

Dental Hygienist or Dentist name (printed)

Dental Hygienist or Dentist's signature

Fax forms to 757-382-8501, or mail to
City of Chesapeake Human Resources, 306 Cedar Road, Chesapeake, VA 23322, or email to hrbenefits@cityofchesapeake.net.

**Please note: In order to allow time for processing, all Wellness Incentive Forms need to be turned in by
December 31, 2024. Forms turned in after this time will not be accepted.**

If you choose to mail your form, please make a copy of it for your records. The City of Chesapeake will follow the Employee/Retiree Privacy Notice and HIPAA policy, Administrative Regulation 2.62 when disseminating information from this form.



- All full-time employees can complete the \$300 Wellness Incentive.
 - You will receive \$100 per exam completed.
- Retirees and Spouses who are on the City's Health Plan are eligible to participate. Note: Spouses should complete the 2024 Spouse Wellness Incentive Form at www.sentarahealthplans.com/ches under 2024 Benefits in the Health and Wellness section.
- Exams must be completed in 2024, to include:
 - One annual physical and/or
 - One eye exam and/or
 - One dental exam
- If you are on the City's health, dental, and/or vision plans, you are allowed:
 - One physical exam every 305 days through the health plan
 - One eye exam every calendar year through the health or vision plan (an eye exam is covered at 100% through the Optima VSP plan or with a \$15 copay through the Davis Vision plan)
 - Two dental exams per year through the dental plan (only one dental exam counts for the \$100 incentive)
- Full (Not Partial) Physical exams administered by the Health Department qualify for the Wellness Incentive; however, eye exams must be administered by an Optometrist or Ophthalmologist.
- If you are on the City's HMO, POS, or PPO plan; or CDHP with a medical flexible spending account (MFSA), the funds will be deposited into a health reimbursement account (HRA). If you are not covered by the City's health insurance, funds will be deposited into a MFSA. Wellness Incentive funds deposited into a HRA or MFSA expire on December 31, 2024, which means you have to incur eligible expenses by December 31, 2024. You are eligible to submit reimbursement claims for out-of-pocket 2024 medical expenses incurred by December 31, 2024, until March 31, 2025.
- If you are on the City's CDHP and health savings account (HSA), the money will be loaded to your HSA and will not expire.
- The deadline to submit your form(s) to HR Benefits (hrbenefits@cityofchesapeake.net) is December 31, 2024.