

State of Rhode IslandRewards for Wellness 2018-2019 Program Calendar

Complete the following activities and earn up to \$500 in co-share credit! The time of offer for all activities is January 1, 2018 - December 31, 2018.

Activity Description	Incentive Amount	Completed ✓	Incentive Delivery
Benefits 101: Behavioral Health and Substance Use video	\$50	Date:	January 25, 2019
R▲LLY Health Survey	\$50	Date:	February 8, 2019
Dental Cleaning/Exam	\$50		February 22, 2019
Three RALLY Missions, one of which must be a physical activity mission*	\$100		March 8, 2019 (\$50) March 22, 2019 (\$50)
Wellness Fair Screening Activities—earn up to \$100	in 1 day! W	/ellness fairs wil	be held between March and May.
Obtain a Blood Pressure screening at a health fair or your physician's office** that is less than 140/90 OR consult with your physician and put a treatment plan in place	\$75	Date:	April 5, 2019 (\$50) April 19, 2019 (\$25)
Body Mass Index (BMI) screening (a) Obtain a BMI screening at a health fair or in your physician's office** (b) Earn an additional incentive with a BMI of less than 27.5 OR watch the Achieving a Healthy Body Weight video and complete the corresponding quiz	\$50 \$25		May 3, 2019 (\$50) May 17, 2019 (\$25)
Annual Preventive Exam	\$100	Date:	26 Pay Period Employees: May 31, 2019 (\$50) June 14, 2019 (\$50) 20 Pay Period Employees: September 6, 2019 (\$50) September 20, 2019 (\$50)

All State of RI employees are eligible to participate in Rewards for Wellness activities, but only employees who are paying medical co-shares based on the rates posted at www.employeebenefits.ri.gov are eligible to receive co-share credit incentives. More program details are available from your agency HR office, Wellness Champion, and at www.employeebenefits.ri.gov/wellness. Visit PayStub RI for important program announcements.

^{*} Qualifying physical activity missions are listed under the activity details.

^{**}If you receive a screening at your physician's office you MUST submit a *Physician Body Mass Index Screening Form* or a *Physician Blood Pressure Screening Form* to UnitedHealthcare.