**Activity-Based Incentive Program Sample (Basic)**

[Company logo]

[Program Name & Year]

[Company Name] invites you to join the [Wellness Program Name] for the [Year] benefit year. The steps for this year's program are listed below. By completing each step, you will earn an [opportunity for gift card or drawing]. To receive [opportunity for gift card or drawing], all steps must be completed by [insert date].

**Step 1: Complete Your Biometric Screening and Consultation**

Complete biometric screening by [date] and you will [action – be entered to win/receive a gift, etc.]!

A biometric screening is a snapshot of your health and can be a good indicator if you're at risk for specific health concerns. Take part in an on-site biometric screening by registering [insert registration details]. A consultation to review your results will be provided within the same appointment.

**Step 2: Complete Your Health Risk Assessment (HRA)**

Log in to your BlueAccess account from the Blue Cross homepage – bcbsks.com. Once logged in, click on "WebMD" or the "More Details" box. Select "Take your Health Assessment" or if you have previously taken the HRA, go to the "Healthy Living" tab and select, "Health Assessment/Update Score". Be sure to use your most recent lab values provided from your biometric screening. Complete the assessment by selecting "Complete" at the bottom of the page.

**Step 3: Complete** Complete 3 Wellness Activities or Educational Sessions

Complete at least 3 wellness activities, education sessions or a combination, offered throughout the yearto be eligible for [opportunity for gift card or drawing].

**Step 4: Complete an Annual Preventative Exam**

Schedule an appointment with your primary care physician for your annual physical or age-appropriate preventative exam like a mammogram or colonoscopy.

Participation in the wellness program is voluntary and does not impact employment. If you have trouble completing activities, please contact [insert name and contact info].

**To earn [opportunity for gift card or drawing], please complete all steps by [insert date].**

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| ACTVITY  | # OF ENTRIES EARNED / VERIFICATION |
| Complete Biometric Screening & Consultation |  |
| Complete HRA |  |
| Complete Wellness Activities or Education Sessions |  |
| Complete Annual Preventative Exam |  |