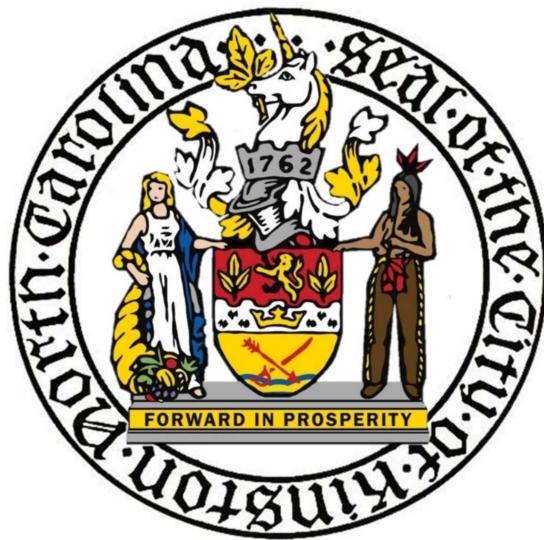




**City of Kinston Health \$ense Program  
2025-2026**

# **HEALTH \$ENSE**

## **2025-2026**



**\*\*To be eligible for the wellness incentive, you must be an active employee at the time of payout or have retired between November 1st - October 31st of the program year.\*\***

## **Employee Health Management Agreement**

By signing this agreement for participation in the Health \$ense Program, I am agreeing to the following:

1. I will read/review notices each year to learn of any changes in requirements for earning Health \$ense points. I understand agreements will automatically renew unless changes are made during the plan year that require new signatures.
2. I will complete and submit a “Health Management Agreement” in order to be eligible for point reimbursement. This agreement must be received by the coordinator prior to any activity for which I am claiming Health \$ense points. A faxed copy is acceptable as long as currently dated, signed and witnessed.
3. I will complete the required affidavits (Health \$ense forms) and turn them in as collected as early as possible and all before the final deadline in order to receive points. I understand final payouts will be made in December each year for all employees participating in the plan.
4. I am enrolled in the Health \$ense Program on an ongoing basis and do not need to renew this agreement as long as I am employed with the City of Kinston as a regular employee with thirty (30) or more hours per week (not including seasonal or temporary employment) unless changes have been made in the Health Management Plan during the year. I understand I must continue enrollment in the City of Kinston Medical Plan and continue to contribute premiums to the plan in order to be eligible to participate in the Health \$ense reimbursement program.
5. My Reimbursement Record, reflecting my accumulated Health \$ense points, will be available to me for viewing in Employee Health. If I do not agree with the balances, I have three (3) days to appeal the amount of reimbursement listed by providing additional new documentation to support my figures. If I do not review or appeal the record by the deadline, it is presumed to be accurate, and that amount will be distributed. I understand October 31 of the plan year will be the deadline for turning in points.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Department: \_\_\_\_\_

## Program Points Overview

# City of Kinston Health \$ense Wellness Scorecard



<b>20</b>	Routine Dental Cleaning (10 points each, max 2/year)
<b>20</b>	Flu Shot
<b>20</b>	Non-Tobacco/Vaping Use Declaration
<b>30</b>	Annual Physical
<b>100</b>	TargetCare Biometric Screening & Review
<b>0-300</b>	TargetCare Health Coaching Compliance
<b>480</b>	Earn up to \$480

### Additional Earning Opportunities

<b>10</b>	Annual Vision Exam
<b>20</b>	Colorectal Screening (Colonoscopy)
<b>20</b>	Mammogram or Prostate Exam
<b>20</b>	Cervical Screening (Pap Smear)
<b>20</b>	Quarterly Meeting Attendance (5 pts. each)
<b>20</b>	Teledoc Visit
<b>2+</b>	Weight Loss Program
<b>120+</b>	Additional Points Possible

You can earn up to \$480 (1 point = 1 dollar) by completing the activities/actions listed above. Any combination of points is allowed, however \$480 is the maximum that you can earn. Some exams or health screenings may not be recommended by your health care provider on an annual basis, so other earning options are available to you. Employees hired after November 1st will not be eligible for the full \$480. Instead, their amount will be prorated based on their hire date.

## The Program

**TargetCare** continues to assist the city in the Health Sense Program. TargetCare is a company that specializes in helping employers, like City of Kinston, develop and implement workplace wellness programs. These programs are designed to help employees understand and manage their health through onsite preventive care.

TargetCare will carry out the onsite biometric screenings again this year in December 2025 (details to be announced). Following the biometric screenings, every participant will have an opportunity to review their screening results one-on-one with a TargetCare nurse during a follow-up visit. In addition, a health coaching program run by a Registered Nurse will be available to screening participants to assist in helping employees reach their health goals. Program points are available based on biometric screening and review participation as well as for ongoing coaching visit compliance (based on the results from the biometric screening).

TargetCare recognizes that some individuals are already working hard to maintain healthy habits and this program rewards low health risk participants with baseline health points. If you complete a biometric screening and review and fall into a low-risk category, you may be able to earn points without many (if any!) required follow-up health coaching visits. For those who need more assistance in reaching their goals, the same number of points can be earned by staying compliant with the required coaching visits based on the risk score you receive from your biometric screening results. Please see below for details of TargetCare's Right on Target (ROT) Health Coaching Program and baseline health points versus additional points you can earn by completing the required visits:



Baseline health points will be awarded based on the results from your biometric screening. During the review session with a TargetCare Health Provider, you will learn your health Risk Score. You will have an opportunity to earn remaining points by staying compliant with the Right on Target (ROT) Health Coaching Program.

Baseline Health Points	ROT Coaching Points
<b>Optimal &amp; Normal</b> Risk Score 0-40	<b>300</b>
<b>Above Normal</b> Risk Score 41-60	<b>100</b> Meet with health coach for at least 1 visit within 16 weeks
<b>Borderline High</b> Risk Score 61-80	<b>50</b> Meet with health coach every 8 weeks for at least 3 visits
<b>High</b> Risk Score 81-100	<b>25</b> Meet with health coach every 8 weeks
<b>Extremely High</b> Risk Score > than 100	<b>300</b> Meet with health coach every 4 weeks

## Point Earning & Tracking

### Automated Tracking

Program points for screenings, reviews, and health coaching will be tracked by TargetCare and your status will be shared with your employer.

- **Completion of the TargetCare Biometric Screening & Review (100):** Must complete biometric screening AND the review session to earn points.
- **TargetCare Health Coaching Compliance (up to 300):** Any baseline health points awarded as well as any points earned through ROT coaching.

### Attendance-Based Tracking

- **Quarterly Meeting Attendance (up to 20):** Health \$ense meetings will be once every quarter. The Employee Health Nurse will notify employees of the topics, times, and locations of the quarterly meeting. Please make sure you sign the attendance record before leaving the meeting.
- **Weight Loss Program (2+):** Earn 2 points per pound lost over a 12-month period with monthly weigh-ins with the City Nurse. Initial weigh-ins will take place in November 2023. Weigh-in monthly around the same date each month and after 12 months, total pounds lost will be calculated and 2 points per pound will be awarded.

### Form Tracking

This year **you will continue to submit forms A through E** for the following visit types (signatures from health providers OR accepted alternate documentation must be provided):

- **Flu Shot (20) – [Form A](#)**
- **Routine Dental Cleanings (5 pts each/max 2 per year) – [Form B](#)**
- **Annual Vision Exam (10) - [Form C](#)**
- **Non-Tobacco/Vaping Use Declaration (20) – [Form D](#)**
- **Annual Physical (30) – [Form E](#)**
- **Colorectal Screening (Colonoscopy) (20) – [Form E](#)**
- **Mammogram (20) – [Form E](#)**
- **Prostate Exam (20) – [Form E](#)**
- **Cervical Screening (Pap Smear) (20) – [Form E](#)**

## A Letter to Healthcare Providers

**Plan Year Period: November 1 through October 31 of any given year.**

Dear Healthcare Provider:

This letter is a brief explanation of the City's Health \$ense reimbursement program for participating City of Kinston employees. Due to rising health care and insurance costs, the City requires employees to pay a portion of the costs for individual health insurance coverage. Our Health \$ense Program includes a reimbursement system that allows employees to earn Health \$ense points that can be converted into cash to offset the cost of this insurance premium subject to premium payment limits. The program requires documentation in order to credit employees for preventive health checks each year. The "Annual Routine Physical Exam" may be conducted without Cholesterol and HDL or HbA1c depending on the employee's medical health. These tests will be done annually at our Biometric Screening Event. The prostate screening with PSA, pap smears, colorectal cancer screenings, and mammography, are in addition to what we are identifying as the Annual Routine Physical Exam and have separate and additional point values. These tests will earn Health \$ense points for employees with appropriate documentation; however, it is purely the healthcare provider's decision as to the necessity of these tests.

We greatly appreciate you and your office staff's willingness to provide this information for the employee. Please understand that we are not making any recommendations concerning the tests that are done on your patient. It is solely up to you and the patient as to what tests are appropriate. Please feel free to contact the Employee Health Clinic with any questions, comments, or concerns at 252-939-3373 or 252-939-3372.

Sincerely,

*Blake Burkett, RN*

Blake Burkett, RN  
City of Kinston Employee Health

## **Form A - Flu Shot**

Employee must obtain the initials and signature of the professional administering the flu shot. The professional is to initial beside the immunization given and sign below.

Please Initial and Date Next to Vaccine Administered:

**Flu (Influenza) (20):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Health Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Alternately, employees may provide a copy of the following as proof of flu shot within the Health \$ense Program plan year/period to be eligible for Health \$ense points (November 1 – October 31 of plan year):

1. Copy of consent form signed by employee that includes the date administered, signature of provider administering the flu shot, manufacturer, lot number and expiration date

## **Form B – Routine Dental Cleanings**

Employee must obtain the initials and signature of the dentist or authorized office personnel overseeing the routine dental cleaning. The professional is to initial beside the service performed and sign below.

Name of Dentist: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Please Initial and Date Next to Services Performed:

**Routine Dental Cleaning 1 (5): \_\_\_\_\_ Date: \_\_\_\_\_**

**Routine Dental Cleaning 2 (5): \_\_\_\_\_ Date: \_\_\_\_\_**

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Dentist or Authorized Office Personnel Signature:**

**Cleaning 1: \_\_\_\_\_ Date: \_\_\_\_\_**

**Cleaning 2: \_\_\_\_\_ Date: \_\_\_\_\_**

Alternately, employees may provide a copy of the following as proof of routine dental cleanings within the Health \$ense Program plan year/period in order to be eligible for Health \$ense points:

1. Copy of the Explanation of Benefits (EOB) from MetLife Dental



**City of Kinston Health \$ense Program  
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**Form C – Annual Vision Exam**

Employee must obtain the initials and signature of the optometrist or authorized office personnel overseeing the exam. The professional is to initial beside the service performed and sign below.

Name of Optometrist: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Please Initial and Date Next to Services Performed:

**Annual Vision Exam: \_\_\_\_\_ Date: \_\_\_\_\_**

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Optometrist or Eye Doctor Signature:**

**Annual Vision Exam: \_\_\_\_\_**

**Date: \_\_\_\_\_**

## **Form D – Non-Tobacco/Vaping Use Declaration**

I do not smoke or use any tobacco or vaping products. I have not smoked or used any tobacco or vaping products during this entire Well Bucks Plan Program year: November 1 – October 31.

I agree that if I fail to comply with my statement of tobacco or vaping product non-use, I will notify Employee Health and understand I will relinquish my right to the reimbursement points for this category for the current program year (20).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City of Kinston Health \$ense Program  
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**Form E- Annual Physical- One per year**

**Employee Name** \_\_\_\_\_ **Date of Exam** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_

**Address of Facility** \_\_\_\_\_

***CHECKS DO NOT EARN POINTS..MUST BE INITIALED BY MD or Office Staff***

ANNUAL Routine Physical Examination w/PERSONAL MD (30)

Prostate Cancer Screening and PSA (20) (one/year)

Colonoscopy (20) (one/year) Signature \_\_\_\_\_

*Gastroenterologist/Office Staff*

Mammogram (20) (one/year) Signature \_\_\_\_\_

*Radiologist*

Cervical Cancer Screening (Pap smear) (20) (one/year)

**Gynecologist Signature** \_\_\_\_\_

or

**Signature of Physician or Office Personnel** \_\_\_\_\_