



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 Sense 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 Sense 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 Sense points. A faxed copy is acceptable as long as currently dated, signed and witnessed.
3. I will complete the required affidavits (Health Sense 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 Sense 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 Sense reimbursement program.
5. My Reimbursement Record, reflecting my accumulated Health Sense 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



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

Additional Earning Opportunities

10	Annual Vision Exam
20	Colorectal Screening (Colonoscopy)
20	Mammogram or Prostate Exam
20	Cervical Screening (Pap Smear)
20	Quarterly Meeting Attendance (5 pts. each)
20	Teledoc Visit
2+	Weight Loss Program
120+	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
Optimal & Normal Risk Score 0-40 	300	--
Above Normal Risk Score 41-60 	100	200 Meet with health coach for at least 1 visit within 16 weeks
Borderline High Risk Score 61-80 	50	250 Meet with health coach every 8 weeks for at least 3 visits
High Risk Score 81-100 	25	275 Meet with health coach every 8 weeks
Extremely High Risk Score > than 100 	--	300 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 Sense 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 Sense Program includes a reimbursement system that allows employees to earn Health Sense 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 Sense 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 Sense Program plan year/period to be eligible for Health Sense 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



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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:** _____

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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 _____