

2027 City Wellness Program Purpose

The purpose of the employee wellness program is to help provide a safe and healthy workplace. It is recognized that physical fitness, emotional well-being and a safe work environment are critical components for a healthy and productive workforce. A healthy workforce leads to fewer absences and less use of medical resources which can lead to lower medical insurance costs. This program will attempt to address various elements of health and wellness including: health screenings, physical activity, a healthy diet, stress management, healthy social opportunities, volunteerism, and other related activities.

The City of Nevada Employee Wellness Program is voluntary and not required; however, participation is **highly recommended and strongly encouraged.**

**WELLNESS PROGRAM
REWARDS/INCENTIVES
January 1, 2027 – December 31, 2027**

All permanent part-time and full-time employees are encouraged to participate in an incentive program, whereby successful completion of the required action items each year would result in the following incentives:

Wellness Incentive Program

1. Wellness Reimbursement

Upon verification that each individual activity has been completed, the following reimbursement will be provided within 30 days:

a. Annual Physical (including appropriate follow-up and age-appropriate screening, such as Colonoscopy, Mammogram, PSA Test, or other cancer screening test)	\$100
b. Annual Blood Screening	\$50
c. Annual Dental Exam	\$50
Total:	\$200

- **Bonus:** If an employee completes all three segments of the above wellness plan, they will receive an additional **\$100**

d. Annual Vision Exam	\$50
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- **Extra Bonus:** If an employee completes Wellness Items "A" through "C" above and "D" vision exam; the employee will be able to **convert one (1) sick day to one (1) personal day OR receive an additional \$50**. There must be at least 10 sick days left in your account after the conversion. The employee will receive a voucher for the day off and will have until June 30, 2028 to take the day off.

e. Vaccination Benefit	
• Proof of COVID vaccination (must present proof of)	\$25
• Proof of Flu vaccination (must present proof of)	\$25

The employee will complete the verification form with physician's signature or obtain an Insurance EOB (Explanation of Benefits) or a doctor's note and present it to payroll by the end of the year to request a reimbursement.

**Employee must complete at least one item from Wellness Reimbursement, in combination with Volunteerism and Fitness, to be eligible for a Participation Day.*

2. Volunteerism

All **full-time** employees can elect to volunteer for a non-profit organization up to forty (40) hours per calendar year. All permanent **part-time** employees can elect to volunteer for a non-profit organization up to sixteen (16) hours per calendar year. The volunteer time can take place during normal business hours with prior approval from their supervisor. If the volunteer hours are outside of the normal work hours, the employee can elect to take the same number of hours off duty with pay with prior approval from their supervisor. Volunteer hours earned off duty must be used off in the same calendar year they were earned. Volunteer hours earned may be used consecutively UP TO one shift. You may NOT volunteer more than one shift at a time or use volunteer hours earned off duty for more than one day shift at a time.

Examples:

- John volunteers at the Nevada Middle School from 1:00 pm to 3:30 pm for a field trip, pending approval from his supervisor. John would be paid his regular hourly rate for the 2.5 hours he was volunteering for the Nevada Public School.

- Sally volunteers for Lincoln Highway Days on Saturday from 9:00 am until 8:00 pm. Sally would be able to take 11 hours off work at a later date, pending supervisor approval. Sally would only be able to take one shift off at a time.

**Employee must complete all forty (40) hours of Volunteerism in combination with Wellness and Fitness to be eligible for a Participation Day.*

3. Fitness

A. Work out at a fitness center OR track your own personal workout at least 8 times per month for a minimum of 30 minutes of exercise or weight training from January 1, 2026 – December 31, 2027. Request reimbursement after each month for \$35 per month. Must show proof of exercise.

B. In lieu of requesting reimbursement each month for attending a fitness center, an employee may participate in a wellness activity. Reimbursement can be requested by submitting a confirmation of paid entry/registration after completion of each event up to a maximum of \$420 per year.

**Employee must complete at least six (6) months of fitness, in combination with Wellness and Volunteerism to be eligible for a Participation Day.*

Note: This program and these rewards/incentives are for the current year's program; therefore, these rewards/incentives are subject to change and may not be offered during next year's program.

Additional Incentive

Any full or part time employee who completes ALL Wellness Program activities (1-3) will receive a Participation Day Incentive, allowing that employee to take a day off equivalent to their typical hourly day.

- *Participation Days expire on 12/31 of a year the following receipt of the incentive. (Payouts will not be given for a Participation Day)*

Examples:

- John volunteered and participated in Fitness throughout 2027 and went to the dentist on December 21, 2027. He will receive a Participation Day which will expire on December 31, 2028.

**Part of Additional Incentive*

ANNUAL Events

1. September safety and wellness meeting. This meeting is **MANDATORY** for all employees. It is a time to close down all City offices for a four (4) hour wellness training, listen to a program, enjoy a meal, and work on employee mental health.
2. **MANDATORY:** Employee Health Benefit/Reelection Meeting (typically held in October each year).
3. Hearing Testing: Any full or part time employee is welcome and encouraged to participate in having their hearing tested on the date/time offered and covered by the city.



Annual PHYSICAL Verification

PLEASE PRINT

Employee Name

Date of Physical

Physician's Name

Phone

Remember to have your provider code this as your annual preventative physical.

I am verifying that I obtained an annual physical to meet the City of Nevada's Wellness Program requirements. I understand that to be eligible for any rewards/incentives, I, as a member of the City of Nevada Wellness Program, must complete an annual physical (among other things) between **January 1, 2027 – December 31, 2027.**

Employee Signature

Date

The City of Nevada acknowledges the physician must determine what examinations and tests are indicated for the patient based on medical standards of care and the patient's personal health history. Generally, well exams include weight and blood pressure checks, ear-nose-and-throat exams, and basic blood tests.

I hereby attest and agree that the above patient was given a thorough

☐ physical examination and/or

☐ blood work

compliant with the standards of care applicable to his/her age, gender, and personal health history.

Physician Signature

Date

Please return to Payroll
City of Nevada
1209 6th Street, PO Box 530
Nevada IA 50201
PH: 515-382-5466/FX: 515-877-4502



Annual VISION Verification

PLEASE PRINT	
Employee Name	Date of Exam
Physician's Name	Phone

Remember to have your provider code this as your annual vision exam

I am verifying that I obtained an annual vision exam to meet the City of Nevada's Wellness Program requirements. I understand that to be eligible for any rewards/incentives, I, as a member of the City of Nevada Wellness Program, must complete an annual vision exam (among other things) between **January 1, 2027 – December 31, 2027**.

Employee Signature

Date

The City of Nevada acknowledges the physician must determine what examinations and tests are indicated for the patient based on medical standards of care and the patient's personal health history.

I hereby attest and agree that the above patient was given a thorough vision examination compliant with the standards of care applicable to his/her age, gender, and personal health history.

Physician Signature

Date

Please return to Payroll



Annual DENTAL Verification

PLEASE PRINT	
Employee Name	Date of Exam
Physician's Name	Phone

Remember to have your provider code this as your annual dental exam

I am verifying that I obtained an annual dental exam to meet the City of Nevada's Wellness Program requirements. I understand that to be eligible for any rewards/incentives, I, as a member of the City of Nevada Wellness Program, must complete an annual dental exam (among other things) between **January 1, 2027 – December 31, 2027.**

Employee Signature

Date

The City of Nevada acknowledges the physician must determine what examinations and tests are indicated for the patient based on medical standards of care and the patient's personal health history.

I hereby attest and agree that the above patient was given a thorough dental examination compliant with the standards of care applicable to his/her age, gender, and personal health history.

Physician Signature

Date

Please return to Payroll