

VILLAGE OF DOWNERS GROVE
Report for the Village
8/4/2020

SUBJECT:	SUBMITTED BY:
Wellness Screening Contract	Dennis Burke Director of Human Resources

SYNOPSIS

A resolution has been prepared authorizing an agreement with CHC Wellbeing, Inc. for an employee health risk assessment screening. The cost of the contract is dependent on the number of participants. In 2019, 525 employees and their spouses participated in the risk assessment screening for a total cost of \$65,000.

STRATEGIC PLAN ALIGNMENT

The goals for 2019-21 includes *Exceptional Municipal Services*.

FISCAL IMPACT

The FY20 Health Insurance Fund budget includes \$70,000 for this contract.

RECOMMENDATION

Approval on the August 4, 2020 Consent Agenda.

BACKGROUND

The Village is committed to providing a wellness program that supports a healthy and productive workforce. Wellness-related information from this screening leads to better health care decisions, reduced health insurance claims and can help control the costs of the Village's Health Insurance Program. The health risk assessment screening gives the participants an up-to-date analysis of their current health condition and makes recommendations to reduce their risk of serious illnesses.

Employees and their spouses will have the option to be screened at a Village facility or at their choice of several participating satellite facilities.

The testing will include:

- Full Biometric Screening (Blood Draw)
- Health Risk Assessment
- Personal Wellness Score
- Weight
- Blood Pressure

All participants will receive a confidential report of their screening results. The Village will receive an Aggregate Report (which does not disclose personal information) identifying potential health risks.

Participation in the health risk assessment is not mandatory; however, participants will receive incentives toward their health insurance premiums.

ATTACHMENTS

Resolution

Agreement

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND CHC WELLBEING, INC.**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Agreement (the "Agreement"), between the Village of Downers Grove (the "Client") and CHC Wellbeing ("CHC"), for employee health risk assessment screenings, as set forth in the form of the Agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Village Manager and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____
Village Clerk



CHC Wellbeing + FLU Statement of Work

<u>Client Information</u>		<u>Billing Contact Information</u>	
Client Name	Village of Downers Grove	Bill To	Village of Downers Grove
Contact Name	Lauren Linares	Billing Contact	Dennis Burke
Phone Number	630-434-5538	Phone Number	630-434-5537
email	llinares@downers.us	email	dburke@downers.us
Address	801 Burlington Avenue	Address	801 Burlington Ave
City, ST, Zip	Downers Grove, IL 60515	City, ST, Zip	Downers Grove, IL 60515
<u>Wellbeing Program Eligibility</u>			
Total Employees	460	Total Expected Participation	530
Total Eligible to Participate	460	Total Participation Last Year	524
Funding Type	Self Funded	Insurance Carrier	BCBS
<u>Program Information</u>			
Program Type	EDUCATE	Program Start Date	8/1/2020
Price	\$100.00	Program End Date	7/31/2021
Minimum Required per Event	30	Incentive Description	Premium Differential/HSA Contribution/Deductible Credit
Under Minimum Fee	\$100.00	Qualifying Question	No
Under Minimum Payor	Company	HRA Option	Standard HRA + Custom Questions
Under Minimum Notes	Screenings - 30 participant onsite minimum per event; Flu - 20 participant onsite minimum per event	Job Notes	All onsite events will be combo clinics - screenings + flu Please label physician screening as "Firefighter Screening"
Activity Tracker	Yes, w/o health data integration	Nutrition Tracker	Yes
Hydration Tracker	Yes	eLearning	No
Message Board	Yes	Mindfulness	Yes
Travel Required	No	Bill Actual Travel	No
Travel Fee Notes:		Per Participant Travel Fee	\$0.00
Remote	Yes	New Hire Remote	No
Remote End Date	11/30/2020	New Hire Remote End Date	
Physician Screening Form	Yes	Physician Screening Price	\$65.00
Physician Screening End Date	11/30/2020	Physician Screening Payor	Company



Additional Services			
Onsite HWW Measurements		Height	No
	\$	Weight	No
		Waist	No
Walking Program: No	Start Date		Price
	End Date		Billing Option
	Eligible Population		
Health Coaching: No	Start Date		Price
	End Date		Billing Option
	Eligible Population		
Custom Rewards: No	Start Date		Price
	End Date		Billing Option
	Eligible Population		
Historical Data (Up to 3 previous years)	No	Biometric Data Import	No
	\$0.00	(Current Year)	\$0.00
Billing Notes:			



Flu Program Eligibility			
Flu Expected Participation	240	Total Participation Last Year	191
<input checked="" type="checkbox"/> Employees	<input checked="" type="checkbox"/> Spouses	<input type="checkbox"/> Dependents	<input checked="" type="checkbox"/> Retirees
Flu Pricing			
<u>Vaccine Type</u>	<u>Vaccine Cost</u>	<u>Specialty Vaccines</u>	<u>Specialty Vaccine Cost</u>
<input checked="" type="checkbox"/> Quadrivalent	\$35.00	<input type="checkbox"/> Pneumonia	\$133.00
<input checked="" type="checkbox"/> Preservative Free	\$39.00	<input type="checkbox"/> Tdap	\$73.00
<input type="checkbox"/> High Dose	\$66.00		
Minimum 20 shots administered per event		Price per count below minimum: \$35.00	
Specialty vaccines cannot be billed through insurance. Payment for these vaccines is due at the time of service.			
CVS Voucher: (25 minimum)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CVS Quadrivalent Voucher Cost: \$40.00	
		CVS High Dose Voucher Cost: \$70.00	
Walgreens Voucher: (25 minimum)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Walgreens Voucher Cost: \$40.00	
		Walgreens High Dose Voucher Cost: \$70.00	
Flu Payment Information			
<input type="checkbox"/> Direct Bill (entire event)		Bill Event to	<input type="checkbox"/> Company <input type="checkbox"/> Broker <input type="checkbox"/> Other
Who will pay for Preservative Free or High Dose? (if not checked above)		N/A	
CHC does not bill HMO, Medicare, Medicaid or Tricare plans.			
<input checked="" type="checkbox"/> Submit to Insurance		Yes, Submit to Insurance as Claim	
Funding Type	Self Funded	Insurance Carrier	BCBS
PPO		HMO	UNINSURED
<input checked="" type="checkbox"/> Insurance - Collect Onsite		<input type="checkbox"/> Company	<input type="checkbox"/> Company
<input type="checkbox"/> Insurance - Participation Roster		<input checked="" type="checkbox"/> Participant	<input checked="" type="checkbox"/> Participant
		<input type="checkbox"/> Broker	<input type="checkbox"/> Broker
Flu Notes/Special Billing Instructions: Employees, spouses, and retirees on the Village's PPO health plan - CHC will bill flu shot through BCBS Employees, spouses, and retirees on other insurance - participant will pay \$35 or bill through their personal insurance Primary vaccine - quadrivalent; Preservative free available upon request.			



Location Name: Public Works

Location Information	Screening Information
<p>Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 5101 Walnut Avenue City, State, Zip: Downers Grove, IL 60515</p> <p>Location Contact Name: TBD Location Contact Phone: TBD</p> <p>Location Expected Participation: 100 Location Previous Year Participation: 100</p> <p>Travel Required: No Bill Actual Travel Costs: No T&E Expenses Paid By: Per Participant Travel Fee: \$0.00</p>	<p>Screening Start Date: Thursday, 10/15/2020 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Main Conference Room Arrival Time: 06:00 AM Central</p> <p>Flu Shots: Yes Privacy Screens or Partitions: Yes</p> <p>Bilingual Staff Needed: No Bilingual Forms Needed: No</p>
<p>Screening Notes: CHC will provide privacy screens.</p> <p>Tape measures and scales will also be available at onsite events in case participants would like to measure themselves prior to self-reporting.</p>	



Location Name: Village Hall

Location Information	Screening Information
<p>Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 801 Burlington Avenue City, State, Zip: Downers Grove, IL 60515</p> <p>Location Contact Name: TBD Location Contact Phone: TBD</p> <p>Location Expected Participation: 100 Location Previous Year Particiaption: 65</p> <p>Travel Required: No Bill Actual Travel Costs: No T&E Expenses Paid By: Per Participant Travel Fee: \$0.00</p>	<p>Screening Start Date: Thursday, 9/17/2020 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Committee Room Arrival Time: 06:00 AM Central</p> <p>Flu Shots: Yes Privacy Screens or Partitions: Yes</p> <p>Bilingual Staff Needed: No Bilingual Forms Needed: No</p>
<p>Screening Notes: CHC will provide privacy screens.</p> <p>Tape measures and scales will also be available at onsite events in case participants would like to measure themselves prior to self-reporting.</p>	



Location Name: Village Hall

Location Information	Screening Information
<p>Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 801 Burlington Avenue City, State, Zip: Downers Grove, IL 60515</p> <p>Location Contact Name: TBD Location Contact Phone: TBD</p> <p>Location Expected Participation: 100 Location Previous Year Particiaption: 113</p> <p>Travel Required: No Bill Actual Travel Costs: No T&E Expenses Paid By: Per Participant Travel Fee: \$0.00</p>	<p>Screening Start Date: Saturday, 9/26/2020 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Committee Room Arrival Time: 06:00 AM Central</p> <p>Flu Shots: Yes Privacy Screens or Partitions: Yes</p> <p>Bilingual Staff Needed: No Bilingual Forms Needed: No</p>
<p>Screening Notes: CHC will provide privacy screens.</p> <p>Tape measures and scales will also be available at onsite events in case participants would like to measure themselves prior to self-reporting.</p>	



Location Name: Public Works

Location Information	Screening Information
<p>Screening Contact: Lauren Linares Phone Number: 630-434-5538 email: llinares@downers.us Address: 5101 Walnut Avenue City, State, Zip: Downers Grove, IL 60515</p> <p>Location Contact Name: TBD Location Contact Phone: TBD</p> <p>Location Expected Participation: 100 Location Previous Year Participaption: 109</p> <p>Travel Required: No Bill Actual Travel Costs: No T&E Expenses Paid By: Per Participant Travel Fee: \$0.00</p>	<p>Screening Start Date: Saturday, 10/24/2020 Screening Time: 07:00 AM Central Screening Length: 5.0 hours Screening Room Location: Main Conference Room Arrival Time: 06:00 AM Central</p> <p>Flu Shots: Yes Privacy Screens or Partitions: Yes</p> <p>Bilingual Staff Needed: No Bilingual Forms Needed: No</p>
<p>Screening Notes: CHC will provide privacy screens.</p> <p>Tape measures and scales will also be available at onsite events in case participants would like to measure themselves prior to self-reporting.</p>	



HEALTH & WELLNESS PRICING

Participant Group 1		Participants: Employee on the Company Health Plan Retiree on the Company Health Plan Spouse on the Company Health Plan															
Tests	Included		TSH	PSA	Nicotine	Reflex Nicotine	Hemoglobin A1C	Cardio C	Homocysteine	Blood Type	Vitamin D	Testosterone	B12 Folate	H Pylori	Gluten Allergy	NMR	Antibody (IgG)
	Health & Wellness	H & W + Reflex A1C															
Client Paid	\$100																
Insurance Paid (PPO - Included)																	
Insurance Paid (PPO - By Request)																	
Participant Paid			\$42	\$39			\$34	\$39	\$54	\$25	\$40	\$42	\$42	\$41	\$29	\$99	\$105
Tests Not Available					✓	✓											
Payor: Company Co-pay Amount: \$0.00 Co-pay Payor: N/A			Price: \$100.00 Company Surcharge: \$0.00 Solution Type: EDUCATE						Take Insurance (Y/N): No PSA Age Cutoff:								
Notes: Employees, spouses, and retirees on the Village's health plan - CHC will direct bill Village of Downers Grove at \$100 per participant Personal physician form - CHC will direct bill Village of Downers Grove at \$65 per participant; utilized for firefighters																	



HEALTH & WELLNESS PRICING

Participant Group 2		Participants: Employee on Other Health Plan Retiree on Other Health Plan Spouse on Other Health Plan																
Tests	Included		TSH	PSA	Nicotine	Reflex Nicotine	Hemoglobin A1C	Cardio C	Homocysteine	Blood Type	Vitamin D	Testosterone	B12 Folate	H Pylori	Gluten Allergy	NMR	Antibody (IgG)	
	Health & Wellness	H & W + Reflex A1C																
Client Paid																		
Insurance Paid (PPO - Included)																		
Insurance Paid (PPO - By Request)																		
Participant Paid	\$100		\$42	\$39			\$34	\$39	\$54	\$25	\$40	\$42	\$42	\$41	\$29	\$99	\$105	
Tests Not Available					✓	✓												
Payor: Participant Co-pay Amount: \$0.00 Co-pay Payor: N/A			Price: \$100.00 Company Surcharge: \$0.00 Solution Type: EDUCATE						Take Insurance (Y/N): No PSA Age Cutoff:									
Notes: Employees, spouses, and retirees NOT on the Village's health plan - CHC will direct bill the participant at \$100																		

HRA Questions / Responses

Questions	Responses
1. What department are you in?	a. N/A - I am a spouse b. Police c. Fire d. Village Hall/Other e. Public Works f. Parks, Library, or EDC



Performance Obligations in light of the COVID-19 pandemic, governmental measures or other force majeure events. CHC and Client agree that unexpected events beyond the Parties' control may impact the scheduled Flu Vaccine Event. CHC and Client are cognizant that the COVID-19 pandemic (or any future recurrence of a pandemic or other disease), as well as related governmental orders, laws, regulations or other actions, may delay, hinder, adversely affect and/or prevent CHC from providing contracted for services at the scheduled Flu Vaccine Event as well as the Client's ability to host the Flu Vaccine Event.

In recognition of the fact that CHC has incurred the cost of procuring the vaccine and staff necessary to fulfill its contractual obligation to the Client, the Client hereby agrees that, should a scheduled Flu Vaccine Event be cancelled due to a pandemic, disease and/or measures taken by any governmental authorities in response thereto, Client will utilize its best efforts to reschedule the cancelled Flu Vaccine Event to a date agreeable to the Parties on or before February 28, 2021.

If you have elected insurance as the payment method and insurance does not cover the claims, CHC will invoice you for services rendered.

Invoices that are 45 days past due are subject to penalty of 1.5% of the total invoice amount.

I have reviewed and I agree to the terms, minimums and fees reflected in this document.

Client Name: Village of Downers Grove - Village Hall

CHC Wellbeing, Inc.

By: _____
Client Signature

By: Brian Caputo

Name: _____
Printed Name

Name: **Brian Caputo**

Title: _____
Title

Title: **Director of Strategy and Finance**

Date: _____

Date: _____