

## Bayfield County Alternative Wellness Program Option for 2022

Complete this 2-step process by October 14<sup>th</sup>, 2022, to receive the health insurance premium incentive. A separate incentive is offered for the employee and the spouse.  
5% single or 2.5% employee + 2.5% spouse premium reduction.

1. Complete and return Preventive Exam Provider Verification Form to Bayfield County Human Resources
2. Complete an activity option below from the Bayfield County Activity List and provide verification of participation to Bayfield County Human Resources

### **Standalone ACTIVITY LIST – complete one (1) activity from the following list:**

1. Participate in a Superior Wellness Sponsored Wellness Challenge (2 options in 2022)
  - a. **Wellness Activities/Walking Scavenger Hunt**
  - b. **Walking Challenge (ex. Fit Bit, Strava)** Must be able to provide screen shot or print out of steps walked. (minimum of 5,000 steps per day for 2 consecutive weeks)
2. Complete a Bayfield County Passport to Wellness (each Passport highlights 10 trails)
  - There are two versions of passports: contact [ashley.smith@bayfieldcounty.wi.gov](mailto:ashley.smith@bayfieldcounty.wi.gov) for passport.
3. Proof of membership in a local fitness center (ex: Bayfield Rec, Snap, Up North Fitness, Curves, Ignite)
4. Proof of annual membership for a sporting activity (ex: golf, volleyball league, ski pass)
5. Complete the Master Gardener Course
6. Achieve certification that's wellness related (ex: mental or physical health, self-care, nutrition)
7. Provide proof of participation in a local sport competition (ex: 5k Run, marathon)
8. Provide proof of a dentist visit.
9. Documentation of teaching or instructing a wellness related activity or class.

### **OR...Mix and match ACTIVITY LIST – complete three (3) activities from the following list:**

- A. Attend Wellness Fair – **Plan for 2022/2023 for next Wellness Fair**
- B. Attend instructor-led outdoor fitness session at outdoor fitness equipment at Thompson's West End Park Lakeshore Walking Trailhead – **Dates and times TBD, 1 x week for 3-weeks.**
- C. Attend brown-bag lunch/learn session – **Will be virtual in 2022 with minimum of 3 offered.**
- D. Participate in an instructor-led Fitness Center activity (ex: yoga, strength training, Zumba, defensive tactics) – (May be done virtually)
- E. Manage an employee garden plot – **Or a home garden with selfie documentation of stages of growth.**
- F. Attend event sponsored by the Chequamegon Food Co-Op and/or UW Extension (ex: food prep)
- G. Proof of membership in a local Community Supported Agriculture (CSA) or similar local food program or local home food delivery
- H. Volunteer at a local community event for a minimum of one hour (ex. Book Across the Bay, fundraisers, animal shelter, schools) Don't forget verification form!
- I. Flu Vaccine
- J. COVID Vaccine/Booster-must be received in 2022.
- K. Blood Drive Donation – You can donate up to 3 times if within appropriate and safe timeframe. You must wait at least eight weeks (56 days) between donations of whole blood and 16 weeks (112 days) between Power Red donations.

It is the employee's responsibility to provide documentation verifying participation, membership, or completion of these activities. Documentation may be in the form of an affidavit from the instructor, receipt for membership fee, and for some activities a selfie maybe part of the requirement. **Any photo documentation submitted may be used in an end-of-year fun slideshow.** This is an alternative option to the State Stay Well program and the 2 programs **cannot** be intermixed. Also, there is no \$150 gift card linked to this option. The incentive of completing this 2-step program is 5% single or 2.5% employee + 2.5% spouse premium reduction.

**Bayfield County  
Wellness Activity Verification 2022**

<b>Participant has completed the following activity:</b>		<b>Date of Participation or Receipt</b>
<b>Name of Activity:</b>		
<b>Receipt for Membership: <i>Name of Organization</i></b>		

Activity Sponsor Name (Printed)	
Activity Sponsor Signature	
Organization Name	
Mailing Address	
City/State and Zip Code:	
Telephone #	
Photo/Selfie Program and number of photos	