

Nebraska Harvester Award Criteria

Listed below are all of the requirements for the Nebraska Harvester Award. It is recommended to review the items below to see if the minimum scores required in each section are met prior to completing the application.

1.0 LEADERSHIP SECTION (Scoring: 15 out of a possible 20 required)

1.1 Management Support

1.1.1 Provide Mission/Vision statement for wellness or a letter from CEO noting support. (REQUIRED - no points)

<input type="checkbox"/> Statement Uploaded	Required	
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1.1.2 Is work day flexible scheduling promoted?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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1.1.3 Do all levels of management participate in wellness programming.

<input type="checkbox"/> Yes <input type="checkbox"/> No	5 points	
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1.1.4 Do management job descriptions and/or performance objectives reflect wellness goals/responsibilities?

<input type="checkbox"/> Yes <input type="checkbox"/> No	5 points	
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1.1.5 Does management support wellness program objectives and initiatives.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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1.2 Wellness/Safety Program Team

1.2.1 Attach list of wellness/safety program team members title and departments (do not include names). Is your wellness team a voluntary or appointed committee? (REQUIRED - no points)

<input type="checkbox"/> List Attached <input type="checkbox"/> Volunteer <input type="checkbox"/> Appointed	Required	
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1.2.2 Do the wellness/safety program team members participate in establishing wellness program goals and objectives?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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1.2.3 Do the wellness/safety program team members participate in program evaluation?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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1.2.4 Are the wellness/safety program members required to participate in the wellness program?

<input type="checkbox"/> Yes <input type="checkbox"/> No	2 points	
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1.3 Communication

1.3.1 How often does senior leadership provide communication to all employees to encourage participation in the wellness program?

<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> None	1 point 0 points	
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1.3.2 Our company implements continuous quality improvement checks (see check boxes below) to assure that management at all levels of our organization understands and continues to support the wellness program. (REQUIRED - no points) Please check all that apply (minimum of one required):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Required	
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- Provides management with wellness committee minutes
- Conducts a bi-annual management update meeting
- Management is evaluated on the participation/engagement of direct report in the wellness program
- Other (please describe)

1.3.3 Please indicate, by checking all that apply, the methods used to promote wellness programs (minimum of two required):

1 point	
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- Email

- Intranet or other technology
- Posters
- Table cards
- Correspondence to the home
- Social Media
- One-on-one promotion
- In-person meetings (staff meetings, all employee meetings, senior leadership meetings)
- Other (please describe)

1.3.4 Please indicate how you incent participation/completion in your wellness program. (Check all that apply.)

1 point	
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- Participation gifts (e.g., towels, water bottles, etc.)
- Cash incentives or gift cards
- Discounts on products or services
- Public recognition
- Personal recognition (e.g., letter home from the CEO)
- Health benefits (e.g., premium discounts, Health Saving Account contributions, reduced deductibles, etc.)
- Paid time off
- Other (please identify additional means of incenting programs)

1.3.5 Was the Wellness and Safety Program team input utilized to determine which incentives to offer as part of the wellness program?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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1.4 Funding Process

1.4.1 Is there a designated budget for wellness programming? (REQUIRED - no points)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Required	
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If yes, please upload budget here. Your budget will be kept confidential.

<input type="checkbox"/> Budget Uploaded
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1.5 Strategic Planning

1.5.1 Have you completed the HERO Scorecard and applied the findings to your wellness strategic plan? <https://hero-health.org/hero-scorecard/>

<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonus Point	
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1.6 Community Outreach

1.5.1 Has organization participated in and/or organized a community philanthropy that benefits an organization other than yours? (Bonus point)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonus Point	
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Leadership Section Total Points (15 required)	0
Bonus Points	0

2.0 DATA COLLECTION SECTION (Scoring: 5 out of a possible 8 required)

Please submit an electronic copy of the following tools utilized by your organization and list your results below. If the tool is proprietary, please indicate tool name with each section of the application.

2.1 Employee Interest Survey, within the last 36 months (REQUIRED - no points)

2.1.1 Top three to five employee health interests/concerns as indicated by your results:

Required	
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- 1.
- 2.
- 3.
- 4.
- 5.

Participation rate by employees for EIS _____%

Please attach an electronic copy of survey used or name:

2.2 Health Risk Appraisal (HRQ, HA, HQ), must have been conducted within the past 36 months (REQUIRED - no points)

2.2.1 Please indicate the response rate for your last two health risk appraisals (i.e., percentage of employees [all employees] that completed the survey as compared to your entire workforce). Please note the minimum return rate based on the number of barriers as indicated below: employees who completed the health risk appraisal falls below the criteria set out for the award you are applying for, your application will not be accepted.

Required	
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Section 1: Select all that apply

- More than 500 employees.
- Multiple shifts (at least 30% of your company's employees work during a different shift/different hours of the day).
- Multiple worksite locations not within walking distance (i.e. multiple buildings on the same complex does not constitute multiple locations. Multiple locations would indicate that buildings are spread far enough apart that they are not on the same complex).
- Multiple languages (more than 30% has limited English proficiency).
- More than 70% male.
- More than 30% of workforce is part time or seasonal
- Government organization.
- 501c3 organization.
- More than 30% of the workforce does not have access to a work computer/smart phone/internet device.
- 30% population is below high school equivalent education level.
- Company does not have a health or wellness professional employed on-site.

Please be aware that if the percentage of your employees who completed the health risk appraisal falls below the criteria set out for the award you are applying for, your application will not be accepted.

Section 2: Union Contract Section: You must make a selection to move forward in the application process.

Directions: Add up your previous barrier points in (one point for any of the barriers listed above)

- Yes - More than 50% of employees are covered under union contract(s) - See union contract section below.
Add the following barrier points
50% - 59% of employees covered under union contract(s)-1 barrier point
60% - 69% of employees covered under union contract(s)-2 barrier points
70% - 79% of employees covered under union contract(s)-3 barrier points
80% - 89% of employees covered under union contract(s)-4 barrier points
90% - 100% of employees covered under union contract(s)-5 barrier points

Total number of barrier points (ones listed in Section 1 and Section 2). At least one of your survey years must comply with the minimum return listed below.

Challenging Population to Collect Data (5 or more identified barriers)
Harvester Award Level (50% return or greater)

Moderate Challenge to Collect Data (3-4 identified barriers)
Harvester Award Level (60% return or greater)

Low Challenge to Collect Data (0-2 identified barriers)
Harvester Award Level (70% return or greater)

Survey year: _____ % return: _____

Survey year: _____ % return: _____

Top five health risks as indicated by your results:

1. Risk including % and number at risk (same as grower updates)
2. Risk including % and number at risk (same as grower updates)
3. Risk including % and number at risk (same as grower updates)
4. Risk including % and number at risk (same as grower updates)
5. Risk including % and number at risk (same as grower updates)

Physical Activity:

1) Do you address physical activity at your company? Yes No

2) Do you measure risk according to the U.S. Surgeon General Guidelines for Physical Activity (150 minutes moderate or 75 minutes vigorous activity PLUS 2 days strength or resistance training per week) Yes No

If yes to #2 – Pop up

Time 1: Date of Assessment

Number of employees meeting Surgeon General Guidelines

Number of employees NOT meeting Surgeon General Guidelines

Time 2: Date of Assessment

Number of employees meeting Surgeon General Guidelines

Number of employees NOT meeting Surgeon General Guidelines

Tobacco:

1) Do you address tobacco/e-cigarette use at your company? Yes No

If yes to #1 -Pop up

Time 1: Date of Assessment

Number of employees that do NOT use tobacco or e-cigarettes

Number of employees that use tobacco or e-cigarettes

Time 2: Date of Assessment

Number of employees that do NOT use tobacco or e-cigarettes

Number of employees that use tobacco or e-cigarettes

Fruit and Vegetable Consumption:

1) Do you address fruit and vegetable consumption at your company? Yes No

If yes to #1 – Pop up

Time 1: Date of Assessment

Number of employees that eat 5 or more fruits and vegetables per day

Number of employees that do NOT eat 5 or more fruits and vegetables per day

Time 2: Date of Assessment

Number of employees that eat 5 or more fruits and vegetables per day

Number of employees that do NOT eat 5 or more fruits and vegetables per day

Stress Management:

1) Do you stress management/mental wellbeing at your company? Yes No

2) Do you use PHQ-4 (validated tool endorsed by the American Psychological Association) to measure stress/mental wellbeing? Yes No

If yes to #2 – Pop up

Time 1: Date of Assessment

Number of employees that are LOW RISK based on PHQ-4 score

Number of employees that are MODERATE RISK based on PHQ-4 score

Number of employees that are HIGH RISK based on PHQ-4 score

Time 2: Date of Assessment

Number of employees that are LOW RISK based on PHQ-4 score

Number of employees that are MODERATE RISK based on PHQ-4 score

Number of employees that are HIGH RISK based on PHQ-4 score

2.2.2 Are you currently benchmarking against other employee wellness standards?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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If yes, what benchmark are you using to measure the results of the HRA against other employee wellness standards? Please indicate your benchmark tool:

Survey vendor data base

CDC BRFSS

U.S. Dept. of Health and Human Services Healthy People Goals

Integrated Benefit Institute

Screening vendor data bank

Other: _____(limited to 100 words or less)

2.2.3 Are you using the HRA data to classify employee health risks and design interventions? (REQUIRED - no points)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Required	
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Please select how you used employee health risk and integrate data driven intervention from the list below. (Check all that apply.)

Risk targeted personal coaching

Wellness goals and objectives for the entire workforce

Value based benefit design

Benefit co-pays or premium differentials

Policy changes

Environmental design changes

Educational programs

Other: _____(limited to 100 words or less)

2.3 Human Resources Demographic Information (must reflect 100% of the employee population)

2.3.1 _____% male

_____% female

_____Average age of employees

1 point	
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Ethnicity breakdown:

- _____ % Caucasian
- _____ % Hispanic
- _____ % Asian
- _____ % African American
- _____ % American Indian
- _____ % Other
- _____ % Unknown

2.4 Health Screening, within the last 12 months

2.4.1 Submit a summary of the employee health screening aggregate information (one page or less). (REQUIRED - no points)

Our company employs fewer than 50 people. Our company provides on-site screening or pays for the cost of biometric screening on an annual basis. We are not able to provide an aggregate biometric report due to HIPAA regulations.

Please list the top four chronic health issues identified in the screening (e.g., BP, BMI, labs, ht/wt/body fat).

- 1.
- 2.
- 3.
- 4.

Required	
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2.4.2 Are you using the biometric data to design wellness interventions? (REQUIRED - no points) Exception: businesses with fewer than 50 employees

<input type="checkbox"/> Yes <input type="checkbox"/> No	Required	
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2.5 Health Care Costs

2.5.1 Note total employer, employee, and dependent cost of health care and any employee "out of pocket" costs. Note: if you have more than one health plan, please report your average cost across all plans below.

Total cost per person for health insurance premium: _____

Employer share of above total: _____

Employee share of premium : _____

What is the deductible per insured: _____

What is the co-pay per insured: _____

What is the out of pocket maximum: _____

Bonus Point	
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2.5.2 Health care costs (REQUIRED - see exceptions below - no points).

Please submit the top three health issues according to frequency and cost to health plan, unless box checked below (see example below).

Required unless exception	
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Exceptions: Our company aggregate data is not available due to the following reason(s).

- Too few covered lives for my insurer to provide aggregate information
- Too many insurance carriers on our plan to provide overall aggregate summary (may only be chosen by public employer)
- Member of an insurance pool
- More than 50% of our workforce is covered by a union and the union contract prevents access to the information

EXAMPLE		
Frequency		
1. E.R. Visits		
2. Office Visits		

3. Lab Work		
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Applicant Top Health Care		
Frequency		
1		
2		
3		

Prescription Drugs

Please list the top three prescription drug classes identified by your health claims data by cost and by volume (i.e., anti-depressants, antibiotics, blood pressure medication, etc.).

Top drug classes by volume:

- 1.
- 2.
- 3.

Top drug classes by cost:

- 1.
- 2.
- 3.

2.5.3 Please note total cost of prescription drugs, cost per member and trends.

Total cost: \$_____

Cost per member per month: \$_____

Trends (ex. 20% increase in cholesterol lowering medication, etc.):

Bonus Point	
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2.5.4 Are you using the medical and pharmaceutical claims data to design wellness interventions? (REQUIRED - no points)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Required unless exception checked in 2.5.2	
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2.6 Safety (Scoring: 2 out of 5 possible points)

2.6.1 Please indicate both of the following:

Please indicate your company's OSHA Incidence Rate.

OSHA* Incidence Rate: _____

Please note that your OSHA Injury/Illness Incidence Rate should be below the industry average for your NAICS code. (If your incident rate is above industry average, please indicate why).

1 point	
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2.6.2 Please indicate your top three workers' compensation costs.

Workers Compensation		
Most frequent causes of injury.	Total cost including lost work days.	Total lost work days by type of injury.
1.		
2.		
3.		

1 point	
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2.6.3 Safety budget (previous year) \$ _____ Safety training and education budget PER EMPLOYEE (previous year) \$ _____ Please indicate major safety environmental changes that have taken place during past year (examples: new machinery, improved ventilation, chemical storage, office design, etc.): _____	1 point	
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2.6.4 Are home safety behaviors encouraged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 point	
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2.6.5 Are you using the workers compensation or short term disability data to classify employee health risks and design interventions? (REQUIRED - no points)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Required	
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2.6.6 Please indicate the median number of training hours per employee per year _____	1 point	
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2.7 Absenteeism/Presenteeism

2.7.1 Please indicate your unscheduled absenteeism rates for the past three years. (Bonus point)	Bonus Point	
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2.7.2 If you measure presenteeism, please indicate your results and the method of collection. (Bonus point) <input type="checkbox"/> Self report <input type="checkbox"/> Time or unit metric <input type="checkbox"/> Modeling tool (please indicate tool, formula, or process used) <input type="checkbox"/> Other (please indicate tool) Do you monetize and report the results? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bonus Point	
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2.7.3 Is wellness and/or safety included in performance metrics? <input type="checkbox"/> Personal <input type="checkbox"/> Organizational <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonus Point	
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2.7.4 Completion of the CDC Worksite Health Scorecard by at least one person a minimum of once every 3 years (link: https://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf) Please list top 5 deficiencies as indicated by Scorecard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Required	
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2.7.5 Leadership/Management Assessment (Attitudes & Perception of Wellness) List date of assessment, the findings, and action taken as a result.	1 point	
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Data Collection Section Total Points (5 points required)	0
Bonus Points	0

3.0 WRITTEN PLAN SECTION

(Scoring: 5 out of a possible 6 required)

3.1 Written Plan (Scoring: 5 out of 7 possible points)

3.1.1 Do you have a written wellness plan for your company?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Required	
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(REQUIRED - no points)

Please attach written wellness plan for the most recently completed plan year. Also, attach written wellness plan for the next plan year and briefly describe below how the future plan was adjusted to address outcomes from the completed plan. Please note that at least 4 interventions must be identified from the CDC Scorecard.

Goals with specific objectives

1 point	
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Date(s) of programs

1 point	
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Position or title of person responsible for implementation and evaluation

1 point	
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Brief (1-2 sentence) description of program

1 point	
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Evaluation procedure and outcomes (Please describe your accomplishment including a report on if you have accomplished your objective 3-4 sentences.)

1 point	
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Budget for implementation

Required	
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Number of people eligible/targeted for the program and number of participants. Please note: your programs should target the majority of your workforce and not be limited to benefit eligible employees or specific groups in your population. Programs should also be culturally and linguistically appropriate.

1 point	
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How is the written wellness plan integrated into the company's mission statement? 100 words or less. (Bonus point)

Bonus Point	
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Data Collection Section Total Points (5 points required)	0
Bonus Points	0

5.0 POLICY AND ENVIRONMENT SECTION

(Scoring: 60 out of a possible 96 required)

5.1 Stress management/mental health/and personal growth policies and supportive environments. Please check all that apply.

(Minimum of 6 required for this section)

- EAP and/or mental health coverage in benefit plan
- Flexible work arrangement
- Relaxation room/wellness/quiet room or designated area
- Financial wellness services
- Stress management education
- On-site relaxation classes/yoga, meditation, etc.
- Worklife balance programs
- Time management programs
- Tuition reimbursement and continueing education
- Mental wellbeing included in the wellness incentive plan
- Volunteer time off
- Other policy, system, and environment options that support this category - subject to award committee approval

1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	

5.2 Active living policies and supportive environments. Please check all that apply.

(Minimum of 8 required for this section)

- Incentive provided for consistent physical activity (ex: points towards premium discount, paid time off, cash bonus, etc.)
- Time off for exercise/exercise flex time policy
- Gym reimbursement or on-site fitness facility
- Well lit and walkable stairwells
- Bike racks or secured bike parking
- Financial incentive for active commuting or coverage of fees such as bike share membership
- Locker rooms
- Walking trails/paths or obstacle course
- Encourage walking meetings or stretching before meetings
- Movement breaks
- Connection to alternative transportation
- Connectivity to safe walking environments
- Promotion of multi-week internal physical activity challenges
- Promotion of community events involving physical activity
- Use of physical activity wearable devices
- Other policy, system, and environment options that support this category - subject to award committee approval

1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	

5.3 Healthy eating policies and supportive environments. Please check all that apply. **(Minimum of 5 required for this section)**

- Healthy vending (At least 50% of your contents need to meet healthy guidelines. Examples of guidelines could include: NEMSV, USDA Healthy Snack. Please describe your guideline used if not listed below)
NEMS-V: http://www.nems-v.com/documents/FoodCodingSummary-revised6.26.14_001.pdf
USDA: Page 7 https://fns-prod.azureedge.net/sites/default/files/tn/USDA_SmartSnacks.pdf
- Healthy meeting/food served at company (provide a healthy option of either fresh fruit and veggies and/or lean protein)
- On-site farmer's market or fresh produce
- Healthy meeting policy
- Provision of amenities/healthy food in the breakroom, refrigerators, healthy cafeteria options, refrigerated vending, microwave
- Weight management class reimbursement or on-site classes

2 points	
1 point	
1 point	
1 point	
1 point	
1 point	

- Policy to support purchase of recycled products
- Company policy or practice to use 100% reusable products
- Green space on company premises
- Promote green community activities
- Other policy, system, and environment options that support this category - subject to award committee approval

1 point	
1 point	
1 point	
1 point	
1 point	

5.7 Integration of wellness and safety policies and supportive environments. Please check all that apply. **(Minimum of 8 required for this section)**

- Written safe driving policy including all of the following (mandatory seatbelt use, no cell phone use, no hands-free cell phone use)
- Policy prohibiting distracted work environments include but not limited to (cell phone use, texting, head phones)
- Noise reduction efforts (not limited to - white noise, absorbing walls/cubicles/ceilings, fans)
- Early return to work process and policy including mandatory medical review within 48 hours and light duty options for return to work
- Personal protective equipment policy
- Option to check out safety equipment or purchase at company discount for personal use
- Ergonomically designed work stations/workplace redesign
- Ventilation and air quality ABOVE required OSHA standards
- Criminal background check
- First responder/first aid team
- On-site AED
- Incentives for safe practices and completion of certifications or training such (examples of incentives: paid time off, points for premium discount or HSA contribution, cash bonus).
- Integrated safety and wellness programs
- Policy promoting clean work environment
- Overtime limitations, flexible work arrangements, and encouragement to utilize vacation leave practice
- Other policy, system, and environment options that support this category - subject to award committee approval

1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	

5.8 Substance abuse policies and supportive environments. Please check all that apply. **(Tobacco-free campus mandatory for all companies plus 3 additional from this section)**

- Tobacco/nicotine-free campus including e-cigarettes (REQUIRED)
- No tobacco/nicotine/e-cigarette use while on company time
- Pharmacology benefit or coverage for cessation medication including over the counter medication
- No tobacco/nicotine/e-cigarette use in company vehicles
- Alcohol and drug policy
- Alcohol and drug testing (including opioids, marijuana and illicit drugs)
- Other policy, system, and environment options that support this category - subject to award committee approval

Required	
1 point	
1 point	
1 point	
1 point	
1 point	
1 point	

Policy & Environment Section Total Points (60 points required)	0
Bonus Points	

6.0 EVALUATION/OUTCOMES SECTION

(Scoring: 8 out of a possible 13 required)

6.1 Please indicate changes in risk for the past two time periods. Please specify time periods Time1: ____ Time 2: ____ (REQUIRED - no points)

Required	
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Low risk. (please define what classifies low risk)

Most recent: ____%

Past survey: ____%

Moderate risk. (please define what classifies moderate risk)

Most recent: ____%

Past survey: ____%

High risk. (please define what classifies high risk)

Most recent: ____%

Past survey: ____%

Very high risk. (please define what classifies very high risk)

Not calculated

Most recent: ____%

Past survey: ____%

6.2 In 100 words or less, please indicate how you chose your top health focus areas/program areas based on the data indicated in the data section of this application.

1 point	
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6.3 Describe effectiveness of programs during the past 36 months.

6.3.1 Overall percent change in participation/engagement.

Current year:

Two years ago:

Three years ago:

Not calculated (please explain):

1 point	
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6.3.2 Overall employee program satisfaction.

Current year % satisfied:

Two years ago % satisfied:

Three years ago % satisfied:

Not calculated (please explain - point will be subject to reviewer discretion):

1 point	
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6.3.3 Overall percent change in health related absenteeism.

Current year % absent:

Two years ago % absent:

Three years ago % absent:

Not calculated (please explain - point will be subject to reviewer discretion):

1 point	
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6.3.4 Overall percent change in presenteeism.

Current year % presenteeism:

Two years ago % presenteeism:

Three years ago % presenteeism:

Not calculated (please explain - point will be subject to reviewer discretion):

Bonus Point	
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6.3.5 Change(s) in environment (briefly describe):

1.

2.

3.

1 point	
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6.3.6 Change(s) in policy (briefly describe):

- 1.
- 2.
- 3.

1 point	
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6.4 Return/Value on Investment

6.4.1 Do you currently have a strategy in place to access ROI/VOI?
(REQUIRED - no points)

- Yes No

If so, what data sources are used in this assessment? Check all that apply.

- Health care cost differential
- Premium differential from year to year
- Premium differential comparison to industry norm
- Peer reviewed models or literature sources
- ROI/VOI calculator (indicate tool name):
- Inclusion of absenteeism and productivity estimates or actual measures
- Industry benchmarking databases or models (indicate tool name):
- Changes in behaviors and comparison to national calculators to determine ROI/VOI
- Other (please explain)

Required	
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6.4.2 Please indicate your ROI/VOI in the following areas for this past year (please complete as available). Convert all savings to dollars.

Absenteeism: \$ _____

Presenteeism: \$ _____

Productivity (if different than absenteeism/presenteeism): \$ _____

Medical: \$ _____

Pharmaceutical: \$ _____

Disability/FMLA: \$ _____

Workers Compensation: \$ _____

Turn over: \$ _____

Include a narrative describing your process for evaluating ROI/VOI and outcomes. (limited to 300 words)

1 point	
Bonus Point	
1 point	
1 point	
1 point	
1 point	
1 point	

Evaluation/Outcomes Section Total Points (8 points required)	0
Bonus Points	0