

# ISAC WELLNESS PROGRAM 2026 MANUAL

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## **Vision Statement**

*To have a culture of health in all ISAC counties, with a healthy workforce that performs its best and displays healthy behaviors at work and at home.*

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## **Goal Statement**

*To provide awareness, education, and behavior change programs to employees that will lead to healthier behaviors and lifestyles.*

*To impact the lives of employees in a well-rounded way by addressing issues in these areas: physical, mental, emotional, environmental, community, spiritual.*

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This program is voluntary and designed to enhance the health and well-being of your county employees.

Following are some guidelines and information that will help you in this goal. If you should have any questions, please feel free to give me a call.

Molly Hill  
5500 Westown Pkwy, #190  
West Des Moines, IA 50266  
[mhill@iowacounties.org](mailto:mhill@iowacounties.org)  
Phone: 515-244-7181

## Committee Meetings

A wellness committee must meet a minimum of 4 times per year. It is recommended that these meetings take place quarterly to track the individual's and county's progress. Please provide the meeting minutes from each wellness committee meeting to ISAC.

Include at least one Supervisor on the committee to support the wellness initiative by holding an active role in the wellness committee and encouraging employees time to participate in wellness programs. County leaders are also encouraged to be an example to employees by participating in programs themselves.

What does it mean to be the Wellness Committee Chair?

The Wellness Committee Chair is the direct contact for all information distributed from ISAC. It is the chair's responsibility to then distribute the information necessary to other committee members and to county employees.

## HIPAA

The Wellness program is tied to the Group Health Program, we must adhere to and follow guidelines to protect the privacy of employees. As part of the Wellness Committee within your county there are times where you may come in contact with individuals protected health information or PHI. ISAC will do their best to limit when and who this information is distributed to. However, employee names regarding participation fall under PHI. Committee members will be provided a wellness specific HIPAA training for anyone who wishes to receive the monthly reporting. It is still encouraged to follow the best practices listed below.

Best Practices to Follow:

- When sending out emails either send to the entire employee population, or bcc only the insured employee names. DO NOT send an email to only the insured employees in the To or cc line, where other employees can see who the email is being sent to.
- When you do receive reporting-DO NOT forward any participation reports out to all staff or even all departments.
- Vague unidentifiable language is best when sending updates out to staff or departments. For example: "XX% of employees completed the assessment. If you have not completed your assessment, be sure to do so by October 31st!"
- **The ISAC Wellness program is voluntary. Employees should not feel pressured or coerced to participate.**

If an employee is unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, they may be entitled to a reasonable accommodation or an alternative standard. They may request a reasonable accommodation or an alternative standard by contacting MercyOne at [corporatehealth@mercyoneiowa.org](mailto:corporatehealth@mercyoneiowa.org) . .

## Funding and Reimbursement

The Iowa State Association of Counties is dedicated to providing members every opportunity to become healthier and to creating a culture of health and wellness in all counties participating in the ISAC Group Health Program. For this reason, ISAC offers participating counties wellness dollars to use toward providing additional wellness incentives that drive positive lifestyle behavior changes among county employees.

ISAC provides \$20.00 per health insurance contract (single or family) at the beginning of January. These funds are able to be carried over to the next calendar year under the following conditions: 1) the county must still be active within the Wellness Program 2) no more than one year's worth of funding can be rolled over any given year. This amount would vary by county.

As employees are hired and terminated throughout the year, the number of contracts will not change. It will remain the number held by the county on January 1<sup>st</sup> of that wellness year.

Examples of (but not limited to) ways to promote positive behavior change:

- Reward employees for participation in wellness programs
- Gift Cards
- Cash Incentives
- Drawings
- Raffles

The following will NOT be reimbursed:

- Staff parties or outings
- Staff lunches
- Giveaways that are not rewards for participation in a wellness program
- Giveaways or incentives that do not support wellness (i.e. fast food coupons, PIZZA)
- Fitness club memberships – although they are wellness focused, our goal is to have the wellness activity completed before payment is made.
- Blood screenings
- Flu Shot Clinics- because flu shots are paid at 100% by our insurance

## Incentives

ISAC Incentives- An insured employee of the Group Health Program may earn up to a \$364 incentive, of which \$264 will be ran through their paycheck in November and reimbursed by ISAC. The other \$100 will come from Voya as part of the accident insurance coverage. ISAC will reimburse the county the incentive plus the employer's portion of FICA tax.

- \$100.00 for a Physical or Preventative Exam with a physician who can complete a fax form. (This will be reimbursed through the ISAC Accident Plan)
- \$25.00 for the completion of the Online Assessment
- \$25.00 Completion of a Mental Health Training
- Up to \$214 for walking. \$1.00 a day for 10,000 steps OR \$.50 a day for 7,500+ steps March 1<sup>st</sup> – September 30<sup>th</sup>

County Incentives- Here are some ideas to keep in mind when thinking of incentive programs:

- In the first year of a program, incentives should be given for participation in a program. Reward employees for completing a program, rather than for attaining goals. As the program progresses, incentives can be given for performance in a program.
- Set additional completion dates for various wellness activities to earn additional incentives. For Example, those who complete the assessment by 06/30 will receive XXXX.
- Drawings or raffles are effective incentives. For example, those that participate in the walking program will have their name put in a drawing for a new pair of shoes.
- Recognition is a great incentive. Consider rewarding for “random acts of wellness” or other successes with recognition at employee meetings, in newsletters, or with a certificate.
- Consider using a point system. Allow the employees to earn points for various wellness activities or programs, and then reward them with an incentive gift based on the point total at the end of the year.

Wellness incentives are not subject to IPERS.

Cash and Cash equivalent rewards (gift cards, gift receipts, vouchers, chamber bucks, gift certificates, etc.) are always subject to tax and should be ran through payroll for tax purposes. Unless an item could be classified as de minimis, all wellness incentives/rewards are usually taxable. The IRS’s definition of de minimis can be found here. <https://www.irs.gov/publications/p15b>

## Reimbursement Process

If you question whether an incentive would be accepted or eligible for reimbursement, please contact ISAC first for approval, to avoid the chance of a claim being denied.

**Complete the Claim Form:** Please use this form to submit a request for reimbursement. The claim form needs to be accompanied by a receipt or billing invoice.

Submit the forms to ISAC:

*Iowa State Association of Counties  
5500 Westown Pkwy, #190  
West Des Moines, IA 50266  
wellness@iowacounties.org  
Phone: 515-244-7181*

# ISAC Wellness Program Claim Form

County\_\_\_\_\_

**Make Check Payable to:**

Name\_\_\_\_\_

**Mail check to:**

Name\_\_\_\_\_

(leave blank if same as above)

Address\_\_\_\_\_

\_\_\_\_\_

Date	Item	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

Please submit your **Claim Form with receipt or invoice** to  
[wellness@iowacounties.org](mailto:wellness@iowacounties.org)

If you have questions, please call Molly Hill 515-244-7181