

SCHOOLS HEALTH INSURANCE FUND



Date: May 22, 2024

To: Schools Health Insurance Fund Commissioners and Wellness Coordinators

Re: 2024-2025 Wellness Grant Program

For the 11th year in a row, the Schools Health Insurance Fund is excited to offer wellness programs to its members. The Fund has budgeted \$773,000 for such projects.

This year, to promote participation and streamline the administration, the Fund has directly contracted with a menu of different vendors offering various wellness-based programs for our members to choose from. Depending on the demand on the budget, most administrative costs of these program will be paid by the Fund. The Wellness Committee will continue the Build Your Own Program for another year.

The Fund will have marketing materials and videos available to all members for the Vendors listed below.

The following programs are available:

Option 1	Advanta – An incentive based program to help boost, track and reward physical and emotional wellbeing. <i>Employee Incentives are not sponsored by the Fund.</i>
Option 2	Color - Cancer and Cardiovascular Screenings
Option 3	Fitness Knocking - Fitness evaluations, personal training and health education programs primarily for Northern NJ
Option 4	Telligen - Certified Health coaches that provide behavioral health, diabetic and chronic health support.
Option 5	US Wellness – on and offsite biometric screenings, wellness app, health risk assessment, coaching, seminars, health fairs and cancer testing.
Option 6	Valley Health – Health and Wellness educational webinars
Option 7	Ramp Health – In person and virtual Wellness Coaching
Option 8	Lifeline Screening – Heart and Cardiovascular Screening events
Option 9	Vernon Nutritional Center – Offers educational seminars, in person metabolic testing and nutritional counseling
Option 10	Teacher Coach – Offers virtual and on campus wellness visits, musculoskeletal Management, Metabolic Disease and Cancer Management

Option 11	Design Your Own Program – This option will allow the district to design a new wellness plan for this school year. Please include a detailed description of the plan, timeframes and associated costs that the district will be responsible for and total grant money requested by the Fund. Expenses are to be paid directly by the BOE and will be reimbursed by the Fund twice a year. Due dates for these vouchers are January 15 and July 15
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The _____ Board of Education selects Option _____ and is **willing to commit to management resources and will be financial responsible for any wellness expenses outside of the program, including employee incentives.**

The School Board elects _____ to be its

Wellness Champion/Leader who will be paid \$ _____ for the year. Please explain estimated hours of work to promote and coordinate. Also include total locations in your district. *Stipends are capped at \$2,500.*

Applications are due by July 10, 2024 Please send all completed and signed applications to: Emily Koval at PERMA Risk Management Services 9 Campus Drive, Suite 216 | Parsippany, NJ 07054 or email to: emilyk@permainc.com

Agreed to and authorized by:

Name:	
Title:	
Date:	