

# MotivateMe

## 2022 Kaiser Passport

Earn up to \$250 per year

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Circle One: Employee or Retiree

GOAL TYPE	DESCRIPTION & AMOUNT	COMPLETION DATE & INITIALS
Health Assessment	Required annually for all subscribers.	Date: _____ Employee Initials: _____
Annual Physical	Complete the health assessment on <a href="http://kp.org/tha">kp.org/tha</a> (\$100- BOTH REQUIRED to earn rewards)	Date: _____ Doctors Initials: _____
Health Assessment-Spouse	Complete on <a href="http://kp.org/tha">kp.org/tha</a> (\$25)	Date: _____ Employee Initials: _____
Annual Physical-Spouse	Preventive, primary care exam (\$10)	Date: _____ Doctors Initials: _____
Preventive Screening	Choice of 1 screening per year: colon, cervical, prostate, mammogram, OR annual OB/GYN preventive exam (\$30)	Date: _____ Employee Initials: _____
Preventive Screening-Spouse	Choice of 1 screening per year: colon, cervical, prostate, mammogram, OR annual OB/GYN preventive exam (\$30)	Date: _____ Employee Initials: _____
Omada	Complete at least 16 lessons of a Fairfax County-sponsored Omada program (\$25)	Date: _____ Employee Initials: _____
Omada-Spouse	Complete at least 16 lessons of a Fairfax County-sponsored Omada program (\$25)	Date: _____ Employee Initials: _____
Achieve Health Outcomes	Achieve: Blood pressure level of less than or equal to 139/89 OR Healthy cholesterol ratio of <= 4.4 (women), <= 5 (men), OR Fasting blood sugar level of <100 mg/dl OR Non-fasting blood sugar level of less than 140 mg/dl (\$30)	Date: _____ Employee Initials: _____
Telephonic Health Coaching	Make progress toward a health goal with a coach (\$10) Achieve a health goal with a coach (\$30)	Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____
Dental Exam*	Visit your dentist for a dental/oral exam (\$10 each)	Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____
Vision Exam*	Visit an optometrist for a vision exam (\$5)	Date: _____ Employee Initials: _____
Tobacco Free Pledge*	Attest to being tobacco free, or complete a tobacco cessation program (\$5)	Date: _____ Employee Initials: _____
LiveWell Classes*	Participate in live webinars or workshops sponsored by LiveWell (in-person or virtual) (\$10 each)	Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____
COVID-19 Vaccine*	Receive the complete COVID-19 vaccine series (or complete 1-dose vaccine) or receive the COVID-19 vaccine booster during the 2022 calendar year (\$5 each)	Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____
EAP & Behavioral Health*	Complete at least 3 visits with an EAP or behavioral health provider (in-person or virtual) (\$15)	Date: _____ Employee Initials: _____
Blood Donation*	Donate blood at a community drive, donation center, or LiveWell-sponsored blood drive (\$5 each)	Date: _____ Employee Initials: _____ Date: _____ Employee Initials: _____
Complete a Community Race*	Participate in a community 5k, 10k, marathon, etc. (\$10)	Date: _____ Employee Initials: _____
Stay Physically Active*	Exercise at least 3 hours per week for at least 8 weeks at the Employee Fitness & Wellness Center or on <a href="http://BurnAlong">BurnAlong</a> (\$10)	Date: _____ Employee Initials: _____

EMAIL PASSPORTS TO [LIVEWELL@FAIRFAXCOUNTY.GOV](mailto:LIVEWELL@FAIRFAXCOUNTY.GOV) BY 11:59 PM 12/31/2022  
LATE DOCUMENTATION WILL NOT BE ACCEPTED!