

MotivateMe

Kaiser Passport 2021

Earn up to \$200 per year

Name: _____

Email: _____

Phone: _____

Circle One: Employee or Retiree

GOAL TYPE		AMOUNT	ENTER THE COMPLETION DATE & INITIAL	
REQUIRED	ANNUAL PHYSICAL: SUBSCRIBER	Combined \$100 BOTH are REQUIRED in order to earn rewards	Date: _____	Provider Initials : _____
	HEALTH ASSESSMENT: SUBSCRIBER		Date: _____	Employee Initials : _____
SPOUSE	ANNUAL PHYSICAL: SPOUSE	\$25 One per year by a spouse covered by a Fairfax County health plan	Date: _____	Provider Initials : _____
SPOUSE	HEALTH ASSESSMENT: SPOUSE	\$25 One per year by a spouse covered by a Fairfax County health plan	Date: _____	Employee Initials : _____
SCREENING	CANCER SCREENINGS	\$30 One cancer screening per year: Colon, Cervical, Prostate or Mammogram	Date: _____	Employee Initials : _____
COACHING	TELEPHONIC HEALTH COACHING	\$10: Make progress toward one health goal per year. \$30: Achieve one health goal per year, in partnership with your coach.	Date: _____	Employee Initials : _____
			Date: _____	Employee Initials : _____
AUTO	OMADA	Complete at least 16 lessons of the Omada program (available 3/2021)	Date: _____	Employee Initials : _____
SELF	DENTAL EXAM	\$10 each Two per year	Date: _____	Employee Initials : _____
SELF	VISION EXAM	\$5 One per year	Date: _____	Employee Initials : _____
SELF	LIVEWELL WORKSHOPS	\$10 each Two per year	Dates: _____	Employee Initials : _____
	LIVEWELL WEBINARS	\$5 each Two per year	Dates: _____	Employee Initials : _____
SELF	TOBACCO FREE PLEDGE	\$5 One per year	Date: _____	Employee Initials : _____
SELF	COVID-19 VACCINE	\$5 One complete vaccine or vaccine series	1st Dose Date: _____	Employee Initials : _____
			2nd Dose Date: _____	Employee Initials : _____

EMAIL PASSPORTS TO LIVEWELL@FAIRFAXCOUNTY.GOV BY 12/31/2021