CITY OF SPRINGFIELD, OREGON

HUMAN RESOURCES DEPARTMENT
BENEFITS

225 FIFTH STREET
SPRINGFIELD, OR 97477
(541) 726-3705
FAX (541) 726-4614
www.springfield-or.gov

2026 HRA Health Incentive

City of Springfield employees have another opportunity to earn an additional **$300** by participating in the 2026 HRA voluntary Wellness Incentive Program. This program encourages proactive health management and provides financial rewards for completing specified health-related activities.

Participation Timeline

The program runs from **January 1, 2026, through December 15, 2026**. All participation forms must be submitted to Human Resources by **December 20, 2026**. Be sure to submit the forms only after completing the sections for which you wish to receive credit.

Take Action Early

If you plan to participate, it's important to act promptly. Many routine exams are booking **4-6 months in advance**, so schedule your appointments as soon as possible to ensure timely completion.

How to Earn Incentives

Participants can earn up to **$300** in their HRA by completing the following activities:

- **$100**: Complete an **Annual Routine Physical** (Section 1)
- **$100**: Complete a **Biometric Screening** (Section 2)
- **$100**: Complete **one other Preventive Wellness Option** (Section 3)

This program is a valuable opportunity to invest in your health while boosting your HRA funds. Start planning now to take full advantage of this incentive!

PARTICIPATION FORM ON THE BACK

2026 HRA Health Incentive Participation Form

Employee Name: _____
Employee City ID#: _____

Section 1: Annual Routine Physical ($100)
Annual physical exams are essential for maintaining health at any stage of life. Visiting your primary care provider (PCP) or the Springfield Wellness Center for preventive care helps identify and address health issues early and supports tracking health goals.

Doctor: _____

Date of Appointment: _____

Section 2: Biometric Screening ($100)
A biometric screening assesses risk levels for diseases and establishes a health baseline. Screenings typically include blood tests (HDL, LDL, Triglycerides, Glucose) and measurements (blood pressure, height, weight).

Doctor: _____

Date of Appointment: _____

Section 3: Preventative Wellness Option ($100)

Choose *ONE* for Incentive	**Provider/Dentist/Doctor**	**Date of Appointment**
___ Dental Exam (Delta Dental)	Dentist: _____	Date: _____
___ Well-Woman Visit	Doctor: _____	Date: _____
___ Preventive Mammogram	Doctor: _____	Date: _____
___ Preventive Colonoscopy	Doctor: _____	Date: _____
___ Prostate Cancer Screening	Doctor: _____	Date: _____
___ Flu Shot	Doctor: _____	Date: _____
___ Counseling	Doctor: _____	Date: _____
___ Diabetes Wellness Program through PacificSource Health	Start Date: _____	

Employee Signature: _____
Date: _____

Forms are due back to Human Resources by December 20, 2026.
The forms will be used help obtain your appropriate incentive amount.