

## C06.1 Promote Health Benefits

### Policy and/or Operations Schedule

WELL Building Standard™ version 2 (WELL v2™), Q1 2021 addenda



#### HOW TO USE THIS DOCUMENT:

This document is intended to serve as a guide on how to create a project **policy and/or operations schedule** to **support the overall health and well-being of individuals and their families by offering comprehensive health benefits, policies and services.**

This document is meant to demonstrate an acceptable degree of detail for a documentation submission. The Feature cannot be demonstrated solely through a confirmation that the requirements have been or will be implemented. The level of detail is up to the discretion of the project team, but the documents must include specific details demonstrating that the actual policies/protocols have been enacted in the project boundary.

This document and similar tools are intended to assist projects in their pursuit of WELL v2 but use of this document and/or similar tools are in no way a guarantee of achievement of any rating or designation, and no representation or warranty is made regarding the likelihood of achieving any rating or designation.

Note: The below document is based on the Q1 2021 addenda of the WELL Building Standard™ version 2 (WELL v2™). Project teams are required to implement the feature requirements from the addenda version assigned to their project or any more recent addenda version.

#### FEATURE PART REQUIREMENTS:

##### 1: Health benefits plan

The following requirements are met:

- a. A health benefits plan is available to all eligible employees and their designated dependents (e.g., spouse, domestic partner, child, parent, parent-in-law, grandparent, grandchild, sibling) at no cost or subsidized that includes the following services:
  1. Medical care.
  2. Dental care.
  3. Vision care.
  4. Mental health and substance use services.
  5. Sexual and reproductive health services, including obstetrics and gynecology (OB-GYN) services and sexually transmitted infection (STI) testing and treatment.
  6. Medication/prescription coverage.
  7. Essential immunizations based on region.
  8. Preventive screenings and biometric assessments.
  9. Tobacco cessation programs.
  10. Infectious disease testing (e.g., tuberculosis, malaria, COVID-19) during a regional or global infectious disease outbreak, epidemic or pandemic as declared by a regional or global public health agency (e.g., WHO, disease control and prevention centers or equivalent).
- b. Confidential benefits consultations are available with clearly identified and qualified support staff (e.g., benefits counselor, human resources representative).

**AND**

##### 2: Community immunity

The following requirements are met:

- a. Projects provide one of the following vaccine programs at no cost to regular occupants:
  1. Annual on-site seasonal influenza (flu) vaccine starting at least one month prior to peak flu season in the project region.
  2. Health insurance coverage or voucher for flu vaccination, and for employees (as applicable) paid time during the workday to receive immunization for seasonal influenza.
- b. Vaccine program is accompanied by a seasonal flu prevention campaign that covers the following:

1. Alerts regular occupants regarding the availability of on-site flu vaccine clinic, coverage or vouchers and encourages or incentivizes individuals to receive the vaccine.
2. Educates regular occupants on the health reasons to receive the vaccine and good hand hygiene and cough etiquette, and instructs them to stay home when experiencing flu-like symptoms.

WELL Core Guidance:

Meet these requirements for direct staff.



The below sample documentation is intended to provide guidance for creating an effective policy for health benefits. It is not a template. You may note included components that are not required to demonstrate compliance with this Feature.

**Example for Feature Part 1**

**[Company] Health Benefits Policy**

**Location: [project address]**

All employees are eligible for the company's [name of health plan] after the first [number] days of working at [company]. The plan covers the employee and their designated dependents, as detailed on page [#] of the plan.

The plan is [50-100%] subsidized by [company]. Each employee has the choice of three different versions of the plan that vary in cost and deductible (e.g. low-deductible, medium-deductible, high-deductible). They have the option to annually select a new plan each year or make adjustments to their current plan in [month].

For a full list of benefits under the plan, please visit the plan website at [link] and log in. Additionally, a copy of [company's] [name of health plan], is attached herein and available to all employees at no cost. These benefits cover the employee and their designated dependents, as detailed on page [#] of the plan. Below is a table of contents indicating which pages the following plan items can be found on:

<b>[COMPANY] BENEFITS PLAN AT-A-GLANCE</b>	
<b>Coverage Type</b>	<b>Page # of Plan</b>
1. Medical coverage, including emergency services	page [#]
2. Dental coverage	page [#]
3. Vision coverage	page [#]
4. Mental health and substance use services, including behavioral health treatment: <ul style="list-style-type: none"> <li>a. counseling</li> <li>b. psychotherapy</li> </ul>	page [#]
5. Sexual and reproductive health services: <ul style="list-style-type: none"> <li>a. Pregnancy, maternity, and newborn care</li> <li>b. Birth control</li> <li>c. Breastfeeding coverage</li> </ul>	page [#]
6. Medication/prescription coverage	page [#]
7. Preventative wellness, including: <ul style="list-style-type: none"> <li>a. Essential immunizations based on region</li> <li>b. Preventive screenings and biometric assessments</li> </ul>	page [#]
8. Tobacco cessation programs	page [#]
9. Unlimited infectious disease testing (e.g., tuberculosis, malaria, COVID-19, flu) during a regional or global infectious disease outbreak, epidemic or pandemic as specified by [regional or global public health agency]	page [#]

Employees are encouraged to familiarize themselves with their selected plan and take full advantage of its benefits. Benefits specialist [name] can be contacted at [contact information] for a confidential appointment to answer any questions regarding enrollment into the plan. For questions on plan benefits, employees should reach out directly to the health insurance company [name of company] at [number].

For questions on the plan or enrollment in the plan, employees can set up a confidential appointment with [name] in the human resources department, who can be contacted at [contact information].

### [Company] Flu Vaccine Policy

#### Location: [project address]

To reduce the incidence of seasonal influenza (flu) [Company] will provide free on-site flu vaccines and education on good health habits in an effort to increase vaccination rates and reduce flu cases.

#### Free Annual On-Site Flu Vaccine Clinic

All regular building occupants (i.e. individuals who spend min. 30 hrs/month across at least 5 days in the project boundary), are encouraged to receive a free flu vaccine through our annual flu vaccine clinic. The flu vaccine clinic will be located in [room name/location] during the first three business days of [insert month] each year (at least one month in advance of peak local flu season and during the flu season). Clinic visits are expected to be scheduled during work hours.

#### Flu Vaccine Education and Awareness

All regular building occupants are encouraged to participate to protect their overall health and well-being, as well as the health of [company's] community and families. A week before the clinic:

- ✓ Posters will be hung up in the front lobby, bathrooms and breakrooms advertising the benefits of receiving a flu vaccine and promoting best practices for flu season including working from home when ill, sneezing into the elbow and washing hands frequently. Posters will be left up throughout flu season.
- ✓ A daily email will be sent out to eligible employees with a link to a sign-up sheet where participants can select flu vaccine clinic timeslots, listing the benefits of a flu shot and encouraging participation. Reminder emails will be sent to each employee who has signed up 24 hours in advance of their clinic appointment.
  - a. In the event that rescheduling of an appointment is needed, please contact [name] in [department].
  - b. Participating employees are requested to arrive ten (10) minutes in advance of their timeslot to complete paperwork and to keep the clinic running on schedule.

### [Company] Flu Vaccine Policy

#### Location: [project address]

#### Free Flu Voucher Policy

To protect the overall health and well-being of our regular building occupants (i.e. individuals who spend min. 30 hrs/month across at least 5 days in the project boundary), and their families, [Company] offers free flu vaccine vouchers to all full-time and part-time employees that can be used at these two local pharmacies: [pharmacy #1 name, location] and [pharmacy #2 name, location]. Employees can receive their vaccines during work hours and are encouraged to call ahead to schedule a time with the pharmacy to avoid long wait-times.

Vouchers will be distributed one month before peak flu season, as announced by the [name of local health authority]. Typically, this will be the [e.g. first week of November].

#### Flu Vaccine Education and Awareness

During the full month of [e.g. November], flu prevention signage will be installed throughout the building, including on the screens in the cafeteria.

This will include posters from the local health authority the U.S. Centers for Disease Control, such as the examples below (<https://www.cdc.gov/flu/resource-center/freeresources/graphics/infographics.htm>). The signage will include best practices for handwashing, cough etiquette, staying home when sick and encouragement to use the flu vaccine vouchers.

**SICK WITH FLU? KNOW WHAT TO DO!**

Influenza (or flu) is a contagious respiratory illness caused by flu viruses. Most people with flu have mild illness and do not need medical care or antiviral drugs. If you get flu symptoms, in most cases, you should stay home and avoid contact with others except to get medical care.

**KNOW THE SYMPTOMS OF FLU**

Flu viruses can cause mild to severe illness, and at times can lead to death. The flu is different from a cold. The flu usually comes on suddenly.

People who have flu often feel some or all of these symptoms: Fever\* or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness). Some people may have vomiting and diarrhea. This is more common in children.

\* It's important to note that not everyone with flu will have a fever.

**TAKE ANTIVIRAL DRUGS IF YOUR DOCTOR PRESCRIBES THEM!**

Antiviral drugs can be used to treat flu illness. Antiviral drugs can make illness milder and shorten the time you are sick. They also can prevent serious flu complications.

CDC recommends that antiviral drugs be used early to treat people who are very sick with the flu and people who get flu symptoms who are at high risk of serious flu complications, either because of their age or because they have a high risk medical condition.

**STAY HOME WHEN SICK**

When you are sick, limit contact with others as much as possible. Remember to cover your nose and mouth with a tissue when you cough or sneeze, and throw tissues in the trash after you use them. Stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities.

\*Your fever should be gone for 24 hours without the use of a fever-reducing medicine before resuming normal activities.

[www.cdc.gov/flu/takingcare.htm](http://www.cdc.gov/flu/takingcare.htm) #FIGHT FLU

**TAKE 3 ACTIONS TO FIGHT FLU**

Influenza (flu) is a contagious disease that can be serious. Every year, millions of people get sick, hundreds of thousands are hospitalized, and thousands to tens of thousands of people die from flu. CDC urges you to take the following actions to protect yourself and others from flu.

**GET YOURSELF AND YOUR FAMILY VACCINATED!**

A yearly flu vaccine is the first and most important step in protecting against flu viruses.

Everyone 6 months or older should get an annual flu vaccine. Protect Yourself. Protect Your Family. Get Vaccinated. #FightFlu

**STOP THE SPREAD**

Take everyday preventive actions to help stop the spread of flu viruses!

Avoid close contact with sick people, avoid touching your eyes, nose, and mouth, cover your coughs and sneezes, wash your hands often (with soap and water).

**ASK YOUR DOCTOR ABOUT FLU ANTIVIRALS**

Take antiviral drugs if your doctor prescribes them!

Antiviral drugs can be used to treat flu illness and can make illness milder and shorten the time you are sick.

[WWW.CDC.GOV/FLU](http://WWW.CDC.GOV/FLU) #FIGHT FLU

#### TIPS FOR MULTIPLE LOCATIONS

- For organizations participating in WELL Portfolio or the multiple projects pathway, this Policy and/or Operations Schedule is categorized as Shareable. It may be shared across multiple projects, as long as they all meet the strategies that are outlined in the document.