

## SH2 - Provide Health Benefits

### Policy and/or Operations Schedule

WELL Health-Safety Rating™ Q1-Q2 2024

---

#### WHAT IS 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 areas.

This document and similar tools are intended to assist projects in their pursuit of the WELL Health-Safety Rating but use of this document and/or similar tools are in no way a guarantee of achievement of any rating, certification or other designation, and no representation or warranty is made regarding the likelihood of achieving any rating or designation, and IWBI shall have no liability resulting from the use or content of this document or similar tools or resources or from any action taken or inaction occurring in reliance on this document or similar tools or resources.

Note: The below document is based on the Q1 - Q2 2024 addenda of the WELL Health-Safety Rating™. Project teams are required to implement the feature requirements from the addenda version assigned to their project or any more recent addenda version.

#### HOW TO USE THIS DOCUMENT:

- ☐  Read the [below feature requirements](#) (or the feature requirements from the [addenda version assigned to your project](#), as relevant) and determine how your project addresses each requirement.
  - a. If your project is a WELL Core project, read through and ensure that your project follows the “WELL Core Guidance.”
  - b. Make sure to apply the feature requirements appropriate to your project’s space types. For example, if your project has both dwelling units and other space types, ensure your project is applying the requirements under “For Dwelling Units” to the dwelling unit spaces and applying the requirements under “For All Spaces except Dwelling Units” to the other space types. Check out the [WELL Health-Safety Rating™ digital standard](#) for the exact language on your project’s space types.
- ☐  Refer to the [below example document](#) to get an idea of how to set up your documentation.
- ☐  Collaborate with your stakeholders to gather the [relevant documentation](#) that demonstrates the project’s compliance with the feature. Some examples of relevant documentation include:
  - a. a letter from a hired professional outlining services provided
  - b. the project’s floor plans
  - c. a modeling report
- ☐  Create a technical document using existing documentation where relevant, annotating it to clarify where feature requirements are met. Some examples of annotating include:
  - a. highlight the sections relevant to WELL requirements
  - b. circle or add boxes around particular data
  - c. add notes to confirm WELL requirements
  - d. add labels to draw attention to particular sections
  - e. provide an explanation of the connection to WELL requirements using a different colored font
  - f. check out the [WELL Documentation Annotation Guide](#) for more
- ☐  Name the document so that it is easily identifiable. Some examples for naming include:

- a. name the document using the WELL feature code
  - b. name the document using the WELL feature name
  - c. name the document using the WELL document type
-  Review the document you've created and ensure that all the necessary WELL requirements are fully and clearly addressed.
  - a. Note: the level of detail is up to the discretion of the project team, but the document must include specific details demonstrating that the actual requirements have been enacted in the project boundary. Features cannot be demonstrated solely through a written confirmation that the WELL requirements have been or will be implemented.
-  Upload the document to the scorecard in the WELL digital platform, after you've confirmed that the document fully and clearly addresses all the necessary WELL requirements.

## **Feature Part Requirements**

### **For All Spaces**

*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. *Sexual and reproductive health services, including obstetrics and gynecology (OB-GYN) services and sexually transmitted infection (STI) testing and treatment.*
  - 5. *Medication/prescription coverage.*
  - 6. *Essential immunizations based on region.*
  - 7. *Preventative screenings and biometric assessments.*
  - 8. *Tobacco cessation programs.*
  - 9. *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 institution)*
- b. *Confidential benefits consultations are available with clearly identified and qualified support staff (e.g., benefits counselor, human resources representative).*



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 DOCUMENT

### Example for Feature Sections a and b

#### [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:

[COMPANY] BENEFITS PLAN AT-A-GLANCE	
Coverage Type	Page # of Plan
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: a. counseling b. psychotherapy	page [#]
5. Sexual and reproductive health services: a. Pregnancy, maternity, and newborn care b. Birth control c. Breastfeeding coverage	page [#]
6. Medication/prescription coverage	page [#]
7. Preventative wellness, including: a. Essential immunizations based on region b. Preventive screenings and biometric assessments	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].

#### TIPS FOR MULTIPLE LOCATIONS

- For organizations participating in WELL at scale, 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.
  - If you have projects pursuing the rating together that use different health benefits policies, distinct documentation should be developed for each. Identify each of the specific projects by name (must match project names in WELL Online.)