

Workplace Wellness Programs and Whole-Person Health

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Key Takeaways

- Smart Rewards, a workplace wellness incentive program offered by Elevance Health-affiliated plans, achieved strong engagement—particularly in preventive care and wellness activities.
- Contrary to previous literature, women and members with poorer whole health engaged with the Smart Rewards program more, and earned greater wellness incentives, than their counterparts.
- These findings underscore the potential for workplace wellness programs to advance preventive care and well-being, especially among individuals with greater health needs.

Overview

Workplace wellness programs are commonly offered by employers to promote employee health and well-being through aligned incentives.

This paper examines participation patterns within the Smart Rewards wellness incentive program.

These incentives can include health screenings and activities related to social drivers of health. Employees who complete these incentives can receive rewards such as cash or cash equivalents (e.g., gift cards), or reduced insurance premiums.¹ Wellness programs offer employees the opportunity to improve their health while receiving financial rewards and provide employers with the potential for lower healthcare costs and increased workforce productivity.²

However, prior research suggests that these programs may not benefit all populations equally. Certain groups—particularly women and individuals with lower incomes—may face barriers to participation and success in these programs.^{3,4} Common challenges to meeting incentives include caregiving responsibilities, limited access to nutritious food, financial constraints, and inflexible work schedules such as shift work. These factors can significantly hinder engagement and reduce the effectiveness of wellness initiatives for some populations.⁵

Considering these concerns, this analysis examines the Smart Rewards wellness incentive program offered by some Elevance Health-affiliated plans to examine its participation patterns. The study seeks to better understand the practical impact of incentive-based wellness programs and inform strategies to improve their accessibility and effectiveness across diverse employee groups.

Background

Smart Rewards is a program offered by Elevance Health-affiliated commercial and employer-sponsored health plans that incentivizes members to engage in preventive care, chronic condition management, and wellness activities.

Members who complete these select activities earn monetary rewards, redeemable as gift cards from various popular retailers, making the program accessible and appealing to a broad employee base.

The structure and content of Smart Rewards are developed in collaboration with clinicians and guided by market research involving employers, employees, and other key stakeholders. This ensures that the program is both evidence-based and aligned with the preferences and needs of participating populations.

The Smart Rewards program organizes incentives into three primary categories. (Figure 1)

Preventive Care. These incentives often overlap with Healthcare Effectiveness Data and Information Set (HEDIS) quality measures, such as completing an annual physical, cancer screenings, and flu vaccinations.

Condition Management. These incentives aim to engage those with chronic conditions (e.g., diabetes) and/or pregnancy in health plan or employer programs that support condition management and positive health outcomes.

Wellness Activities. These incentives promote overall population health via activities that promote health literacy and physical activity.

Employers implementing the Smart Rewards program can select from three tiers of annual incentive limits. The “standard package” is the lowest tier and is the most commonly chosen option. However, employers may also opt for one of two higher tiers, which offer greater incentive limits to further encourage engagement.

Figure 1
Examples of
Smart Rewards Activities



Preventive Care

Adult wellness exams, eye exams, preventive screenings, and flu shots



Condition Management

Chronic condition management activities and nurse coaching during pregnancy



Wellness Activities

Steps tracking, well-being coaching, completing annual health assessments, and logging into the health plan website or app

Methods

This study used administrative claims data consisting of 568,509 members aged 18 years or older who were enrolled in employer-sponsored health insurance offered by Elevance Health-affiliated plans.

The study sample included members enrolled in both fully insured plans and self-insured plans, also known as Administrative Services Only (ASO) plans, where the employer bears the risk for employees' healthcare costs. Members enrolled through the Health Insurance Marketplace were excluded from the analysis.

To be included in the analysis, members were required to have 12 months of participation in the Smart Rewards program during the 2023 calendar year. Program engagement spanned 14 states, reflecting a geographically diverse participant base.

Descriptive methods were used to evaluate program participation. Frequency statistics and means were used to assess engagement patterns and demographic differences across the study population.

Given that previous literature has found less successful participation in workplace wellness programs among women and those with lower income,^{6,7} program engagement was primarily examined by gender and Whole Health Index (WHI), although some other common demographic variables, including age and race, were also included in examining program engagement.

WHI is a composite measure that summarizes individuals' relative health and the physical, behavioral, and social factors that influence it.^{8,9} The WHI integrates data from publicly available sources, claims data, and process and outcome measures to establish a holistic measure of health. The WHI scale ranges from 0 to 100, with 100 representing the best possible health. This study categorized members as having a fair or poor WHI range (i.e., being in the lower two WHI quartiles) vs. a good or very good WHI range (i.e., being in the upper two WHI quartiles).

For the purpose of this analysis, incentive structures were grouped into two tiers. Tier 1 represents the "standard package," or lowest incentive limit. Tier 2 combines the two options with higher incentive limits.

Finally, this analysis examined select HEDIS measures that closely align with Smart Rewards incentives. In some cases, earning an incentive directly coincided with meeting the criteria for a HEDIS measure. However, for HEDIS measures with multi-year look-back periods (such as breast cancer screening, which requires a screening within the past two years), the timing of the incented activity and fulfillment of the HEDIS measure could differ. For instance, a member who completed their breast cancer screening in 2022 may have earned a Smart Rewards incentive that year yet still be counted as meeting the HEDIS measure in both 2022 and 2023, even if they did not participate in Smart Rewards in 2023.

Results

Characteristics of Participants

There were distinct demographic and health-related differences between those engaged in the Smart Rewards program and those eligible for the program but not engaged (“non-engaged”). (Table 1)

Demographically, a larger proportion of engaged members were female (54% vs. 40% in non-engaged) and were older, with an average age of 47.5 compared to 35.9 among non-engaged members. Racial and ethnic differences were present but more modest; a larger proportion of engaged members were Asian/Pacific Islander or White and fewer were Black or Hispanic, compared to non-engaged members.

Health status also varied: nearly two-thirds (63%) of engaged individuals had fair or poor WHI versus 40 percent of non-engaged individuals. Lastly, a greater proportion of engaged members were in Tier 1 programs (83% vs. 80%), the lower of the two tiers, and a smaller proportion were in Tier 2 compared to non-engaged members (17% vs. 21%).

Table 1
Characteristics of
Engaged vs. Eligible,
but Not Engaged, Members

	Engaged N=372,061		Eligible, Not Engaged N=196,448	
	N	Percent	N	Percent
Gender				
Male	171,071	46.0%	118,570	60.4%
Female	200,428	53.9%	77,545	39.5%
Unknown	562	0.2%	333	0.2%
Age				
18–44	162,782	43.8%	142,727	72.7%
45–65	186,007	50.0%	48,549	24.7%
65+	23,272	6.3%	5,172	2.6%
Race/Ethnicity				
White	276,147	74.2%	137,716	70.1%
Black	25,451	6.8%	17,081	8.7%
Hispanic	33,897	9.1%	22,704	11.6%
Asian/Pacific Islander	21,703	5.8%	9,382	4.8%
Other	14,863	4.0%	9,565	4.9%
Whole Health Index				
Fair/Poor	232,548	62.5%	77,927	39.7%
Good/Very Good	139,513	37.5%	118,521	60.3%
Smart Rewards Tier				
Tier 1 (Low)	307,845	82.7%	156,171	79.5%
Tier 2 (High)	64,216	17.3%	40,277	20.5%

Looking at engagement rates within demographic subgroups (e.g., percent of males who engaged vs. did not engage) revealed consistent patterns. (Figure 2) Female members showed higher engagement rates than male members, and older adults—particularly those aged 45 and above—were more likely to engage than younger adults aged 18 to 44. Engagement also varied slightly by race and ethnicity, with Asian and Pacific Islander and White members exhibiting the highest rates.

Members with fair or poor WHI engaged more than those with good or very good WHI. Additionally, members enrolled in Tier 1 Smart Rewards programs had slightly higher engagement than those in Tier 2 programs.

Figure 2
Rate of Engagement by
Demographics and
Other Characteristics

■ Engaged
■ Eligible, Not Engaged

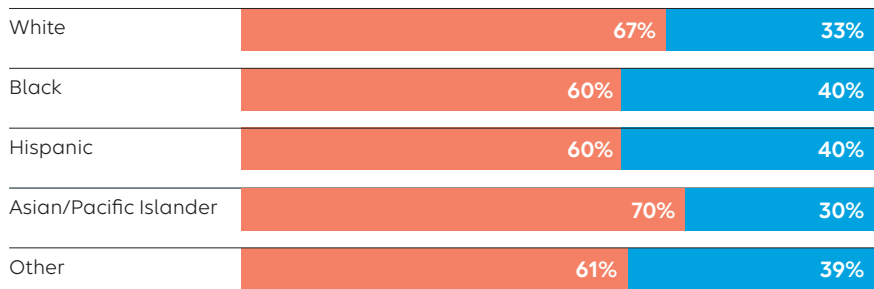
Gender



Age



Race/Ethnicity



Whole Health Index



Smart Rewards Tier



Smart Rewards Program Utilization

The Smart Rewards program saw strong engagement, with 65 percent of eligible members completing at least one incented activity. The average number of activities completed was 2.8.

Preventive care and wellness activities were the most common categories that members engaged in. The condition management activities were less utilized because they were limited to members who met specific criteria for participation. Of those who engaged in the program, 82 percent completed a preventive care activity and 63 percent completed a wellness activity. (Table 2)

Table 2
Engagement in Preventive Care and Wellness Activities

	Number of Participants	Percent of Engaged Members
Preventive Care	306,745	82%
Wellness Activities	232,578	63%

Note. Categories are not mutually exclusive; members can engage across multiple categories. The condition management category was not included as activities in this category are highly tailored to specific members and are therefore not comparable to the other two categories.

There were differences in completion of preventive care activities by gender and WHI. Among females who engaged in the Smart Rewards program, 87 percent completed a preventive care activity, in comparison to 77 percent of engaged males. Similarly, 87 percent of individuals with fair or poor WHI who engaged in the Smart Rewards program completed preventive care activities, compared to 74 percent of individuals with good or very good WHI. (Table 3)

Completion rates for wellness activities showed less variation by gender or WHI. Wellness activity completion was nearly equal among females and males who engaged in the program (63% vs. 62%), and slightly lower among those with fair or poor WHI who engaged in the program (60%) compared to their counterparts with good or very good WHI (66%). (Table 3)

Table 3
Completion of Preventive Care and Wellness Activities, by Gender and Whole Health Index

	Number of Participants	Percent of Engaged Members	Number of Participants	Percent of Engaged Members
	Female		Male	
Preventive Care	174,402	87.0%	131,954	77.1%
Wellness Activities	125,891	62.8%	106,267	62.1%
	Fair/Poor WHI		Good/Very Good WHI	
Preventive Care	203,218	87.4%	103,527	74.2%
Wellness Activities	140,285	60.3%	92,293	66.2%

Note. Categories are not mutually exclusive; members can engage across multiple categories. The condition management category was not included as activities in this category are highly tailored to specific members and are therefore not comparable to the other two categories. WHI = Whole Health Index.

Due to their higher engagement, females and individuals with fair or poor WHI earned more reward dollars, on average, than males or those with good or very good WHI, respectively. Females earned, on average, 50 percent more than males, while those with fair or poor WHI earned 15 percent more than those with good or very good WHI. Overall, the average reward earned was \$40.

Smart Rewards Program and HEDIS Measures

In 2023, individuals who engaged in at least one Smart Rewards activity were more likely to have met certain HEDIS measures. (Table 4) Many of these incented activities aligned with the HEDIS measures evaluated, so completing an incented activity often helped meet a HEDIS measure. However, this was not always the case. Some HEDIS measures span multiple years, meaning members could have met those measures even if they didn't complete a Smart Rewards activity during 2023.

Among those who qualified for screening, 81 percent of members who engaged in the Smart Rewards program completed their breast cancer screening compared to 43 percent of members who were eligible for, but did not engage, in the program. Engaged members also had higher completion of colorectal cancer screening (59% vs. 30%). Engaged members who qualified for the comprehensive diabetes care HEDIS measures also had higher rates of controlled blood pressure (49% vs. 38%), having a retinal or dilated eye exam to screen for diabetic retinopathy (52% vs. 30%), and having controlled hemoglobin A1c (50% vs. 37%), compared to non-engaged members who qualified for those HEDIS measures. (Table 4)

Table 4
Smart Rewards Engagement
and HEDIS Measures

	Engaged	Eligible, Not Engaged
Breast Cancer Screening Rate	81%	43%
Colorectal Cancer Screening Rate	59%	30%
Comprehensive Diabetes Care		
Blood Pressure Control Rate	49%	38%
Eye Exam Rate	52%	30%
Hemoglobin A1c Control Rate	50%	37%

Note. Only members who met criteria for selected HEDIS measures were included in these calculations.

Discussion

The findings of this study reveal important insights into the characteristics of individuals who engaged in the Smart Rewards workplace wellness incentive program. In addition, these findings highlight the potential for workplace wellness programs to promote preventive care and well-being, especially among individuals with greater health needs.

Engagement in the Smart Rewards program was notably higher among older adults, women, and those with fair or poor WHI—individuals who have historically faced barriers to participation and had less success in workplace wellness programs, according to previous literature.^{10,11} These individuals may also have greater health needs and therefore stand to benefit more from the incented activities than their healthier counterparts. These members were also more likely to complete incented preventive care activities and earn higher rewards, underscoring how well-designed wellness programs may help individuals take proactive steps toward improving their well-being.

Workplace wellness programs can empower individuals to take proactive steps toward improving their well-being.

The Smart Rewards program's design likely contributes to these positive results. The program is built to be intuitive for participants, with features such as automatic reward distribution and timely reminders that nudge members to complete screenings and wellness activities. This simplicity helps reduce common barriers to engagement, such as administrative burden or lack of awareness, making it easier for individuals to form consistent habits around preventive care. By removing hurdles and reinforcing healthy actions, the program empowers participants to engage in their health in a way that is both accessible and sustainable.

These findings are particularly meaningful given the broader context of workplace wellness in the U.S. More than 160 million people receive health insurance benefits through an employer. As a result, employers and organizational leaders play a critical role in shaping employee health. Wellness incentive programs offer a strategic way to reduce health risks, promote chronic disease management, and improve quality of life across employee populations.¹²

The results also challenge a common critique in the literature that workplace wellness programs mainly influence health behaviors but not health outcomes.¹³ In this study, individuals who engaged in the Smart Rewards program were more likely to close HEDIS measures, including controlling blood pressure and HbA1c levels. While this analysis cannot be considered causal, it may indicate that there is some relationship between participation in the Smart Rewards program and real health outcomes, and that incentives—when properly designed and targeted—can empower individuals to not only change their behaviors but also improve their health.

Workplace wellness programs can appeal broadly to all employees while still effectively reaching individuals with greater health or social needs.

Another important implication of these findings is that contrary to the idea that only the healthiest individuals engage in wellness programs, this analysis found that engaged participants were actually more likely to have lower WHI, indicating greater health and social needs. This suggests that wellness incentives can be structured in ways that successfully attract and support individuals with poorer health status, without excluding participation among those in good health.

Finally, this study addresses several methodological limitations that have hampered prior research on workplace wellness programs. Many earlier studies relied on small sample sizes, which limit statistical power, and reliance on data from a single state, which restricts generalizability. These differences can confound outcomes and distort the true effects of wellness programs.¹⁴ In contrast, this analysis draws on a large, geographically diverse (more than 560,000) group of individuals across the U.S., enhancing both the statistical power and the applicability of its conclusions. As such, these results provide stronger evidence that well-designed workplace wellness incentive programs can be both inclusive and effective at improving employee health and engagement.

Conclusion

These findings underscore the potential for thoughtfully structured wellness programs to foster healthier, more engaged employees.

Additionally, the study suggests that wellness programs can be designed to appeal broadly to all employees while still effectively reaching individuals with greater health or social needs particularly when the incentives are accessible and clearly aligned with employees' needs. As employers continue to prioritize workforce well-being, they should continue to consider the case for aligned, flexible wellness strategies that can improve health and health outcomes across diverse employee populations.

Endnotes

- ¹ Corlette, S. (2012). Wellness Incentive Programs. Kaiser Family Foundation. Retrieved September 2, 2025, from <https://www.kff.org/wp-content/uploads/sites/2/2012/04/wellnessincentiveprograms.pdf>.
- ² Einav, L., Lee, S., & Levin, J. (2017, May). The Impact of Financial Incentives on Health and Healthcare: Evidence from a Large Wellness Program. Stanford University. Retrieved September 2, 2025, from <https://web.stanford.edu/~jdlevin/Papers/Wellness.pdf>.
- ³ Stiehl, E., et al. (2018, February). Worksite Health Promotion for Low-wage Workers: A Scoping Literature Review. *American Journal of Health Promotion* 32(2), 359-373. Retrieved September 2, 2025, from <https://doi.org/10.1177/0890117117728607>.
- ⁴ Ernowati, E., et al. (2022, December 15). Workplace Wellness Programs for Working Mothers: A Systematic Review. *Journal of Occupational Health* 64(1). Retrieved September 2, 2025, from <https://doi.org/10.1002/1348-9585.12379>.
- ⁵ Corlette, S. (2012).
- ⁶ Stiehl, E., et al. (2018, February).
- ⁷ Ernowati, E., et al. (2022, December 15).
- ⁸ Elevance Health. (n.d.). Whole Health Index. Retrieved September 2, 2025, from <https://www.elevancehealth.com/whole-health-index>.
- ⁹ Chi, W.C., et al. (2023, May 30). The Whole Health Index: A Practical, Valid, and Reliable Tool to Measure Whole-Person Health and Manage Population Health. *NEJM Catalyst*. Retrieved September 2, 2025, from <https://catalyst.nejm.org/doi/full/10.1056/CAT.23.0015>.
- ¹⁰ Stiehl, E., et al. (2018, February).
- ¹¹ Ernowati, E., et al. (2022, December 15).
- ¹² Office of the U.S. Surgeon General. (2022). The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being. Department of Health and Human Services. Retrieved September 2, 2025, from <https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf>.
- ¹³ Baicker, K. (2021). Do Workplace Wellness Programs Work? *JAMA Health Forum* 2(9). Retrieved September 2, 2025, from <https://doi.org/10.1001/jamahealthforum.2021.3375>.
- ¹⁴ Fronstin, P., & Roebuck, M.C. (2015, August 30). Financial Incentives, Workplace Wellness Program Participation, and Utilization of Health Care Services and Spending. Employee Benefit Research Institute Issue Brief. Retrieved September 2, 2025, from <https://ssrn.com/abstract=2652794>.

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