

2020-2021 EMPLOYEE ACKNOWLEDGEMENT OF REQUIREMENTS FOR WELLNESS PROGRAM INCENTIVES



REQUIREMENTS FOR WELLNESS PROGRAM INCENTIVES FOR SAMARITAN CHOICE WELLNESS PLAN

Employees who meet Samaritan Health Services' requirements for health coverage are able to enroll in any Samaritan Choice health plan without satisfying any other criteria. If an employee chooses to enroll in the SAMARITAN CHOICE WELLNESS PLAN, he/she may be eligible for an initial incentive and other incentives. The SAMARITAN CHOICE WELLNESS PLAN is designed to support the health and wellness of Samaritan Health Services' employees and their family members. This is achieved through a combination of innovative programs, incentives, and benefits.

To participate in the WELLNESS PROGRAM INCENTIVES for SAMARITAN CHOICE WELLNESS PLAN, employees are required to:

- Complete an online Health Assessment (HA) during advertised dates.

The Incentive option(s) currently available under the WELLNESS PROGRAM are:

- Premium incentive

Employees covered by the SAMARITAN CHOICE WELLNESS PLAN who participate in WELLNESS PROGRAMS offered by the plan may qualify for additional INCENTIVES throughout the year.

All Personal Health Information (PHI) is confidential and will be managed in compliance with The Health Insurance Portability & Accountability Act of 1996 (HIPAA) Privacy Rules where required by applicable law.

DEFINITIONS

1. Premium Incentive. In this Agreement, "Premium Incentive" means paying a lower premium when the employee completes an online health assessment and enrolls as the subscriber on a Samaritan Choice Wellness Plan.
2. Wellness Program. In this Agreement, "Wellness Program" means a program intended to improve and promote health and fitness.
3. Wellness Program Incentives. In this Agreement, "Wellness Program Incentives" means designated Wellness Program activities that provide an employee with a reward after completion.

EMPLOYEE ACKNOWLEDGEMENT AND AGREEMENT FOR INCENTIVE REQUIREMENTS

By enrolling in the SAMARITAN CHOICE WELLNESS PLAN, I understand that I will be eligible for the WELLNESS PROGRAM INCENTIVES if I complete certain requirements, such as the HA. I understand and acknowledge that my failure to complete any requirements will result in disqualification from the WELLNESS PROGRAM INCENTIVES. My failure to comply with the requirements for the WELLNESS PROGRAM INCENTIVES for SAMARITAN CHOICE WELLNESS PLAN will not affect my eligibility or enrollment in the Plan.

For more information about the SAMARITAN CHOICE PLAN benefits or enrollment requirements, visit choice.samhealthplans.org or contact Samaritan Health Plans' customer service, Monday – Friday, 8 a.m. to 8 p.m. at 541-768-4550 in Corvallis, or toll-free 800-832-4580 (TTY 800-735-2900). For information about your premiums for SAMARITAN CHOICE PLANS options, contact your local Samaritan Health Services' Human Resources department.

NOTICE REGARDING WELLNESS PROGRAM INCENTIVES

The WELLNESS PROGRAM is a voluntary wellness program available to all employees. The WELLNESS PROGRAM is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the WELLNESS PROGRAM, you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HA or other medical examinations to enroll in the WELLNESS PLAN.

Employees who choose to participate in the WELLNESS PROGRAM will receive an incentive for completing the HA. Although you are not required to complete the HA, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes, based on their individual HA results. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Samaritan Choice Plans' customer service.

Your HA results will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the WELLNESS PROGRAM, such as individual health coaching, chronic condition management, and other services as may be identified and appropriate based on your individual results. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the WELLNESS PROGRAM and Samaritan Health Services may use aggregate information it collects to design a program based on identified health risks in the workplace, SAMARITAN CHOICE WELLNESS PLAN will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the WELLNESS PROGRAM, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the WELLNESS PROGRAM will not be provided to your supervisors or managers and will not be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the WELLNESS PROGRAM, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the WELLNESS PROGRAM or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the WELLNESS PROGRAM will abide by the same confidentiality requirements.

In addition, all medical information obtained through the WELLNESS PROGRAM will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the WELLNESS PROGRAM will be used in making any employment decision. All employee medical information is maintained in strict accordance with state and federal law. Appropriate precautions will be taken to avoid any data breach.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the WELLNESS PROGRAM, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Samaritan Choice Plans' Compliance department, Monday – Friday, 8:30 a.m. to 5 p.m. at 541-768-4550 in Corvallis, or toll-free 800-832-4580 (TTY 800-735-2900).