

NOTICE REGARDING CITY OF MARIETTA/BLW EMPLOYEE WELLNESS PROGRAM

The City of Marietta/BLW Employee Wellness Program is a voluntary wellness program available to all active employees, retirees, and dependents who are covered by a City-sponsored health insurance plan. The 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 Annual Health Assessment or "AHA" 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 will also be asked to complete a biometric screening, which will include a 28-panel blood test for conditions such as electrolyte imbalance, renal disease, liver disease, coronary heart disease, hypertension, hypokalemia, hyperlipidemia, and diabetes. You are not required to complete the AHA or to participate in the blood test or other medical examinations.

However, *active* employees and spouses who are eligible and choose to participate in the wellness program will receive an incentive of \$100.00 for completing the AHA. An additional \$100.00 is available for those who are either not ordered to take a health coaching plan or complete one that is ordered. If ordered, this plan should be initiated no later than September 30 of the calendar year to allow for sufficient time for completion before the end of the calendar year. Although you are not required to complete the AHA or participate in the biometric screening, only eligible employees and spouses who do so will receive \$100.00 and be eligible for the second iteration of \$100.00. Eleven (11) months must have elapsed since the most recent AHA.

Additional monetary wellness incentives of various dollar amounts may be available for employees, retirees, or dependents who participate in certain health-related activities such as fitness or weight loss/maintenance challenges. 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 the Benefits Division at 770-794-5562, option 3. As per IRS regulations, all noncash rewards or other benefits that are not medical care are always considered taxable income.

The information from your AHA and the results from your biometric screening 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 health coaching. 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 City of Marietta/BLW may use aggregate information it collects to design a program based on identified health risks in the workplace, the City of Marietta/BLW Employee Wellness Program 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 may never 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. The only individual(s) who will receive your personally identifiable health information are authorized Wellstar Health System or Health Professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by Wellstar Health System separately 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. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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 the Director of Human Resources and Risk Management, at 770-794-5562, option 6.

Employee Name/Spouse's Name: _____ / _____

Spouse's Signature: _____ **Date:** _____