

Notice Regarding Employee Wellness Programs

Overview, Enrollment Information, and Incentives

Appalachian Regional Healthcare System's Love Your Life program is a voluntary wellness program available to all employees and their spouses. 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.

Each year, if you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" 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 measurement of your height, weight, Body Mass Index (BMI), waist circumference, body fat percentage, resting blood pressure, and a fasting blood test which includes lipid panel, complete metabolic panel, complete blood count, and an optional prostate-specific antigen test for men between the ages of 50-69 (with consent).

You are not required to complete the annual HRA or to participate in the biometric screening. However, employees who choose to participate in the wellness program, who enroll by the communicated deadline, and meet Health Goals OR an alternative standard will receive a premium discount incentive and are eligible for Quarterly Wellness Credits worth up to \$400.00 annually. The premium discount is \$66.00/month for Employee Only coverage and \$100.00/month for Employee/Dependent coverage. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will be eligible to receive the premium discount and other wellness incentives. Employees who enroll in Love Your Life will receive a Health Score and a Health Goal to achieve by their next Love Your Life enrollment. Employees who achieve this goal (or alternative standard if requested) and who re-enroll in Love Your Life will continue to receive the ARHS Premium Discount in the following health plan year. Employees who do not re-enroll in Love Your Life and/or achieve the Health Goal (or alternative standard) will lose the ARHS Premium Discount in the following health plan year. If the employee does not re-enroll in the next Love Your Life program, he/she will be held to the Health Goal (or alternative standard) at his/her next Love Your Life enrollment, whenever that occurs.

Quarterly Wellness Credits (up to \$400.00 in value) as well as t-shirt and gift card giveaways may be available for employees who enroll in Love Your Life and who participate in certain health-related activities such as participating in Employee Wellness Challenges and regularly logging exercise, preventive exams, and completion of online workshops. These incentives are provided quarterly (\$100.00/Quarter) and if earned, can be allocated towards either a Health Savings Account Credit, Wellness Center/YMCA of Avery County membership, or fitness merchandise at our online retailer. T-Shirt and Gift Card giveaways may be given in random drawings for participation in certain wellness program activities.

Reasonable Alternatives

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 Interactive Health at 1-800-840-6100 by the deadline communicated in the current year's program.

The information from your HRA 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, weight management programs, and other health improvement strategies. You are encouraged to share your results or concerns with your own healthcare provider.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personal, protected health information (PHI). Although the Appalachian Regional Healthcare System Employee Wellness Program and Interactive Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Employee Wellness and Interactive Health 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 or eligibility for health insurance.

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 PHI is (are) designees at Interactive Health, ARHS Employee Wellness, and the ARHS Employee Wellness Medical Director in order to provide you with services under the wellness program. For premium discount purposes only, Interactive Health and Employee Wellness will provide ARHS Human Resources with names of employees who enroll in Love Your Life and who meet or do not meet the health goal. No individual health information including the Health Score will be provided to Human Resources. 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.

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 Leslie Roberts, Employee Wellness Manager at 828-268-9447 or lroberts@apprhs.org.

For complete program rules and more information, visit www.lyl.apprhs.org.