

# Notice Regarding Wellness Programs

City of Idaho Falls' wellness program through PacificSource Health Plans is a voluntary wellness program available to all employees [and 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.

If you choose to participate in the wellness program, you will be asked to complete a wellness/preventive exam with a participating PacificSource Health Plans provider. You may also have access to other services through the wellness program, such as health coaching.

Employees who choose to participate in the wellness program will be eligible to receive an incentive of a reduced deductible from \$2,500 to \$1,500 for those enrolled in the group's PPO Plan or an additional \$1,000 in the Health Savings Account for those enrolled in the group's High Deductible Health Plan. (Note that some financial incentives will be subject to income tax for the employee who receives this benefit/incentive). Due to the potential changes with wellness regulations in response to the AARP v EEOC case, the incentive limit may change at some point. Please note that we will notify health plan members of any changes and adjust wellness rewards accordingly.

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 Human Resources.

## For More Information or to Report a Problem

- If you have questions or would like additional information, or if you would like to make a request to inspect, copy, or amend health information, or for an accounting of disclosures, contact the plan privacy officer. All requests must be submitted in writing.
- If you believe your privacy rights have been violated, you can file a formal complaint with the plan privacy officer, or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the payment activities that we provided to you.