



**2019 Wellbeing Incentive Program opens:  
Thursday, June 20, 2019**

**You have the power to improve your health.**

Hackensack Meridian *Health* strongly believes that it's important to support your health and wellbeing.

**As we launch our 2019 Wellbeing Incentive Program, we've selected Bravo as our administrator to help every team member live their best possible life.**



Call 833.786.9492

Email [support@bravowell.com](mailto:support@bravowell.com)

[www.bravowell.com/hmh](http://www.bravowell.com/hmh)

**bravo**<sup>®</sup>

## 2019 WELLBEING INCENTIVE

**Hackensack Meridian Health** is committed to helping you take charge of your health so you can be at your best.

The 2019 Wellbeing Incentive Program is voluntary. Don't miss your opportunity to participate. You could earn significant financial incentive rewards. By participating, **team members and spouses who are enrolled in the medical plan can each earn a \$250 incentive reward!**



## Earn incentive rewards for engaging in your health and wellbeing. Complete all three of the following steps:

### ■ Biometric Screening

Body mass index, waist circumference, blood pressure, LDL cholesterol and glucose will be tested. Your personal health information will be kept confidential.

*Become engaged in your own health and wellbeing to reduce your health risks. The biometric screening will give you a profile of your overall health.*

### ■ Health Risk Assessment

*Get a snap shot of your health. Answer questions about your lifestyle and print a summary report that you can share with your doctor at your annual physical to initiate a conversation.*

### ■ Annual Physical

*To best manage your health, we encourage you to get a physical exam annually to keep on top of any potential changes in your health.*

---

### Not sure if you can participate?

We can work with you and your doctor to find an alternative way to qualify for the the incentive reward. Read more about appeals later in this guide or contact Bravo at **833.786.9492**.

## Let's get the facts straight.



### There is more than one path to wellbeing.

HMH believes that your doctor knows your health best. Read more about appeals on page 4.



### Participation is completely voluntary.

This is an opportunity for you and your spouse to receive a summary of your health and take steps to improve your health while earning an incentive reward. The program and its incentive reward are in compliance with the Affordable Care Act (ACA). Team members under age 18 are not eligible to participate.

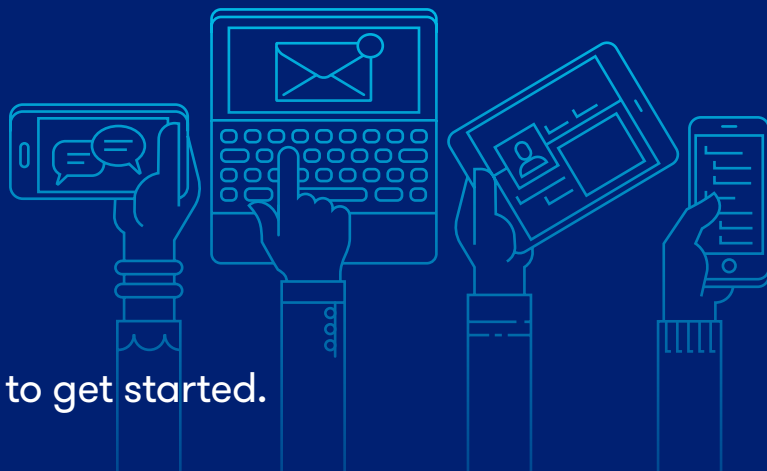


### Your personal health information will be kept confidential from your employer and any other unauthorized parties.

HMH strictly adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Protected Health Information (PHI) protocols.

# Take the first step.

Visit [www.bravowell.com/hmh](http://www.bravowell.com/hmh) to get started.



## 1. Register for the 2019 Wellbeing Incentive Program | Thursday, June 20 – Friday, September 20, 2019

Visit the URL above and follow the step-by-step instructions to create an account or log in. Complete the registration step by providing Bravo with your required information. Your results and incentive amount will be posted to your web account when available.

## 2. Complete a Health Risk Assessment | Thursday, June 20 – Friday, September 20, 2019

Our interactive and intuitively designed health risk assessment uses logic that adjusts content with each successive response, allowing you to only see the questions that are relevant to you. Immediately after completion, you will receive two reports: a personal report that describes the impact of each risk factor on your health, and a physician summary report that can be printed and taken to your provider to initiate a conversation.

## 3. Biometric Screening Program Options

### A. Schedule an On-Site Screening | Thursday, June 20 – Tuesday, July 16, 2019

Follow the step-by-step instructions at [www.bravowell.com/hmh](http://www.bravowell.com/hmh). You or your enrolled spouse can schedule an on-site screening at one of our designated locations. Screening dates for each location will be posted on [www.bravowell.com/hmh](http://www.bravowell.com/hmh).

#### ▶ Attend Your On-Site Screening | Thursday, July 18 – September 2019

### B. Visit a Participating LabCorp Location | Thursday, July 18 – Friday, September 20, 2019

Download a LabCorp voucher from your participant portal and schedule an appointment at a LabCorp location near you. There is no need to submit your results to Bravo. **Any additional testing requests outside of the pre-approved panel will be at the expense of the participant.**

## 4. Complete an Annual Physical | Thursday, November 1, 2018 – Friday, September 20, 2019

You or your enrolled spouse can schedule an annual physical. Or, if you or your spouse already had an annual physical after November 1, 2018, you have fulfilled the requirements! Horizon will provide Bravo with a confirmation of your annual physical. This annual preventive screening is covered at 100% when you utilize a participating Hackensack Meridian *Health* partner or network provider. Remind your provider that the visit should be coded as an “Annual Physical” so your insurance will cover it at 100%. Also please note a second annual physical performed in the same calendar year will not be covered at 100%.

# Filing an appeal is easy.

1. Visit [www.bravowell.com/hmh](http://www.bravowell.com/hmh) to download the appeals form.
2. Visit your doctor and bring the appeals form.
3. Appeals must be filed (via fax, mail or email) by the deadline listed on your results letter.



## Why would you need to file an appeal?



**Dispute of Accuracy (Inconsistent or Inaccurate Data):** Your values were originally not reported or recorded incorrectly.



**Medical Waiver or Exemption:** This type of appeal should be submitted if it's unreasonably difficult or medically inadvisable for you to meet the employer requirement.

### FAQ: APPEALS

#### Where do I obtain an appeals form?

You can find and download an appeals form by visiting your participant portal at [www.bravowell.com/hmh](http://www.bravowell.com/hmh) or by calling Bravo toll-free at **833.786.9492** to receive it via email or mail.

#### Who pays for the doctor's appointment when an appeal is submitted?

Any additional cost will be at your expense.

#### How soon should I file an appeal?

Appeals must be filed by the appeal deadline **listed in your results letter**, which is 30 days after the date of the letter. Submit your appeal (and all required supporting documentation) via fax, mail or email. Specific contact information can be found on your appeal form. You'll receive an email when your appeal has been received and another email when it has been processed.



## **EEOC Privacy Notice**

Federal law requires employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. The notice below fulfills these requirements.

## **Notice Regarding Wellness Program**

Hackensack Meridian *Health* has contracted with Bravo Wellness, LLC to administer all or part of its voluntary employee wellness program. 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 (ADA) of 1990, the Genetic Information Nondiscrimination Act (GINA) of 2008, the Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. If you choose to participate in the wellness program you may 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 may also be asked to complete a biometric screening or other examinations, which may include a blood test for cholesterol levels (Total, HDL, LDL), triglycerides, serum cotinine (nicotine) and glucose as well as a blood pressure reading(s), height, weight, waist measurements and your pulse. When possible, your blood specimen will be confidentially processed by a laboratory that provides a panel of common preventive wellness measures provided solely for your information.

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 targeted health education, online and telephonic health coaching and health challenges. You also are encouraged to share your results or concerns with your own provider. You are not required to complete the HRA or to participate in the screening or other medical examinations.

However, if you choose to participate in the wellness program you may receive an incentive for participating. More specific details regarding the wellness program, including how incentives are earned can be found in the Program Guide.

As noted in the Program Guide, a portion of the incentives available may be linked to certain health-related activities or to the achievement of certain health outcomes. 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. You may request a reasonable accommodation or an alternative standard by contacting Bravo Wellness at 833.786.9492. See the Program Guide for more details concerning reasonable alternatives. Additional information will be provided to you in your results summary as well.

## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your protected health information (PHI). Although the wellness program and your employer may use aggregate information collected to design a program based on identified health risks in the workplace, Bravo Wellness and its contracted partners will never disclose any of your personal medical 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, as necessary to support health plan or wellness program administration or as permitted by law. In no event will medical information that personally identifies you that is provided in connection with the wellness program 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 is required to be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program may 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 can ask to see or get a copy of the health information we have about you. We may charge a reasonable cost-based fee.

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 are a member of your employer-sponsored health plan, the provisions of the health plan privacy notice may also apply. Please contact your health plan administrator for a copy of the notice. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, or if you would like a paper copy of this notice or a copy of Bravo's Privacy Statement mailed to you, please contact Bravo Participant Services at 833.786.9492. Bravo's Privacy Statement is also located on the Bravo website at <http://www.bravowell.com/privacy-statement/>.