



SOUND HEALTH AND WELLNESS TRUST

NOTICE REGARDING WELLNESS PROGRAM

The Sound Health and Wellness Trust's (the "Trust") wellness program is a voluntary wellness program available to all participants. 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 may choose to complete a voluntary health risk assessment (also called a Personal Health Assessment or Health Profile) 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 choose to complete a biometric screening, which will include a blood test for cholesterol and blood glucose. You are not required to complete the health risk assessment or to participate in the blood test or other medical examinations.

However, participants who choose to participate in the wellness program will receive an incentive of up to \$300 for completing the health risk assessment and \$100 for completing a biometric screening toward their Health Reimbursement Arrangement ("HRA") account. The maximum annual HRA funding you can earn is \$500 for employee-only coverage and \$1,000 for family coverage. Your HRA account will be used to pay for covered medical expenses up to the annual amount funded each year before your annual medical deductible is applied. If you fail to earn the maximum annual funding for your level of coverage, your deductible amount for that year will be increased by the amount of the unearned HRA funding. Although you are not required to complete the health risk assessment or participate in the biometric screening, participants who do so will receive the above amounts.

Additional incentives may be available for participants who participate in certain health-related activities. For example, if you do not choose to complete the biometric screening, you may still earn \$100 toward your HRA account by completing only one of the following preventive illness options: an annual physical or a preventive mammogram, pap smear, prostate exam, or colonoscopy. If you are unable to participate in any of the health-related activities, 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 Trust Office at (800) 225-7620. As an alternative to completing a specific health-related activity, you may be permitted to complete one of the other health-related activities in the full list of health-related activities provided to you by the Trust Office.

The information from your health risk assessment 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. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

The Trust is required by law to maintain the privacy and security of your personally identifiable health information. Although the Trust may use aggregate information it collects to design a program based on identified health risks in the workplace, the Trust will never disclose any of your personal information either publicly or to the Trust's Board of Trustees or your 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 those health professionals conducting the health risk assessment, biometric screening, or preventive illness option, other Trust program service providers, and the employees of the Trust Office, in order to provide you with services under the wellness program and process your request for an incentive.

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 can always voluntarily agree to the disclosure of your personal health information.

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 how to obtain benefits, please contact the Trust Office at (800) 225-7620.