

## SOUND HEALTH AND WELLNESS RETIREE TRUST

## NOTICE REGARDING WELLNESS PROGRAM

The Sound Health and Wellness Retiree 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) that asks a series of questions about your healthrelated activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the health risk assessment.

However, participants who choose to participate in the wellness program will avoid a higher deductible by completing the health risk assessment. If you do not choose to complete the health risk assessment, your deductible (and your spouse's deductible) will increase by \$250. Although you are not required to complete the health risk assessment, participants who do so will avoid a higher deductible.

Additional incentives may be available for participants who participate in certain health-related activities. For example, you may receive the following incentives: \$50 for completing three calls with a health coach; \$20 per month (up to \$180 per year) for participating in condition management services if you have been diagnosed with certain chronic conditions; reimbursement of half of your cost of membership in Weight Watchers for up to nine months (and the other half if you meet active participation requirements); \$100 for completing five sessions with a tobacco cessation coach; and reimbursement for the cost of local fitness events (up to four events per year). 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 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

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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 or other services available under the wellness program, 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. You can always voluntarily agree to the disclosure of your personal health information.

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