For PPO Plan Participants

FUNDING YOUR 2021 HRA

There are many ways to fund your Health Reimbursement Arrangement (HRA) in 2020 and avoid a higher deductible in 2021. Here's how you can earn HRA funding up to a maximum of **\$500 for employee-only coverage** and **\$1,000 for family coverage**.

Remember: If you have family coverage, both you and your spouse must complete the PHA and Health Related Actions to earn your maximum HRA funding.

ANNUAL PHA

When available in the third quarter of 2020.

In order to receive the maximum amount of HRA funding for 2021, you must complete your annual Personal Health Assessment.

| CREATE YOUR HEALTH HISTORY | EARN UP TO \$300 WHEN YOU: |
|-------------------------------|---|
| | • Complete your Personal Health Assessment, update your contact information and select or confirm your Primary Care Physician in the third quarter of 2020, when notified by the Trust. |

HEALTH RELATED ACTIONS All actions must be completed between Jan. 1 and Dec. 31, 2020.

Earn a maximum of \$200 (with a couple exceptions) by choosing from the following list.

| PREVENT ILLNESS | EARN \$200 WHEN YOU: • Get a Covered Flu Shot | Earn more toward your health related actions maximum with a flu shot. | | | |
|----------------------------------|---|--|--|--|--|
| | EARN \$100 FOR GETTING ONE OF THE FOLLOWING COVERED SERV Well-Adult Annual Physical Preventive Mammogram, Pap smear, or Prostate exam Certain Adult Immunizations Biometric Screening Preventive Colon Cancer Screening | ICES: | | | |
| MAKE HEALTHY CHOICES | EARN \$150 - \$200 WHEN YOU JOIN: Health Coaching and complete three calls with your health coach An approved Weight Loss Program* and participate for at least three consecutive months; or, if approved for the Naturally Slim Program, complete 9 of 10 weekly video sessions Quit Tobacco Coaching Program and complete five calls with your coach | | | | |
| | EARN \$50 - \$200 WHEN YOU: Participate in LiveWell Fit by choosing from a list of approved events Document your Active Gym Attendance and meet certain attendance criteria Track Your Activity by wearing your fitness or activity tracker and completing certain goals | | | | |
| GET INVOLVED | EARN \$100 WHEN YOU: Join the Wellness Volunteer Network and meet certain requirements | | | | |
| MANAGE A CHRONIC CONDITION | EARN \$300 WHEN YOU: Join Condition Management, available to participants that have been diagnosed with diabetes, heart disease, asthma, and other pulmonary chronic diseases, who are invited to the program | Earn more toward your health related actions maximum with Condition Management. | | | |

Visit www.soundhealthwellness.com for complete requirements and details and to download required forms.



Look for these icons throughout the year to see what counts towards HRA Funding.

To receive 2021 HRA funding you must be HRA eligible on Jan. 1, 2021. For a Health Related Action or the Personal Health Assessment to be counted, you must be covered by the Sound Health & Wellness Trust when the health action or PHA is completed.



CREATE YOUR HRA FUNDING PLAN

You've got options. Along with your annual PHA, choose the Health Related Actions that work for you, and fill in the amounts on the worksheet to see how much you'll earn towards your maximum.

The maximum HRA funding you can earn each year is \$500 for employee-only coverage, and \$1,000 for family coverage.

Visit www.soundhealthwellness.com for complete requirements and details and to download required forms.

| MY HRA FUNDING PLAN | | Funding Amount | | Amount Earned | | | | |
|--|--|---|-----------------------------|---------------|--------|--|--|--|
| | | | | Employee | Spouse | | | |
| Complete the PHA, updat your PCP when notified in | e your information and confirm the third quarter of 2020 | \$300 | | | | | | |
| Get a Covered Flu Shot in | 2020 | \$200 | | | | | | |
| Earn up to \$200 towards your maximum amount by choosing from the following. All Health Related Actions must be completed between Jan. 1 and Dec. 31, 2020 | | | | | | | | |
| Choose <u>one of these</u> optic • Well-Adult Annual Phy • Preventive Mammogra • Certain Adult Immuniz • Biometric Screening • Preventive Colon Cano | ysical am, Pap smear, or Prostate exam zations | \$100 | | | | | | |
| Participate in Health Coac Complete three calls with y | - | \$150 | | | | | | |
| and participate for at least | pproved Weight Loss Program pproved Weight Loss Program* three consecutive months; or, if Slim Program, complete 9 of 10 | \$150 for a consecutive 3-month period Add an additional \$50 for a consecutive 6-month period* | - Not to exceed \$200 | | | | | |
| Join Quit Tobacco Coachi Complete five calls with yo | | \$150 | | | | | | |
| Participate in LiveWell Fit Choose from a list of appro | | \$50, \$100 or \$150 depending on the event | | | | | | |
| Have Active Gym Attenda Have 20 or more visits with period. Or 40 visits in a co | nin a consecutive 3-month | \$150 for a consecutive 3-month period | - | | | | | |
| | | Add an additional \$50 for a consecutive 6-month period | | | | | | |
| 10,000 steps per day or 5 | your fitness or activity tracker and complete 0 steps per day or 5 miles of running/walking | \$150 for a consecutive 3-month period | | | | | | |
| for 30 or more days in con Or 60 or more days in a co | | Add an additional \$50 for a consecutive 6-month period | | | | | | |
| Join the Wellness Volunte Complete an orientation, n Coordinator once annually other participation require | neet with your Wellness , complete your PHA, and meet | \$100 | - | | | | | |
| Earn up to \$300 towards your maximum amount, when you: | | | | | | | | |
| Actively participate or grad 2020. For participants who diabetes, heart disease, as | Participate in Condition Management Actively participate or graduate from the program in 2020. For participants who have been diagnosed with diabetes, heart disease, asthma, and other pulmonary chronic diseases, and are invited to the program.\$300 | | | | | | | |
| *Applies to Weight Watchers®; Jenny Craig®; NutriSystem®; 3010 Weight Loss for Life®; or 2020 Lifestyles® MY TOTAL: | | | | | | | | |
| HRA funding not to exceed annually: | | | | | \$500 | | | |