

Move Your Life in a Healthy Direction *and realize the rewards!*



Why Take Part in Healthy Directions?

Central State University cares about your health and wants to provide you with resources to help you live better both inside and outside of work. That's why we offer a voluntary wellness program for all benefits-eligible employees called **Healthy Directions**, administered by TriHealth.

Program Incentive

Participants in Healthy Directions earn a reduction on their health insurance premiums by taking a few simple steps to better understand their health, including scheduling an annual physical with their primary care physician (PCP). Once all required action steps are completed, participants will receive a **premium discount beginning Jan. 1, 2019**.

Primary Care Physician (PCP)

Establishing a relationship with your primary care physician, someone familiar with your medical history and able to coordinate all aspects of your care, is an essential part of the Healthy Directions program. Together, you and your physician determine how best to improve your overall wellbeing.

Please note that Central State University will not have access to any specific, personal health information through Healthy Directions.

Program Participation

This packet contains complete instructions and the forms needed to help you get started with Healthy Directions. Please read it carefully and complete all steps necessary to earn your health premium discount.

Questions?

Email: healthydirectionspcp@trihealth.com

Call: 866 256 9007

Action Steps for Participation

- Complete the registration and consent form.
- Have an annual preventive physical with your primary care physician.
- Complete a standard lab-test blood draw that identifies biometric measures such as your cholesterol, glucose and triglyceride levels.
- Complete a tobacco status affidavit.
- Complete your Rally Health Assessment through myuhc.com
- Receive a premium discount beginning Jan. 1, 2019.

Enrollment Deadline

Participants in the TriHealth Healthy Directions Wellness Program must complete the necessary steps by **10/1/2018**.

Welcome to Healthy Directions!

Central State University's wellness program administered by TriHealth

Steps to Earning Your Healthcare Premium Discount

- A** Complete and sign the Registration & Consent Form*
- * Required to receive your healthcare premium discount
- B** Complete and sign the Tobacco Affidavit
- All participants are required to indicate on this form that they either are not a tobacco user or have completed an approved tobacco cessation program.
 - If you currently use tobacco, you still may be eligible to receive the healthcare premium reduction by completing the TC 123 tobacco cessation program by 10/01/2018.
- C** Schedule an annual preventive physical with your doctor
- Your physical must occur between October 2, 2017 - October 1, 2018. Take your Healthy Directions packet with you to your appointment and have your doctor complete and sign the Biometric Measures & Physical Confirmation. It is the participant's responsibility to return the form as part of the completed packet by October 1, 2018. (See Step E below.)
 - Have you already received your annual preventive physical within the above timeframe? Take your Healthy Directions packet to your physician's office to have the Biometric Measures & Physical Confirmation Form completed.
 - If you do not have a doctor, you can select a doctor within the Central State University's Inc. health benefit plan network. If you need assistance in finding a physician, please go to www.myuhc.com.
- D** Complete Your Rally Health Assessment through myuhc.com
- Access via myuhc.com
 - For technical support please call 877 722 3213
 - For questions on your rewards please call 855 215 0230
- E** Submit your completed packet by 10/01/2018
- Submit completed packet in its entirety in one of three ways:
 - ❖ Scan and email to healthydirectionspcp@trihealth.com
 - ❖ Secure fax 513 852 3166
 - ❖ Mail to Healthy Directions, 11129 Kenwood Road, Cincinnati, OH 45242
 - Keep a copy of all forms for your files. We will notify you when your packet has been processed. Allow 7-10 business days.



Questions about the process?

Please contact healthydirectionsncp@trihealth.com or call 866 256 9007

Healthy Directions Registration & Consent A

PLEASE PRINT CLEARLY

Complete the information below to register for participation in Healthy Directions. *Your signature is required at the bottom of the form to confirm you have read and understand what is involved in participating in Healthy Directions.

Employer: Central State University

First Name: _____ Last Name: _____

Previous/Maiden Name (if changed in last 12 months): _____

Date of Birth: __ __ / __ __ / __ __ __ __ Select One: Male Female

Home Address: _____ City: _____

State: _____ Zip Code: _____ Preferred Phone: _____ - _____ - _____

Preferred Email: _____

Healthy Directions Program Participation Acknowledgement

My participation in the TriHealth Healthy Directions program is voluntary. I understand that initiating a follow-up examination to confirm results of any physical screening and obtaining professional medical assistance is my responsibility alone and not that of my health plan, employer or Bethesda Healthcare, Inc. /TriHealth, Inc. This information is used for the purpose of alerting you to health risks.

Bethesda Healthcare, Inc. /TriHealth, Inc. is required by law to maintain the privacy and security of my personally identifiable health information. Bethesda Healthcare, Inc. /TriHealth, Inc. will disclose to my employer that I had a physical, underwent laboratory testing, and completed a tobacco affidavit in order for my employer to determine eligibility for reduction on medical insurance premiums. Additionally, my employer and/or health plan - will have access to aggregate data to assess population trends. "Aggregate data" does not personally identify me but combines my individually identifiable medical information with those of other participants in Healthy Directions for review. **My employer will not have access to any of my specific medical information provided through the Healthy Directions Program.**

All medical information obtained through Healthy Directions will be maintained separate from my personnel records, information stored electronically will be encrypted, and no information I provide as part of the wellness program will be used in making any employment decision, nor will it be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program (see acknowledgment below). I will not be asked or required to waive the confidentiality of my health information as a condition of participating or receiving an incentive. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information, I provide in connection with the wellness program, Bethesda Healthcare, Inc. /TriHealth, Inc. will notify me immediately.

Through my participation in the Healthy Directions program, I acknowledge the following:

- Receipt of aggregate data as described in the previous paragraphs by my health plan's/employer's - wellness advisor, USI Insurance Services LLC and USI Holdings Corporation ("USI").
- Disclosure of my personally identifiable biometric data/report and tobacco affidavit by Bethesda Healthcare Inc. / TriHealth, Inc. to the third-party data analytic vendor specified by my health plan/employer - in order for such vendor to determine my eligibility for medical insurance premium discounts and/or for data aggregation as described above in this form.

I affirm that I have read, understand and agree to the terms set forth above, and I wish to participate in the Healthy Directions Program on the terms specified. I am hereby giving knowing and voluntary authorization to participate in the wellness program.



SIGN

Signature of Participant (Required)

*Date

Tobacco Affidavit B

Employer Name: Central State University

Whether or not a tobacco user, every participant is required to complete and sign the below affidavit to certify that he or she either is tobacco-free OR has completed the TC 123 Tobacco Cessation Program (considered a Reasonable Alternative Standard) to qualify for the reduction on Central State University, healthcare premiums.

First Name: _____ Last Name: _____

Previous/Maiden Name (if changed in last 12 months): _____

Preferred Phone: _____ - _____ - _____ Preferred Email: _____

Eligibility

- You do not use any form tobacco products, including cigarettes, cigars, and chewing tobacco, or
- You use tobacco products but have completed the TC 123 program - the Reasonable Alternative Standard. (Completion of the TC 123 Program will be reported to Healthy Directions.)

NOTE: You will not qualify for the incentive if you currently are using any form of tobacco, including cigarettes, cigars, and chewing tobacco, in any amount – even occasional social use – and choose not to participate in the TC 123 program as the Reasonable Alternative Standard.

Documentation

- Every participant is required to complete, sign and submit this tobacco affidavit form to confirm program eligibility, even if a non-tobacco user. If a tobacco-cessation form is not completed and submitted as part of your complete Healthy Directions packet, you will be ineligible for the non-tobacco user discount, regardless of your tobacco use.
- Tobacco-use status must be updated by every participant at each annual open enrollment period in order to qualify for the non-tobacco user discount.
- Providing false information on this form will subject the employee to immediate revocation of the discount and can subject the employee to disciplinary action up to and including termination of employment.
- Central State University has the right to request documentation at any time from an employee (or, as to the employee, from the vendor) when the employee declares him/herself a tobacco user enrolled in a tobacco cessation program for the sole purpose of verifying enrollment or activity. An employee who is unable to provide proof of participation in an approved program is subject to immediate revocation of the discount.

Reasonable Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you believe you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources, and we will work with you and your doctor, if you wish, to find a wellness program with the same reward that is right for you in light of your health status.

Certification (to be completed by the participant and submitted by 10/01/2018)

I hereby certify that I understand the above information and am a: (check only one)

 CHECK

Non-tobacco user Tobacco user (completed the TC 123 program) Tobacco user

Signature (Required)

Date

Printed Name

Date of Birth

 SIGN

Welcome to the TC 123 Program!



In order to qualify for the reduction on your medical premiums beginning 01/01/2019, the Central State University employee who uses tobacco needs to complete the TriHealth EAP TC 123 Tobacco Cessation Program by 10/01/2018.

Program Description

The TriHealth EAP TC 123 Program is a Cessation Readiness Program. Its goal is to give the Central State University employee the education and tools to make a healthy, individualized decision about their tobacco use.

The Program

To complete the program, a Central State University employee needs to:

1. Participate in a telephone coaching session with a TriHealth EAP coach
2. Watch three webinars on tobacco cessation, found on TriHealth EAP's website
3. Take and pass the three post-tests that accompany each webinar
4. Fill out the handout: "Your Own Plan to Quit," formulating a specific plan on how they would quit tobacco
5. Participate in a second coaching session with a TriHealth EAP coach, to review the handout

Program Complete

Once the employee completes the program, their completion will be reported to Healthy Directions.

Getting Started

To get started with the TC 123 Program, please call 1 800 642 9794 to schedule your first coaching session.

In order to receive credit for the TC 123 Tobacco Cessation Program, it is recommended that you enroll in the program no later than 09/03/2018. This will allow you ample time to complete the program prior to the 10/01/2018 deadline. You must complete the program prior to the deadline to receive credit for the TC123 Tobacco Cessation program.

Biometric Measures & Physical Confirmation C

Take this form with you to your scheduled annual physical to be completed and signed by your Primary Care Physician. It is the participant's responsibility to submit the Biometric Measures & Physical Confirmation form as part of the complete packet to be returned to Healthy Directions as outlined below.

Employer Name: Central State University

Participant Name: _____ Date of Birth: _____

Previous/Maiden Name (if changed in last 12 months): _____

Preferred Phone: _____ - _____ - _____ Preferred Email: _____

PHYSICAL CONFIRMATION

Type of Service Provided: Complete Annual Preventive Physical Date of Service: ____/____/____

*Signature of health care provider (required)

Date Signed

- All testing must have been completed between 10/02/2017- 10/01/2018.
- Primary care physician needs to complete all information with an * in front of it. Return signed form to participant.

- * Does your patient have a history of coronary artery disease (MI, CABG, PTCA)? YES NO
- * Does your patient have a history of diabetes? YES NO
- * If no, does your patient have pre-diabetes? YES NO
- * Does your patient exercise weekly? If so, how often? _____ days/week _____ minutes/day

BIOMETRIC MEASURES	VALUE	TEST DATE (Month/Day/Year)
*Total Cholesterol		
*Triglyceride Level		
*Glucose (fasting)		
*HDL Cholesterol		
*LDL Cholesterol		
Hemoglobin A1c (if physician recommended)		
*Systolic Blood Pressure		
*Diastolic Blood Pressure		
*Height (in feet, inches)		
*Weight (in pounds)		
*Abdominal Circumference (in inches)		

E Participant submit completed packet by 10/01/2018

- Choose one:
- Scan and email to healthydirectionspcp@trihealth.com
 - Send to the secure fax 513 852 3166
 - Mail to Healthy Directions, 11129 Kenwood Road, Cincinnati, OH 45242

A

+

B

+

C

+

D

+

E

Healthcare Premium Discount

Questions? Please contact healthydirectionspcp@trihealth.com or call 866 256 9007.

U.S. Equal Employment Opportunity Commission

NOTICE REGARDING WELLNESS PROGRAM

Healthy Directions is a voluntary wellness program available to all employees. 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 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 will also be asked to complete a biometric screening, which will include a blood test that identifies biometric measures such as your cholesterol, glucose and triglyceride levels. You are not required to participate in the blood test or other medical examinations.

Additional incentives may be available for employees who complete a tobacco status affidavit.

However, employees who choose to participate in the wellness program will receive a premium discount beginning Jan. 1, 2019. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the discount.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Central State University may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Directions will never disclose any of your personal 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, 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. No one except the third party wellness program administrator for the wellness program will receive your personally identifiable 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 protections against discrimination and retaliation, please contact Gayle Berry at (937) 376-6018.