



Did you know that with our insurance coverage you can get a wellness physical annually at no cost? As a part of a wellness initiative West Carroll #314 is offering an option to reduce your premium by having an annual wellness visit with their physician.

There will be a \$120 annual wellness surcharge assessed for those who do not complete the annual wellness check up and turn in documentation to the District Office by December 1, 2020. The surcharge will take effect January 2021.

Please provide the attached Physician Statement, a statement from your Physician, or a copy of your Explanation of Benefits (EOB) by 12/1/2020 to Tevan Hartman in the District Office.

If you do not turn in the Physician Statement, a statement from your Physician, or a copy of the EOB, to the District Office by the due date, you will be charged a \$120 surcharge.

If you have any questions, please contact our account manager, Jeanette Rowan with Arthur J. Gallagher & Co. at (815) 977-9539 or her email address is jeanette_rowan@ajg.com and/or Tevan Hartman in the District Office. If you need assistance with obtaining a copy of your EOB, please contact your BCBS Benefit Value Advisor (BVA). The Customer Service number is on the back of your BCBS medical ID card.

	Coverage	Physician Statement Received for W. Carroll Employee		Fee Assessed
		Yes	No	
WELLNESS SURCHARGE EXAMPLE EMPLOYEE ONLY:	Single		X	\$120.00
WELLNESS SURCHARGE EXAMPLE EMPLOYEE + 1 OR MORE DEPENDENTS:	Employee + Spouse, Employee + Child(ren), Family	X		\$0.00

Employees With Disabilities / Reasonable Accommodation

We can make reasonable accommodations for our employees with disabilities to help them have equal access to our wellness program. Our HR department will consult with physicians and wellness experts to help our employees with disabilities have a suitable wellness plan.

The same applies to employees who can't participate in certain wellness activities due to age, pregnancy or other reason. We want everyone to have access to wellness plans and resources they can use. We'll also waive the wellness surcharge to all our employees who participate in our wellness programs without discriminating against protected characteristics.

We encourage our employees to reach out to our HR department. They can explain their situation and discuss options. These discussions and any relevant information will be kept confidential.

Legality of Wellness Program

Our company will handle any health insurance and wellness plans with attention to relevant legal guidelines.

Genetic information & disability:

Confidentiality and respect to our employees' rights are important to us. We won't:

- 1) Use any genetic information and disability status to disadvantage our employees in any way.
- 2) Use wellness incentives in exchange for genetic information or information on our employees' health considering or that of their family.
- 3) Try to coerce employees into providing health/genetic information or taking medical examinations.

We will let employees know what health information we need for our wellness program, who will be able to see it and why. All data will be kept confidential and our company will be able to access aggregated data.

Voluntary Participation

We encourage employees to participate in our wellness program but their participation is voluntary. There won't be any punishment or adverse action for employees who choose not to participate.

Incentives

Any incentives that encourage employees to participate in our wellness programs will always be within legal guidelines. We'll give the same incentive to all employees who participate in our wellness program, regardless of disability or health risk.



**Preventive Care -
Provider Information**
West Carroll CUSD #314 Employee Group Health Plan

In lieu of submitting an EOB.

Dear Health Care Provider,

I want to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests and exams.

HEALTH CARE PROVIDER ACKNOWLEDGEMENT	
I hereby, acknowledge that the undersigned patient is up-to-date with recommended preventive care for his/her age and gender. I also acknowledge that the undersigned was screened and received the results of their recommended tests.	
<i>Depending on the specific patient, this acknowledgement may not require an in-person office visit, simply an affirmation that the patient is up-to-date with recommended preventive care. If the patient is not current, then an office visit and preventive services may be needed.</i>	
Date of 2020 Physical _____	
Health Care Provider Name (Printed): _____	Health Care Provider Signature: _____
License Number _____	
Phone Number _____	Date _____

Upon obtaining your health care provider's signature, please sign and return this form to Human Resources for confidential tracking. Signatures may be verified for authenticity.

Name (Printed)

Signature

Falsification of information will be subject to disciplinary actions consistent with employee guidelines up to and including employment termination. If you have any questions, please speak with Tevan Hartman.
Effective 1/1/20

Tobacco Affidavit

Effective January 1, 2020, all employee and employee spouse tobacco users who are enrolled in the West Carroll CUSD #314 health insurance plan will be subject to a Tobacco Surcharge. A tobacco user is defined as an employee or spouse who has smoked, inhaled (excluding second-hand smoke), snuffed, chewed, or otherwise ingested tobacco within the preceding 6 months. Tobacco products include, but are not limited to, cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, and/or other smokeless tobacco products.

I, _____ hereby certify that:
(print employee name)

I have never used tobacco products OR have not used tobacco products in the last 6 months.

OR

I am a tobacco user and understand that I will be charged a Tobacco surcharge of \$10 per month to my medical premium.

Please keep the following points in mind:

- Employees who do not have a Tobacco Affidavit on file will be subject to the surcharge until such time that one is properly completed and submitted to Human Resources.
- If it is determined that you are a tobacco user and you have attested on this Affidavit that you are not, you will be subject to the Tobacco Surcharge. You may also be subject to disciplinary action, for falsification of a West Carroll CUSD #314 document.
- If your tobacco use status should change during the year, an updated Tobacco Affidavit should be completed. The surcharge related to changes will be added or removed as soon as administratively possible.
- This Affidavit does not address the cost of health insurance or the surcharge applied beyond calendar year 2020.
- 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 think 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, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
- If you need more information about the Tobacco Surcharge or resources on help to quit, please contact Human Resources.

Employee Signature

Date