

NOTICE REGARDING WELLNESS PROGRAM

Scantic Valley Regional Health Trust (SVRHT or the Trust) Wellness Program is a voluntary wellness program available to subscribers of HNE, BC/BS and Tufts. This yearly incentive 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 this incentive program as a member of the Trust, you will have the opportunity 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 offered the opportunity to complete a biometric screening, which will include a blood test to determine your glucose levels, cholesterol levels and possibly triglycerides, in addition to blood pressure, weight, BMI and possibly body composition. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, SVRHT members who receive their health insurance through the Trust and who choose to participate in the incentive program will receive an incentive of a \$45-\$50 (in the form of a gift card in June) for completion of the biometric screening and HRA. Although you are not required to complete the HRA or participate in the biometric screening, only members who do so will receive the gift card.

Additional incentives of up to \$225 in a gift card may be available for members who participate in certain health-related activities, including activity challenges, on-site wellness classes or monthly challenges, or achieve certain health outcomes (biometrics within the normal range for age). If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation. Anyone who does not achieve any of the health outcomes (biometrics within normal range) required to earn an incentive, a reasonable alternative standard is available. You may request a reasonable accommodation or an alternative standard by contacting Lyn Fioravanti at Lyn@scantichealth.org.

The information from your HRA and the results from your biometric screening will be used by your health insurance carrier to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the Wellness Program. You also are encouraged to share your results or concerns with your own doctor.

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 the Trust may use aggregate information it collects to design a program based on identified health risks in the workplace, the SVRHT Wellness Program will never disclose any of your personal information either publicly or to the employer, except 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 agent who will receive your personally identifiable health information is your designated health insurance carrier in order to provide you with services under the wellness program.

In addition, all medical information (if collected) obtained through the wellness program will be maintained separate from your personnel records, for use by the Wellness Coordinator only. Information will be stored electronically in an excel file to which only the Wellness Coordinator has access. 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 due to your participation 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 Arlene Miller, Chairman of the Board.

Signature

Printed name

Date