

HEALTHY U

FUELING TOMORROWS

UNIVERSITY OF TOLEDO HEALTHY U WELLNESS PROGRAM

Welcome to Healthy U, a voluntary wellness program for employees of the University of Toledo!

The University is pleased to offer this opportunity to enhance employees' personal wellbeing and earn incentives along the way. We have partnered with ProMedica Wellness to administer the program and documents. Please refer to the program materials, available on the Healthy U website, for more information. Included in this packet are the following:

- Healthy U FAQs
- HIPAA authorization regarding information you may share with ProMedica Wellness and its affiliates to administer Healthy U. This allows ProMedica Wellness to upload your biometric information to your Health Risk Appraisal (HRA).
- Provider Examination Disclosure to ProMedica Wellness
- EEOC Notice Regarding Wellness Programs

The University of Toledo 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 Healthy U, you might qualify for an opportunity to earn the same reward by different means. Contact Healthy U at healthyut@utoledo.edu or 419.383.2348 and we will work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HEALTHY U AUTHORIZATION PROMEDICA WELLNESS

Participant's Name	nployee ID
Date of Birth	Work Phone Number
E-mail address	

The Healthy U Program is a voluntary wellness program that enables University of Toledo employees to earn gift cards and other incentives. These incentives are earned based on completion of a wellness activity. The University's Human Resources employee wellness department manages and oversees the Healthy U Program.

1. <u>Authorization</u>: I authorize <u>ProMedica Wellness</u> to disclose to its affiliates, <u>Paramount Health Care and Protocol Driven Healthcare, Inc. (jointly, "ProMedica Affiliates")</u> my lipid profile and blood glucose blood work results and biometric measurements (weight, height, BMI, neck, waist and hip measurements, blood pressure and/or body composition) and the wellness exam completion status (defined below) to the <u>University of Toledo employee wellness department</u>. The University of Toledo employee health department will use the wellness exam completion status to: (i) determine whether I have earned an incentive under the Healthy U Program; and (ii) access, discuss with me, and help me manage my participation in the Healthy U Program.

"Wellness exam completion status" means whether or not I have completed: (1) a physical exam with my primary care provider or received the appropriate waiver; and/or (2) completed the biometric screening. The results of my wellness exams will not be disclosed to the University of Toledo employee wellness department; rather just the fact that the applicable exam(s) was completed.

- 2. <u>Your Refusal to Sign this Authorization</u>: The University of Toledo will not condition health plan enrollment or eligibility for benefits based on your refusal to sign this Authorization and ProMedica will not release the information to the University of Toledo employee wellness department.
- **3.** <u>Limited Use of Wellness Exam Completion Status</u>. The information disclosed to the University of Toledo pursuant to this Authorization will only be used for my voluntary participation in the Healthy U Program and will <u>not</u> be used by the University of Toledo employee wellness or Human Resources department to make any employment related decisions.
- 4. Re-disclosure: I understand that the information used and/or disclosed pursuant to this Authorization may be re-disclosed by the recipient of the information and may no longer be protected by Federal law. However, if the information disclosed pursuant to this Authorization includes alcohol or drug treatment records, the person(s) receiving such disclosure is hereby notified that this information has been disclosed from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit such person(s) from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the patient to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. If the information disclosed pursuant to this Authorization includes the identity of an individual on whom an HIV test is performed, HIV test results or AIDS-related treatment information, the person(s) receiving such disclosure is hereby notified that this information has been disclosed from confidential records protected from disclosure by Ohio law. Ohio law prohibits such person(s) from making any further disclosure of this information without the specific, written, and informed release of the patient to whom it pertains, or as otherwise permitted by Ohio law. A general authorization for the release of medical or other information is not sufficient for the purpose of the release of HIV test results or diagnoses.
- **5.** Revocation and Expiration: I understand that I may revoke this Authorization at any time by mailing a written letter to the attention of the ProMedica Wellness Department, 1901 Indian Wood Circle, Maumee, OH 43537. I understand that if I revoke this Authorization, it will not affect any actions that the Plan took before it received my revocation letter. This Authorization will automatically expire one year from the date signed below.

SIGNATURE OF PARTICIPANT	DATE	

Return this form or later revocation to ProMedica Wellness by fax (419) 291-6492 or email promedica.wellness@promedica.org or mail to ProMedica Wellness, 1901 Indian Wood Circle, Maumee, OH 43537

UNIVERSITY OF TOLEDO HEALTHY U WELLNESS REPORT

The Healthy U Program is a voluntary wellness program that provides incentives to University of Toledo employees for receiving an annual physical from your primary care provider and/or a biometric screening to identify and learn about health risk factors. This form is to be completed by the employee and employee's healthcare provider and returned to ProMedica Wellness. This form should be accompanied by the employee's HIPAA authorizations (page 2) that allow ProMedica Wellness to upload this information into your Health Risk Assessment (HRA) and to notify the University of Toledo when the incentive activities are completed.

	wellness program to ProMedica Wellr	less at the address below.
Patient Signature		Date
To be completed by healthcar Date of annual physical	OR Annua	I physical not indicated this year
	(must be within	the last twelve months)
Screenin	ng / Test Value	Results
Height (feet and inches)	
Weight (pounds)	
Waist Ci	rcumferences (inches)	
Hip Circu	umferences (inches)	
Neck Cir	cumference (inches)	
Blood Pr	ressure	
Glucose	Fasting or Non-Fasting	
Total Ch	olesterol	
HDL Cho	lesterol	
LDL Cho	lesterol	
Ratio To	tal/HDL	
Triglyce	ides	
Physician/Healthcare provider	signature	
Physician/Healthcare provider	printed name	
Physician/Healthcare provider	Phone Number	
Fax or email completed form t	o: ProMedica Wellness Fax: (419) 291-6492	

the employer.

NOTICE REGARDING WELLNESS PROGRAM

Healthy U 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 for your lipid profile (total cholesterol), blood glucose, height, weight, waist circumference, hip circumference, neck circumference, blood pressure and/or body composition. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the Healthy U wellness program will receive an incentive of gift card for completion of the HRA and/or receipt of an annual physical (or waiver signed by your physician). Although you are not required to complete the HRA, only employees who do so will receive the chance to earn the incentive(s). You do not have to achieve specific health outcomes to receive an incentive.

Additional incentives of wellness items may be available for employees who participate in certain health-related Healthy U activities, such as water bottles, gym bags, fitness trackers. If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting healthyut@utoledo.edu at 419.383.2348.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as diabetes prevention, blood pressure education, fitness challenges. 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 University of Toledo may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy U 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. The only individual(s) who will receive your personally identifiable health information are ProMedica Wellness and its affiliates, Paramount Health Care and Protocol Driven Healthcare, Inc. in order to provide you with services under the wellness program.

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 Healthy U at healthyut@utoledo.edu or 419.383.2348 or Institutional Compliance at 419.530.6294 or anonymously and toll-free 888.416.1308.

HEALTHY U FAQS

What is Healthy U?

Healthy U is a voluntary wellness program open to all benefit-eligible UToledo employees. The program allows participants to gauge their current health status and participate in programs that can help improve their overall wellness.

How do I enroll in Healthy U?

During open enrollment, check the box to opt-in to Healthy U.

Can I still enroll in Healthy U if I've already completed open enrollment?

Yes. Please email healthyut@utoledo.edu to manually opt-in to Healthy U.

Do I need to be enrolled in an UToledo medical insurance plan to participate?

No. All benefit-eligible employees, regardless of their benefit selections, are welcome to participate in Healthy U.

Can I opt out of the program once I've enrolled?

Yes. Since the program is voluntary, you may opt out at any time by emailing healthyut@utoledo.edu.

Is there a fee to participate in Healthy U?

No. Healthy U is a free and voluntary program.

What kind of programs does Healthy U offer?

A wide variety of health and wellness programs are offered through Healthy U, including online health challenges and healthy lifestyle education seminars, to name a few. The programs are free to enrolled employees and designed to improve your well-being long term.

Is there an incentive to participate in Healthy U?

Participants can earn incentives by visiting their primary care provider for an annual physical, completing the online Health Risk Assessment and participating in Healthy U programs throughout the year. To learn more about the incentive options review the Healthy U Incentive Flow Chart document available on the Healthy U website.

Are onsite health screenings offered?

Onsite health screenings are not available for 2020/2021. We encourage employees to visit their primary care provider for an annual physical.

What is a Health Risk Assessment?

A Health Risk Assessment, or HRA, is an online questionnaire you will complete after your health screening. The HRA, along with your annual physical will provide a comprehensive analysis of your current health status. You will receive an email with instructions on how to complete the HRA. The University will only receive your HRA data in aggregate form.

Do I have to participate in Healthy U programs throughout the year?

All Healthy U programs are voluntary. We encourage employees to participate in as many programs as they would like in order to maintain or improve their personal well-being.

Will my participation in Healthy U affect my benefits or employment?

No. Healthy U is a voluntary program. Data collected by Healthy U is used in aggregate form to directly impact the programs that are offered to UToledo employees.

If I sign up for Healthy U, do I automatically receive a membership to the Rec/Morse Center?

No. The Office of Recreation offers several membership options for UToledo employees. Please visit their website for more information. utoledo.edu/studentaffairs/rec/