

Important Information for USM Employees: Maryland State Employee and Retiree Wellness Program

On January 1, 2015, a new Wellness Program was added to the State Employee and Retiree Health and Welfare Benefits Program (the State Health Plan) managed by the Maryland Department of Budget and Management (DBM). The Wellness Program now applies to all employees, employees' non-Medicare eligible spouses, non-Medicare eligible retirees, and the non-Medicare-eligible spouses of retirees enrolled in the State Health Plan. State Health Plan enrollees will enjoy financial incentives for completing certain "Healthy Activities" required by the Wellness Program, and they will be subject to financial penalties starting in 2016 if they do not meet the Program's requirements.

Many of you have had questions regarding the steps that you need to take to participate in the new State Wellness Program in 2015. Here are answers to many of your questions.

WELLNESS PROGRAM REQUIREMENTS AND BENEFITS FOR 2015

2015 Wellness Program Requirements

In 2015, each enrollee is expected to complete the following Healthy Activities:

- Select a Primary Care Provider (PCP) in your insurance carriers network (Carefirst BlueCross BlueShield, Kaiser Permanente or United-HealthCare);
- Complete a health risk assessment;
- Bring the summary results report of your assessment to your PCP and discuss it with him or her; and
- Have your PCP sign the health assessment verification form available from your medical plan and send the completed form to the address noted on the form.

2015 Wellness Program Benefits

Your copayments will be waived for all future visits with your PCP once you have sent your health assessment verification form to your health insurance carrier.

Consequences of Not Meeting the Wellness Program Requirements

If you do not complete your Healthy Activities by September 30, 2015, you will pay an additional \$50 for your medical coverage in 2016. The \$50 surcharge will be deducted from your bi-weekly (\$2.08) or monthly (\$4.16) pay, starting on January 1, 2016.

Selection of a PCP

The first step in meeting your Healthy Activities requirements for 2015 is the selection of your Primary Care Provider.

- Your PCP may be an internist, family practice physician, general practice physician, nurse practitioner, physician assistant, gynecologist, or obstetrician-gynecologist.
- Your PCP **must** be an in-network provider in your health insurance plan. You will not be credited with completing your Healthy Activities requirements unless you have discussed your health assessment and obtained a signed verification from an in-network PCP.

How to Complete Your Healthy Activities for 2015

Online Information

The most complete information on how to designate your PCP, access and complete your health assessment, and submit your signed PCP verification form is provided on your health insurance carrier’s website. You may access your carrier’s wellness pages from the DBM website, which contains other helpful information regarding the wellness program. The DBM link is:

<http://dbm.maryland.gov/benefits/Documents/Wellness%20Program%20Activity%20Cheat%20Sheet.pdf>.

You can also find online information about how to meet the 2015 Healthy Activities requirements on your health insurance carrier’s website. The links for the three carriers are:

- CareFirst BlueCross BlueShield <http://www.carefirst.com/statemd/>
- Kaiser Permanente <http://my.kp.org/maryland/>
- United Health Care <http://stateofmaryland.welcometouhc.com/home>

Other Wellness Program Information Sources

If you do not have access to a computer or to the Internet, you may obtain a Health Risk Assessment Form and a PCP Designation Form by calling one of the following numbers. Submission instructions are included on the forms.

CareFirst BlueCross BlueShield EPO, PPO	For the health assessment form: call Healthways (the company that administers the form) at 1-800-783-4582	To designate a PCP, call CareFirst BlueCross BlueShield at 1-800-225-0131
Kaiser Permanente IHM	To obtain both the health assessment form and a form to designate a PCP, call 1-855-839-5763	
United-HealthCare Choice EPO, Choice PPO	To obtain both the health assessment form and a form to designate a PCP, call 1-877-818-5826	

REQUIREMENTS AND BENEFITS IN FUTURE YEARS

The Wellness Program is being phased in over a few years. Starting in 2016, there are additional requirements and consequences for not meeting the program's requirements. In addition to completing annual health risk assessments and other Healthy Activities, individuals with certain chronic health conditions also will be asked to participate in a disease management program.

Healthy Activities for all Participants

On a phased-in basis, all participating employees and their spouses (as noted above) are responsible for completing the following Healthy Activities each year:

2016	Complete and discuss health risk assessment. Complete nutrition education or stress management program.
2017	Complete and discuss health risk assessment. Complete a biometric screening and discuss it with your PCP. Complete age/gender-recommended preventive screenings.
2018-19	Complete and discuss health risk assessment. Complete and discuss biometric screening and physical exam with your PCP. Complete a nutrition education and stress management program.

Disease Management Programs for Participants with Chronic Health Conditions

In addition to completing their general "Healthy Activity" requirements, individuals with certain chronic conditions are responsible for participating in a Disease Management Program starting in 2016. Participants in a Disease Management Program will engage with a care manager and follow treatment guidelines for the condition.

Consequences for Not Meeting Wellness Program Requirements in Future Years

From 2016 onward, enrollees who fail to complete their Healthy Activities or, if appropriate, participate in a Disease Management Program, will have to pay a surcharge annually:

- Healthy Activities Non-Compliance
 - No surcharges in 2015.
 - 2016: \$50/year surcharge for failure to complete 2015 Healthy Activities.
 - 2017 forward: Surcharge increases to \$75/year.
- Disease Management Program Non-Compliance
 - No surcharges until 2017.
 - 2017: \$250/year for failing to actively participate in a Disease Management Program.
 - 2018: Surcharge increases to \$375/year.

QUESTIONS, PROBLEMS, AND CONCERNS WITH THE WELLNESS PROGRAM

General Questions

For further, general information about the Wellness Program, you may want to consult the DBM Website at the link provided above. On that site, you will find a short video with a basic description of the Wellness Program and a FAQ that answers questions regarding the confidentiality of Wellness Program information, details regarding selection of your PCP, DBM's expectations for future Healthy Activities, and other information. The FAQs are continuously updated so please check back whenever you have questions about the program.

Technical Questions and Problems Regarding the Health Assessment and PCP Selection

If you have questions or problems accessing or completing the online Health Assessment or the process for PCP selection, call your insurance carrier's customer service number:

- **CareFirst BlueCross BlueShield EPO, PPO** 1-800-225-0131
- **Kaiser Permanente IHM** 1-855-839-5763
- **United-HealthCare Choice EPO, Choice PPO** 1-800-382-7513

Request for a Wellness Program Waiver

If you have religious, cultural, or conscientious objections to the wellness activities, or if you can demonstrate that completion of the year's Healthy Activities is not in your best interests, you may submit a Request for Waiver from the requirements of the Wellness Program to the Employee Benefits Division of DBM no later than **February 28, 2015**.

- The waiver request should provide specific reasons for your objection to Wellness Program participation.
- Send the request to: Ms. Anne Timmons
Director of Employee Benefits
Dept. of Budget & Management
Employee Benefits Division
301 West Preston Street, Room 510
Baltimore, MD 21201

Request for Alternatives to Wellness Program Requirements

Alternative activities will be made available to participants who cannot complete required Healthy Activities for medical reasons or upon demonstration that that meeting those requirements is not in the participant's best interest. To request an exemption to pursue alternative options for these reasons, you will need a letter from your physician documenting your limitations and proposing an alternative.

Contact DBM's Employee Benefits Division at the above address if you would like to be considered for alternative options to Wellness Program requirements.

Communication of Other Wellness Program Concerns

Please feel free to discuss any other concerns that you may have with your UMES Benefits Coordinator, Betty Fosque, at extension 6403.