

NOTICE REGARDING WELLNESS PROGRAM

CHS LiveWELL is a voluntary wellness program available to CHS teammates who are enrolled in the CHS Health Plan for medical insurance. 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, to obtain the maximum wellness award, you will be asked to complete a voluntary Health Survey that is a health risk assessment 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). To obtain the maximum wellness award, you will also be asked to provide blood test results for total cholesterol (as well as LDL and HDL), triglycerides, and either blood glucose or HbA1C. You are not required to complete the Health Survey or to participate in the blood test or other medical examinations.

However, employees who choose to complete the Health Survey will receive \$100 deposited into their HSA account and employees who choose to submit their blood test results will receive an incentive of \$100 deposited into their HSA account. Although you are not required to complete the Health Survey or provide the blood test results, only employees who do so will receive the maximum available wellness plan incentive.

Additional incentives of up to \$550 for teammate only coverage or \$850 may be available for employees who participate in the Health Coaching, Financial Health and Virtual Tools, Family Health Activities (for teammates with family coverage under the CHS medical plan) and qualify for the Healthy Weight Award or achieve a 15 lbs weight loss. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting CHS LiveWELL at 704.355.8136.

The information from your Health Survey and the results from your blood test results 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 the Health Coaching. 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 CHS may use aggregate information it collects to design a program based on identified health risks in the workplace, LiveWELL will never disclose any of your personal information either publicly or to CHS, 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) Applied Health Analytics (the CHS LiveWELL third party administrator), your health coach if you choose to participate in coaching, your CHS On-Site Care provider if you choose the provider to “Know Your Numbers”. These parties receive the information 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. CHS and CHS LiveWELL personnel, as well as Applied Health Analytics, comply with HIPAA privacy and security rules, which protect and restrict disclosure of your private health data. Appropriate precautions will be taken to avoid any data breach, and in the event CHS becomes aware of a data breach involving information you provide in connection with the wellness program, we will notify you as soon as reasonably practicable.

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 LiveWELL at 704.355.8136 or by emailing LiveWELLEvents@CarolinasHealthCare.org.