

LOCAL GOVERNMENT HEALTH INSURANCE BOARD

Spousal Notice and Authorization for Wellness Program

You are receiving this Notice and Authorization because the Local Government Health Insurance Board (LGHIB) is making a voluntary wellness program available to you as the spouse of an employee or non-Medicare retiree. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as applicable, among others. Your spouse, who is an employee or retiree covered under the Local Government Health Insurance Plan (LGHIP) Group 30000, will receive a separate Notice regarding the wellness program.

Federal law requires that you provide knowing, written, and voluntary authorization prior to the LGHIB's wellness program collecting your genetic information, which includes information about your current or past health status. By signing the Authorization on the applicable LGHIB Screening Form, you are agreeing that you have read and understood it and that you are knowingly and voluntarily providing information about the manifestation of your diseases and certain other conditions— considered genetic information – as part of the wellness program. This may include a medical questionnaire that asks whether you have or had certain medical conditions (e.g., high cholesterol, diabetes, or high blood pressure). You may also be asked to complete a medical examination (e.g., a biometric screening). If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the LGHIB Wellness Division at 1-866-838-9137, option 4.

You are not required to complete the questionnaire or the medical examination. The wellness program cannot offer you a wellness incentive in return for you providing your own genetic information, including your family medical history, results of your genetic tests, or information about your children's health status or genetic information. Regardless, you and/or your spouse will not be denied access to the LGHIP (or any package of health plan benefits), or subjected to discrimination or retaliation from the LGHIB if you choose not to participate in the wellness program.

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 genetic information that you provide will be used to: help you understand your current health and potential risks, determine whether you met requirements for wellness incentives (or for a reasonable alternative standard), to design a program to address conditions identified with the genetic information, or may be used to offer you services through the wellness program, such as health coaching, physical activity and nutrition counseling. You also are encouraged to share your results or concerns with your own doctor.

We are required by law to maintain the privacy and security of your individually identifiable genetic or medical information. Although the wellness program and the LGHIB may use aggregate information it collects to design a program based on identified health risks, the LGHIB will never disclose any of your individually identifiable genetic or medical information either publicly or to your employer or your spouse's employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as permitted by law. Genetic or medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your employer or your spouse's employer, including your spouse's supervisors or managers and may never be used to make decisions regarding your spouse's employment.

Here is a summary of how we will protect your confidentiality and restrict disclosure of your information:

- The LGHIB will retain all enrollment and eligibility materials. Information stored electronically will be protected, 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. If a data breach occurs involving your information, you will be notified.
- Your individually identifiable genetic or medical information will be provided only to you (or a family member whom you authorize) and licensed healthcare professionals and staff involved in providing services under the wellness program. Your individually identifiable genetic or medical information will not be accessible to managers, supervisors, or others who make employment decisions for your spouse, or to anyone else in their workplace except as permitted by law. Your individually identifiable genetic or medical information will not be disclosed to your employer or your spouse's employer, except in aggregate terms that do not disclose the identity of specific individuals. That aggregate information will be treated as a confidential medical record.
- Your information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted or required 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 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.

This Notice and Authorization does not restrict any rights you may have under the Americans with Disabilities Act or the Health Insurance Portability and Accountability Act (HIPAA). If the wellness program provides (directly, through reimbursement, or otherwise) medical care (including genetic counseling) the program may constitute a group health plan subject to HIPAA's privacy rules and you will receive a separate HIPAA privacy notice. If you have questions or concerns regarding this Notice and Authorization, or about protections against discrimination and retaliation, please contact the LGHIB Wellness Division at 1-866-838-9137, option 4.