NCLM
LIFE & HEALTH INSURANCE

Q&A for Health Benefits Trust (HBT) Wellness Participation

Q: What are the wellness screening requirements offered through the HBT wellness program?

A: All covered individuals (employee and spouse) will need to meet the following wellness guidelines:

1. Receive **wellness screening** every calendar year either through a primary physician, urgent care or employer sponsored (and approved by HBT) onsite screenings.
2. Receive age and gender appropriate **cancer screenings** per American Cancer Society guidelines (Mammograms, Colonoscopy and PAP).
3. Participate in the **Personal Care Management** (PCM) outreach. Individuals must participate until released from the program by the PCM nurse.

Q: What are the guidelines for the age appropriate cancer screenings?

A: HBT age appropriate cancer screening requirements are based on guidelines from the American Cancer Society, which recommend:

- A **mammogram** every year for women beginning at age 45 through age 54 and women 55 or older every 2 years;
- A **pap** test every 3 years for women beginning at age 21;
- A **colonoscopy** for both men and women every 10 years beginning at age 50.

If a covered individual's doctor prefers to follow separate guidelines, the HBT can accommodate those alternative guidelines. HBT would need written alternative guidelines by the doctor. (Any alternative guidelines can be submitted to the Trust through the employer.) Not only are preventative cancer screenings plan paid at 100%; but, they improve the quality of life and decrease health care costs.

Q: Who receives outreach from PCM nurses?

A: Only individuals that have claims indicating they may be at risk for developing serious health issues will be invited into the PCM program. It is a proactive health care program that helps educate and mentor individuals at no extra cost to the participant.

Q: What happens if I do not participate in MIT Wellness?

A: Individuals are <u>not required</u> to participate. Participation is voluntary. However, covered individuals that choose not meet wellness screening requirements by end of calendar year, will have a 10% higher monthly rate when the plan renews on July 1st. The 10% surcharge is not employer paid. Individuals will have a payroll deduction for the monthly 10% surcharge for the entire plan (12 months) year.

Q: Who pays for the wellness screenings?

A: HBT pay 100% for all wellness screenings.

Q: How does HBT know if an individual has had their wellness screenings?

A: Medcost provides claims administration to HBT. Each claim is electronically submitted with codes and charges. The health claim software will look for wellness screening codes (i.e., annual physicals, mammograms, colonoscopies) as claims are filed. Then, the software will check off the required screenings.

Q: What if an individual has had a hysterectomy and their doctor no longer requires a PAP test?

A: HBT/Medcost will need a written letter from the doctor indicating this screening is no longer necessary (and why) to be kept on file and the requirement waived. Contact Medcost Benefit Services department at (800) 795-1023 for further instructions.

Q: What if an individual had a screening prior to being added to the group plan?

A: HBT/Medcost will need a written letter from the doctor indicating when the screening was done. Then, it will be kept on file and the requirement checked off as "complied". Contact Medcost Benefit Services department at (800) 795-1023 for further instructions.

Q: Does Medcost provide any notice to individuals who have not met their wellness requirements?

A: Yes. Medcost will send out written notices in the mail monthly starting in September. There will also be a non-compliance list of individuals on the employer's online administrative account. It can be found with the monthly invoices.

Q: What if an individual has received a notice of non-compliance and/or appears on the non-compliance list with their employer but they have had the wellness screening?

A: Contact Medcost Benefit Services department at (800) 795-1023.

Q: What if I am a new hire or a newly added spouse?

A: Any covered individual added to the group plan prior to July 1st would have to meet wellness guidelines of current calendar year. Any covered individual added to the group plan on or after July 1st would not have to meet wellness guidelines until the following calendar year.
(Example: employee added to group medical plan on July 25, 2019, wellness guidelines would need to be met by 12/31/2020.)

Q: What if an individual has a birthday near the end of the calendar year that requires an age appropriate screening?

A: Any covered individual having a birthday after 7/1 that triggers an age appropriate cancer screening will have until

the end of the next calendar year to fulfill the guidelines.

(Example: Employee turns 50 years old on 11/12/2019, colonoscopy screening requirement must be met by 12/31/2020.)

Your health plan is committed to helping you achieve your best health. All employees have the ability to avoid any applicable surcharges relating to the wellness programs. If you think you might be unable to meet a standard to avoid a penalty under this wellness program, you might qualify for an opportunity to avoid the penalty by different means. Contact any Health Benefits Trust staff at 919-715-4000. We will work with you and your doctor to find a wellness program with the same reward that is right for you in light of your health status.