

Hall County Wellness Plan

Hall County Board of Commissioners are pleased to announce that beginning in January 2015, a new wellness program will be incorporated into the benefits plan, which are offered through CIGNA and the Hall County Clinic / RX. This program offers incentives to learn more about their current health status and to work towards improving their overall health.

Who Can Participate

All active employees, retirees and their covered dependents, who are enrolled in the medical plan.

Benefits

If current members (and covered dependents) complete the program, **by April 30th, 2016**, the premium wellness rates will continue for the remainder of 2016. If new members (and covered dependents) complete the program, **by April 30th, 2016**, the premium wellness rates will begin June 1st, 2016

If your dependents are 21 years old or older and covered on the plan, you **MUST ALL** complete the requirements of the wellness plan.

Requirements

To earn the premium wellness rates for 2016, you (and your covered dependents) will need to complete the following components:

COMPONENT 1: TOTAL HEALTH ASSESSMENT

Sign-in to www.mycigna.com to take this 20-30 minute personal health assessment. This component applies to employees, retirees and all dependents age 21 or older. Once logged in, find the "Manage my Health" tab and click on "My Health Assessment".

COMPONENT 2: PREVENTIVE CARE / PHYSICAL EXAM

Doctors use a physical exam to see how the body is performing. Depending on a patient's personal health history, a doctor may choose to focus on certain areas of a physical exam. People with a family history of heart disease may receive additional blood pressure checks, blood tests, and screenings. Based on test results, age, and personal health history, it is also an opportunity to discuss future prevention measures.

An annual preventive care checkup/ physical exam may include the following components for employees, retirees and dependents.

Screening tests might also be requested. These differ for women and men:

- **Updated healthy history:** a doctor may ask to be updated on new developments including job and relationships, as well as medications or supplements.
- **Vital sign checks:** This includes taking a blood pressure reading, and checking heart rate and respiratory rate. At a minimum, blood pressure should be checked every two years.
- **Visual exam:** your doctor will review a patient's appearance for signs of any potential conditions.
- **Physical exams:** A thorough physical exam including checking the head and neck, abdominal area, hair, nails, and limbs. The doctor will also listen to the heart and lungs.
- **Laboratory tests:** To complete the physical, the doctor may draw blood in order to run several laboratory tests. These can include a complete blood count and chemistry panel. This helps detect irregularities in the blood that might indicate a larger problem. They may request a lipid panel, or cholesterol test, if a patient has an increased risk of heart attack, heart disease, or stroke.

COMPONENT 3: HEALTH SCREENING

Breast Cancer Screening (mammogram)	Age 20-39 every 3years / Age 40+ annually
Cervical cancer screening (pap test)	Women ages 21-65, every 3 years
HPV DNA test with Pap test	Women ages 30-65, every 5 years
Cholesterol/Lipid disorders screening	All men ages 35 and older, or ages 20-35 if risk factors All women ages 45 and older, or ages 20-45 if risk factors
Colon cancer screening (Colonoscopy)	All men and women ages 50 and older then every 10 years
Prostate cancer screening	Men ages 50 and older, or age 40 with risk factors Annually

COMPONENT 4: TOBACCO TESTING

Members enrolled under the Wellness plan must be Tobacco free to be eligible to Participate. Includes all forms of tobacco, whether smoked (e.g., cigarettes, cigars, pipes) or smokeless (e.g., chewing tobacco, snuff); also includes electronic cigarettes (i.e., e-cigarettes).

Tobacco testing is required for the 2016 Wellness plan.

Your results will be confidential; Hall County Board of Commissioners will only receive notice that you have/have not completed the screening.

To obtain credit for the wellness incentive, you must submit the verification form signed by your physician stating you have completed your Screenings and Tobacco testing at the medical office. This verification form does not contain your screening outcomes, only your name and completion date. To qualify for the incentive, you will need to return the Wellness enrollment form to Human Resources

PHYSICIAN VERIFICATION FORM
FOR 2016 HALL COUNTY WELLNESS PREMIUM DISCOUNT

SECTION I: TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Name: _____

Employee ID#: _____ Department: _____

I certify that the information below is accurate to my knowledge and that if I knowingly falsify any documents relating to the wellness program, I will be disqualified from the discount program. I understand it is solely my responsibility to follow up with my personal physician for results outside of the normal range or if I have any questions or concerns regarding my health.

Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN,

Date of Physical Examination: (Between 04/01/2015 - 04/30/2016 to qualify)

I certify that I have worked with the patient listed above to provide the following care:

- Age appropriate Health Screening (circle the completed screening(s))

Breast Cancer Screening (mammogram)

Cervical cancer screening (pap test)

HPV DNA test with pap test

Cholesterol/Lipid disorders screening

Colon cancer screening (Colonoscopy)

- Annual Physical

Updated healthy history: a doctor may ask to be updated on new developments including job and relationships, as well as medications or supplements.

Vital sign checks: This includes taking a blood pressure reading, and checking heart rate and respiratory rate. At a minimum, blood pressure should be checked every two years.

Visual exam: your doctor will review a patient's appearance for signs of any potential conditions.

Physical exams: A thorough physical exam including checking the head and neck, abdominal area, hair, nails, and limbs. The doctor will also listen to the heart and lungs.

- Tested Negative for Tobacco.

Tobacco includes any form of tobacco or nicotine products that are smoked (e.g., cigarettes, cigars, pipes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled (e.g. e-cigarettes, nicotine delivery systems).

Physician's Signature: _____

Physician's Name (please print): _____

Physician's Address: _____
