



# 2016 Wellness Program



The Wellness Program has several important benefits. First, it helps you and your enrolled spouse work with your medical providers to get and/or stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the State in the long term by focusing our healthcare dollars on prevention. It's your choice whether or not to participate, but there are advantages to doing so.

## **You Save Money By Participating!**

When you and your enrolled spouse participate in the Wellness Program all of your visits to your PCP are free until the end of the calendar year – sick or well visits! The sooner you complete your activities the sooner you start saving. You also avoid the surcharge deducted from your pay in the following year.

## **If You Do Not Participate in the Wellness Program**

If you choose not to complete the healthy activities, you lose out on free PCP copays and you will have an additional deduction (surcharge) taken from your pay in 2017 of \$75 (\$3.12 bi-weekly or \$5.25 monthly).

## **Wellness Program Requirements for 2016**

You and your enrolled spouse must select a PCP (if not done in 2015), complete the online health risk assessment provided by your medical plan, meet with your PCP to review the results of your health risk assessment, return the signed physician notification form to your medical plan, and if you are due for any of the listed (see reverse or online at [www.dbm.maryland.gov/benefits](http://www.dbm.maryland.gov/benefits)) preventive screenings, agree to complete those by September 30th.

In the event you and/or your enrolled spouse are unable to perform any or all of the required healthy activities due to medical reasons, alternative options will be available to receive the rewards and avoid the surcharge. Please contact the Employee Benefits Division for details.

## **Follow These Easy Steps to Start Earning Your Rewards**

1. If you have not already designated a PCP in 2015, do that first.
2. Complete the online health risk assessment.
3. Take the assessment results and the Provider Notification form to your PCP. Review the HRA results with your provider and discuss any recommended preventive screenings for which you may be due.
4. Once the provider signs the form, indicate your agreement to complete any recommended preventive screenings before September 30th.
5. Submit the form to your medical carrier before September 30th.

## **Additional Requirements for Those with Certain Conditions**

If you or your enrolled spouse have **1) diabetes, 2) hyperlipidemia (high cholesterol), 3) hypertension (high blood pressure), 4) asthma, 5) COPD, 6) cardiovascular disease, 7) congestive heart failure, or 8) chronic low back pain AND you have been contacted by your medical plan's disease management nurse**, you must agree to engage with that nurse in a treatment plan that will help you to manage your illness better.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond well to disease education and coaching programs. By participating in these programs, affected employees, retirees and spouses will be given additional resources to improve their health.

**If you choose not engage in the disease management program after being contacted, a \$250 surcharge will be deducted from your bi-weekly (\$10.42) or monthly (\$20.84) pay starting January 1, 2017.**



Putting the pieces together to improve your health

# 2016 Wellness Program Routine Screenings



SCREENING	18-29 YEARS	30-39 YEARS	40-49 YEARS	50-64 YEARS
<b>ROUTINE CHECKUP</b> <ul style="list-style-type: none"> <li>Personal history</li> <li>Blood pressure</li> <li>BMI</li> <li>Physical exam</li> <li>Comprehensive metabolic blood panel including LDL/HDL, hemoglobin A1C, CBC</li> </ul>	Annually	Every 1-3 Years, depending on risk factors	Every 1-3 Years, depending on risk factors	Annually
<b>BREAST CANCER (Women)</b>	Annual Clinical Breast Exam	Annual Clinical Breast Exam	Annual Clinical Breast Exam <b>And</b> Annual Mammography	Annual Clinical Breast Exam <b>And</b> Annual Mammography
<b>CERVICAL CANCER</b>	Initial Pap Test at 3 years after first sexual intercourse or by age 21. Then, every 1-3 years per clinician	Every 1-3 years per clinician (Pap test may be performed at 3 year intervals only after 3 consecutive negative results)	Every 1-3 years per clinician (Pap test may be performed at 3 year intervals only after 3 consecutive negative results)	Every 1-3 years per clinician (Pap test may be performed at 3 year intervals only after 3 consecutive negative results)
<b>COLORECTAL CANCER</b>				Colonoscopy at age 50, then once every 10 years  <b>Or</b> Colonoscopy at age 50, then Fecal Occult Blood Test annually plus Sigmoidoscopy or double-contrast barium enema every 5 years
<b>DIABETES – TYPE 2</b>			Beginning at age 45: Every 3 years or more often at discretion of physician	Beginning at age 45: Every 3 years or more often at discretion of physician
<b>TETANUS, DIPHTHERIA IMMUNIZATION</b>	3 doses if not previously immunized.  Booster every 10 years (one booster should be with Adult dTap vaccine)	3 doses if not previously immunized.  Booster every 10 years (one booster should be with Adult dTap vaccine)	3 doses if not previously immunized.  Booster every 10 years (one booster should be with Adult dTap vaccine)	3 doses if not previously immunized.  Booster every 10 years (one booster should be with Adult dTap vaccine)