



2010-2011

**WILLIAMSON COUNTY
ELIGIBLE EMPLOYEE, RETIREE, AND SPOUSE
WELLNESS PROGRAM**

Sponsored by the Williamson County Human Resources Department, with assistance from a variety of community resources. The Williamson County wellness program encourages each eligible employee, retiree, and spouse to adopt healthy lifestyle behaviors. Participation in the program is strictly voluntary. This program is now entering its 17th year and we commend each individual who has previously participated in the Wellness Program and welcome all new participants to this year's program.

Eligible participation for Employees, Retirees, and Spouses begins on their first day of Williamson County Medical plan coverage. You will continue to be eligible to participate in the Wellness Program from year to year based on enrollment in one of the Williamson County Medical plans.

This document outlines the procedures and requirements to participate in the Wellness Program which consists of a *Tobacco-free* Premium Discount on the Medical plan, Tobacco Cessation Program, Diabetes Program, and monetary reimbursement incentives for those who complete and submit an Affidavit of Annual Wellness Care, Affidavit of Annual Dental Care, 10 Week Nutrition, Exercise, Behavioral and Lifestyle Modification Program Reimbursement Form, and/or Tobacco Cessation Reimbursement Form.

To be eligible to participate in the program:

1) Employee: The eligibility requirements include filling a full time position and enrollment in one of the Williamson County Medical plans.

Retiree / Spouse: The eligibility requirements include enrollment in one of the Williamson County Medical plans.

2) You are eligible to participate until your employment is terminated, you change status to part time or seasonal, or you retire and do not have medical coverage with Williamson County. You must be enrolled in active Employee / Retiree Williamson County Medical plans **up through the end of the current Wellness Program year (October 31, 2011)** to be eligible for Wellness Program reimbursement in December 2011.

3) Employees and Spouses of the Employee out on an active military duty leave of absence for thirty (31) days or more are not eligible to participate in the Wellness Program during their leave of absence due to ineligibility for active employee enrollment in the Williamson County Medical plan. Eligibility to participate in the Wellness Program will be reinstated upon return to work and enrollment in one of the Williamson County Medical plans.

4) Employees and Spouses of the Employee out on Administrative Leave without Pay for thirty (31) days or more are not eligible to participate in the Wellness Program during their leave of absence due to ineligibility for active employee enrollment in the Williamson County Medical plan. Eligibility to participate in the Wellness Program will be reinstated upon return to work and enrollment in one of the Williamson County Medical plans.

5) If a former employee is re-hired within the same Wellness Program year, any Wellness points accrued prior to their last employment termination date will not be reinstated upon their re-hire date.

6) Wellness Affidavits for Annual Wellness Care and Annual Dental Care 11/1/2010-8/31/2011 must be received in the Human Resources Department no later than the last day of the following month after completion of the examination(s).

(i.e. For annual dental care completed on 1/13/2011, the wellness affidavit is due no later than 2/28/2011)

Wellness Affidavits for Annual Wellness Care and Annual Dental Care 9/1/2011-10/31/2011 must be received in the Human Resources Department by 10/31/2011.

(i.e. For annual dental care completed on 10/28/2011, the wellness affidavit is due no later than 10/31/2011)

Tobacco Cessation Reimbursement Form and 10 Week Nutrition, Exercise, Behavioral, and Lifestyle Modification Program Reimbursement Form may be submitted upon completion of all the requirements, but no later than 10/31/2011.

Wellness Affidavits and Reimbursement Forms may be submitted to the Human Resources Department one of five ways: Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail

Wellness Program Points / Reimbursement:

1) Throughout the Wellness Program year, the Human Resources Department reviews each affidavit and reimbursement form for fulfillment of the program requirements. Participant files will also be audited by the Williamson County Auditor's Office Internal Control Department. Approved payment of wellness program points / reimbursements to eligible employee and/or their spouse will be through the regular payroll process, is taxable, and subject to TCDRS retirement deductions. Payment to eligible retiree and/or their spouse will be through Accounts Payable and is not taxed or subject to TCDRS retirement deductions. However, retirees may be required to report this as income.

Maximum Wellness Program Reimbursement/Points Per Eligible Employee / Retiree / Spouse = \$125.00
Reimbursement for accrued points, up to the maximum of 125, will be paid out no later than 12/16/2011

Annual Wellness Care (100 points = \$100.00) examples listed below:

- Blood Pressure
- Weight and/or Body Mass Index
- Review and Update of your Immunization Status
- Review of your Health Risk Assessment and Targeted Counseling as Indicated
- Screenings / Tests as Recommended by U.S. Preventive Services Task Force (USPSTF) Clinical Prevention Guidelines and your Physician. Website: www.preventiveservices.ahrq.gov
- Initiation of discussions regarding Personal Health Care Preferences
- Coordination of Disease Management and Support Services

Health Risk Assessment (HRA):

The Health Risk Assessment (HRA) offered by UnitedHealthcare at www.myuhc.com must be completed every Wellness Program Year. **In order to accrue wellness points for annual wellness care the HRA certification of completion must be submitted with the completed Affidavit of Annual Wellness Care.**

Your Health Risk Assessment is confidential. You may chose to grant your health care provider access to review at an annual wellness care visit. You learn more about your current health status and your health risk factors, and receive information about free resources available through www.myuhc.com. This knowledge can help you as you set your own personal health goals. After completing the HRA, print the certificate of completion and submit with your completed Affidavit of Annual Wellness Care.

Annual Dental Care (25 points = \$25.00) examples listed below:

- Routine Exam and Cleaning
- X-Rays

Maximum Total Reimbursement for 10 Week Program Per Eligible Employee / Retiree / Spouse = \$150.00
Reimbursement, up to the maximum of \$150.00, will be processed no later than 30 days following approval

10 Week Nutrition, Exercise, Behavioral and Lifestyle Modification Program:

Eligible Employees / Retirees / Spouses may participate in a 10 Week Nutrition, Exercise, Behavioral and Lifestyle Modification Program with a certified instructor. Employees / Retirees / Spouses who complete the entire 10 Week program may request reimbursement of the course fee up to a maximum of \$150 per Employee / Spouse / Retiree per Wellness Program year.

To determine eligibility for reimbursement you must submit the following documentation and obtain prior approval from the Human Resources Department.

- Copy of the Program Outline with the following:
 - Certified Instructors Name and Facility Name
 - Specific Dates of the 10 Week Program
 - Course fee

Upon completion of the program you will need to submit a completed 10 Week Nutrition, Exercise, Behavioral, and Lifestyle Modification Program Reimbursement Form.

Maximum Total Reimbursement for Tobacco Cessation Aides Per Eligible Employee / Retiree / Spouse = \$300.00
Reimbursement, up to the maximum of \$300.00, will be processed no later than 30 days following approval

Tobacco Cessation:

Eligible Employees / Retirees / Spouses may participate in Tobacco Cessation Health Education Program Series. Upon completion participants may receive reimbursement for Tobacco Cessation Aides up to a maximum of \$300 per Employee / Retiree / Spouse per Wellness Program year. Tobacco Cessation Aides purchased prior to the start date of the Tobacco Cessation Health Education Series you are attending will not qualify for reimbursement.

Tobacco-free Premium Discount:

In order to qualify for the *Tobacco-free Premium Discount*, the following statements and acknowledgments must be made in an Affidavit for *Tobacco-free Premium Discount* that is to be executed by the employee and his or her spouse (if applicable):

Under penalty of perjury, I declare that I have not used any Tobacco Product after May 1, 2011 (collectively the "Standard"). I understand that I may be asked to submit a urine continine test **at any time**. Random continine testing of those claiming the *Tobacco-free Premium Discount* may be required at the discretion of Williamson County. If I falsely claim in an Affidavit for *Tobacco-free Premium Discount* that I have not used any Tobacco Product after May 1, 2011; if a false claim is made for the *Tobacco-free Premium Discount* on my enrollment for Williamson County Medical Plan Coverage; if I refuse to submit a urine continine test at any time; and/or if I have a positive* continine test, I understand that, in addition to any remedies available under the Affidavit for *Tobacco-free Premium Discount*, I will be obligated to pay the applicable Williamson County Medical plan premium required of those individuals that use a Tobacco Product and that my Williamson County Medical plan payroll deduction will immediately increase to the appropriate Williamson County Medical Plan premium required of those that use a Tobacco Product.

****For purposes of this Tobacco-free Premium Discount program a positive continine test shall mean 200 ng / ml or greater.***

If it is unreasonably difficult due to a medical condition for you or your spouse (if applicable) to achieve the above Standard for the reward under this program (Tobacco-free Premium Discount), or if it is medically inadvisable as determined by documentation submitted by your physician or your spouse's physician (if applicable) for you and/or your spouse (if applicable) to attempt to achieve the above Standard for the reward under this program (Tobacco-free Premium Discount), please immediately call the Williamson County Human Resources Department at (512) 943-1533 and we will work with you and/or your spouse (if applicable) to develop another way for you and/or your spouse (if applicable) to qualify for the Tobacco-Free Premium Discount.

The Affidavit for *Tobacco-free Premium Discount* may be submitted as early as May 1, 2011 but no later than June 30, 2011 for benefit plan year November 1, 2011 – October 31, 2012. *Tobacco-free Premium Discount* (amount to be determined) is effective November 1, 2011. Note: If both the Employee and Spouse are enrolled in the Williamson County Medical Plan, both the employee and spouse must be tobacco-free in order to be eligible for the discount.

Benefits effective on or after July 1, 2011: The Affidavit for *Tobacco-free Premium Discount* must be submitted within 5 calendar days of receipt. *Tobacco-free Premium Discount* (amount to be determined) is effective November 1, 2011. Note: If both the Employee and Spouse are enrolled in the Williamson County Medical Plan, both the employee and spouse must be tobacco-free in order to be eligible for the discount.

Reasonable Alternative Affidavit for Tobacco-free Premium Discount: **Williamson County is providing you with this opportunity as a reasonable alternative to attempt to be Tobacco-free in order for you to receive the Tobacco-free Premium Discount. If it is unreasonably difficult for you to become Tobacco-free in order to receive the Tobacco-free Premium Discount due to a medical condition (i.e. an addiction to nicotine) and you should need help in finding programs, resources or classes to help you to become Tobacco-free, please immediately call the Williamson County Human Resources Department at (512) 943-1533 and we will work with you by providing suggestions. If it is medically inadvisable for you to attempt to be Tobacco-free in order to receive the Tobacco-free Premium Discount due to a medical condition (i.e. an addiction to nicotine), please consult with your physician and provide the required documentation in order to receive the Tobacco-free Premium Discount.**

As defined in the Williamson County Policy Manual:

Tobacco Use: Tobacco Use shall mean and include the lighting, holding, carrying of, inhaling and exhaling of the smoke of a Tobacco Product, which includes but is not limited to the carrying or holding of a lighted pipe, cigar or cigarette or any other lighted smoking equipment or device. Tobacco Use shall also mean the oral use of any type of Tobacco Product.

Tobacco Product: The product derived from the dried leaves of any one of the various species of Nicotine, including but not limited to the species Nicotine Tabacum, the broad leafed American plant, which is utilized for smoking, dipping and/or chewing.

Tobacco Cessation Program:

Eligible Employees / Retirees / Spouses may participate in a no cost Tobacco Cessation Health Education Series administered by the Williamson County & Cities Health District (WCCHD). This series consist of four (4) health education classes and three (3) support group classes with the EAP Provider. For information about the series or to register, contact (512) 248-3252 or healthed@wcchd.org.

Diabetes Program:

Eligible Employees / Retirees / Spouses may enroll in the Rxperts Health Partners Diabetes Program consisting of appointments with a specially trained pharmacist (pharmacist coach) including:

- Review of medication regimen
- Discuss diet, exercise, nutrition, and stress management goals
- Ensure you are getting certain laboratory tests, vaccines, and preventive care

Once you have completed the enrollment process and your initial appointment with the pharmacist, your out-of-pocket patient responsibility for the approved diabetes medication / supplies and cardiovascular medications will be paid for by your Williamson County Benefits Plans and Programs provided that you follow the appointment schedule established between you and your pharmacist coach.

For information about the Diabetes Program or to enroll, contact (512) 943-1533 or wellness@wilco.org.

Eligible Employees / Retirees / Spouses may participate in a no cost Diabetes Education Program Series administered by the Williamson County & Cities Health District (WCCHD). This series consist of six (6) health education classes.

For information about the series or to register, contact (512) 248-3252 or healthed@wcchd.org.

Wellness Program inquiries should be directed to:

HR Generalist, Risk Analyst
(512) 943-1533 *phone*
(512) 943-1535 *fax*
wellness@wilco.org

Website: [Williamson County Internal Portal](#)

Please continue to scroll down for the following documents:

Letter to Employee and Physician / Health Care Provider

Affidavit of Annual Wellness Care

Affidavit of Annual Dental Care

10 Week Nutrition, Exercise, Behavioral, and Lifestyle Modification Program Reimbursement Form

Affidavit for *Tobacco-free* Premium Discount

Tobacco Cessation Reimbursement Form

Rxperts Health Partners Diabetes Program Overview

2010-2011 WILLIAMSON COUNTY WELLNESS PROGRAM



Dear Fellow Employee:

As we constantly seek to improve the effectiveness and efficiency of our benefit plans and programs we sought to incorporate your feedback with the changes made to the 2010-2011 Wellness Program. As you probably know, as a self-insured group we are always looking for ways to control our costs and improve the health of our employees and their families. To that end there is probably no more important relationship than that between you and your primary care physician. It is our hope this affidavit will help you utilize the preventive care services available to you through our health plan options and to partner with your health care provider to get those screenings, tests, and services most appropriate for you.

Dear Physician / Health Care Provider:

Thank you for taking care of Williamson County Colleagues and/or their Family. Our Benefits Committee values your care and concern for their well-being as evidenced by your willingness to serve as their medical home for preventive as well as acute care needs. In order to support and incentivize our employee's attempts to remain healthy and practice prevention we continue to explore ways to improve our benefits, incentives, health consumer education, and have even considered establishing dedicated clinics for members enrolled in the Williamson County Medical Plan.

However, first we want to be sure we have fully leveraged the benefit and access that your practice provides with a medical home commitment in acknowledgement of how preventive services are incorporated as feasible into primary care and through continuity of care over time. We strongly believe that our member's choice, privacy, and relationship with you is the most important factor in our combined goal of ensuring quality care that is also cost effective.

Following is the 2010-2011 Affidavit of Annual Wellness Care.

Thank you,

Williamson County Human Resources Department and Associates

(512) 943-1533 *phone*

(512) 943-1535 *fax*

wellness@wilco.org

2010-2011 WILLIAMSON COUNTY
WELLNESS PROGRAM



AFFIDAVIT OF ANNUAL WELLNESS CARE

Employee / Retiree / Spouse Printed Name: _____ Date: _____

The Health Risk Assessment (HRA) offered by UnitedHealthcare at www.myuhc.com must be completed every Wellness Program Year. The HRA certification of completion **must** be submitted with the Affidavit of Annual Wellness Care.

The intent of this affidavit is to incentivize establishing a medical home where comprehensive wellness care, such as the examples listed below, have been documented in the patient's medical record.

Annual Wellness Care (100 points)

- Blood Pressure
- Weight and/or Body Mass Index
- Review and Update of your Immunization Status
- Review of your Health Risk Assessment and Targeted Counseling as Indicated
- Screenings / Tests as Recommended by U.S. Preventive Services Task Force (USPSTF) Clinical Prevention Guidelines and your Physician. Website: www.preventiveservices.ahrq.gov*
- Initiation of discussions regarding Personal Health Care Preferences
- Coordination of Disease Management and Support Services

☐ Check here if your practice is recognized under the NCQA PCC-PCMH** program and circle level: 1 2 3

PRINTED NAME OF HEALTH CARE PROVIDER

SIGNATURE OF HEALTH CARE PROVIDER

I, the undersigned Employee / Retiree / Spouse have read the Wellness Program Reimbursement Procedures and Requirements, and hereby certify that I have fulfilled the above requirements for reimbursement. By signing below, I hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct.

EMPLOYEE #

EMAIL ADDRESS (optional)

SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE

Date: _____, 20____

Please retain a copy of this document for your records before submitting to the Human Resources Department.

Wellness Affidavits may be submitted to the Human Resources Department one of five ways:

Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail

Wellness Affidavits must be received in the Human Resources Department no later than the last day of the following month after completion of the examination(s). Examination(s) completed 9/1/2011 – 10/31/2011 must be received in the Human Resources Department by October 31, 2011.

*Not all screenings / tests are recommended every year. Your provider will recommend how often you should be tested.

**National Committee for Quality Assurance, <http://www.ncqa.org/tabid/631/Default.aspx>.

2010-2011 WILLIAMSON COUNTY
WELLNESS PROGRAM



AFFIDAVIT OF ANNUAL DENTAL CARE

Employee / Retiree / Spouse Printed Name: _____ Date: _____

Annual Dental Care (25 points) for an adult generally includes:

- Routine Exam and Cleaning
- X-Rays

PRINTED NAME OF DENTAL CARE PROVIDER

SIGNATURE OF DENTAL CARE PROVIDER

I, the undersigned Employee / Retiree / Spouse have read the Wellness Program Reimbursement Procedures and Requirements, and hereby certify that I have fulfilled the above requirements for reimbursement. By signing below, I hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct.

EMPLOYEE # EMAIL ADDRESS (optional)

SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE

Date: _____, 20____

Please retain a copy of this document for your records before submitting to the Human Resources Department.

Wellness Affidavits may be submitted to the Human Resources Department one of five ways:

Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail

Wellness Affidavits must be received in the Human Resources Department no later than the last day of the following month after completion of the examination(s). Examination(s) completed 9/1/2011 – 10/31/2011 must be received in the Human Resources Department by October 31, 2011.

10 Week Nutrition, Exercise, Behavioral, and Lifestyle Modification Program Reimbursement Form



Employee / Retiree Printed Name (First, Middle, Last):	Participants Printed Name:
Address:	Phone Number:
Employee /Retiree ID Number:	Email Address:
Name and Address of Facility:	Date of Completion:
Certified Instructor Printed Name:	
Certified Instructor Signature:	

1. Participate in an approved 10 Week Program Nutrition, Exercise, Behavioral, and Lifestyle Modification Program.
2. Upon completion of the program participants may receive reimbursement of the course fee up to a maximum of \$150 per Eligible Employee / Retiree / Spouse per Wellness Program year.
3. Send completed reimbursement form, copy of receipt including the facility name, payment date, course fee, and certificate of completion to the Human Resources Department by October 31, 2011.
4. Participants may be contacted by the Human Resources Department if additional documentation or information is needed for reimbursement approval.
5. A Human Resources representative will review; if approved, will sign and forward to the Payroll Department.
6. Reimbursements will be processed no later than 30 days following approval.

I, the undersigned Employee / Retiree / Spouse have read the Wellness Program Reimbursement Procedures and Requirements, and hereby certify that I have fulfilled the above requirements for reimbursement. By signing below, I hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct.

EMPLOYEE # _____	EMAIL ADDRESS (optional) _____	SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE _____
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Date: _____, 20____

Reimbursement Forms may be submitted to the Human Resources Department one of five ways:
Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail

I have verified the information on this form and approve the following for reimbursement.	
_____ Human Resources Representative Signature	_____ Date Signed
01.0885.0885.004996 Budget Line Item Number	_____ Amount Approved

2010-2011 WILLIAMSON COUNTY

WELLNESS PROGRAM

AFFIDAVIT FOR TOBACCO-FREE PREMIUM DISCOUNT



Benefits effective on or after July 1, 2011

Under penalty of perjury, I declare that I have not used any Tobacco Product since my employment began with Williamson County on _____ (collectively the "Standard"); OR

Under penalty of perjury, I declare that I have not used any Tobacco Product since my benefits family status change became effective on _____ (collectively the "Standard").

I understand that I may be asked to submit a urine cotinine test **at any time**. Random cotinine testing of those claiming the Tobacco-free Premium Discount may be required at the discretion of Williamson County. If I falsely claim herein that I have not used any Tobacco Product since the date stated above; if a false claim is made for the Tobacco-free Premium Discount on my enrollment for Williamson County Medical Plan Coverage; if I refuse to submit a urine cotinine test at any time; and/or if I have a positive* cotinine test at any time, I understand that, in addition to any other remedies set forth herein below, I will be obligated to pay the applicable Williamson County Medical plan premium required of those individuals that use a Tobacco Product and that my Williamson County Medical plan payroll deduction will immediately increase to the appropriate Williamson County Medical Plan premium required of those that use a Tobacco Product.

***For purposes of this Tobacco-free Premium Discount program, a positive cotinine test shall mean 200 ng / ml or greater.**

If it is unreasonably difficult due to a medical condition for you or your spouse (if applicable) to achieve the above Standard for the reward under this program (Tobacco-free Premium Discount), or if it is medically inadvisable as determined by documentation submitted by your physician or your spouse's physician (if applicable) for you and/or your spouse (if applicable) to attempt to achieve the above Standard for the reward under this program (Tobacco-free Premium Discount), please immediately call the Williamson County Human Resources Department at (512) 943-1533 and we will work with you and/or your spouse (if applicable) to develop another way for you and/or your spouse (if applicable) to qualify for the Tobacco-free Premium Discount.

As defined in the Williamson County Policy Manual:

Tobacco Use: Tobacco Use shall mean and include the lighting, holding, carrying of, inhaling and exhaling of the smoke of a Tobacco Product, which includes but is not limited to the carrying or holding of a lighted pipe, cigar or cigarette or any other lighted smoking equipment or device. Tobacco Use shall also mean the oral use of any type of Tobacco Product.

Tobacco Product: The product derived from the dried leaves of any one of the various species of Nicotine, including but not limited to the species Nicotine Tabacum, the broad leafed American plant, which is utilized for smoking, dipping and/or chewing.

I, the undersigned Employee, Retiree, or Spouse, have read the Wellness Program Procedures and Requirements, and hereby certify that I have fulfilled the above requirements for the Tobacco-Free Premium Discount. I also acknowledge and understand that I may be subject to criminal prosecution for the willful falsification of information in this affidavit. I, by the act of signing below, hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct. I further understand that if I have made a false claim hereunder that such false claim may cause my Williamson County Health Benefits to be immediately terminated and/or result in denial of any future participation in any Williamson County Benefits Programs. Furthermore, if the facts sworn to hereunder become untrue due to my actions, I must notify the Williamson County Human Resources Department of such fact. If I fail to so notify said department that statements made herein by me are no longer true and correct, my failure may cause my Williamson County Health Benefits to be immediately terminated and/or result in denial of any future participation in any Williamson County Benefit Plans and Programs.

EMPLOYEE # _____ EMAIL ADDRESS (optional) _____

SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE _____

Date: _____, 20____

PRINTED NAME OF EMPLOYEE / RETIREE / SPOUSE _____

Please retain a copy of this document for your records before submitting to the Human Resources Department.

The Affidavit for Tobacco-free Premium Discount must be submitted within 5 days of receipt for benefit plan year November 1, 2011 – October 31, 2012. Tobacco-free Premium Discount (amount to be determined) is effective November 1, 2011. Note: If both the Employee and Spouse are enrolled in the Williamson County Medical Plan, both the employee and spouse must be Tobacco-free in order to be eligible for the discount.

Wellness Affidavits may be submitted to the Human Resources Department one of five ways:

Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail

2010-2011 WILLIAMSON COUNTY
WELLNESS PROGRAM



REASONABLE ALTERNATIVE AFFIDAVIT FOR TOBACCO-FREE PREMIUM DISCOUNT

Williamson County is providing you with this opportunity as a reasonable alternative to attempt to be *Tobacco-free* in order for you to receive the *Tobacco-free* Premium Discount. If it is unreasonably difficult for you to become *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to a medical condition (i.e. an addiction to nicotine) and you should need help in finding programs, resources or classes to help you to become *Tobacco-free*, please immediately call the Williamson County Human Resources Department at (512) 943-1533 and we will work with you by providing suggestions. If it is medically inadvisable for you to attempt to be *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to a medical condition (i.e. an addiction to nicotine), please consult with your physician and provide the required documentation in order to receive the *Tobacco-free* Premium Discount.

I, the undersigned, am currently addicted to nicotine and it is either unreasonably difficult for me to become *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to my medical condition (i.e. an addiction to nicotine) or it is medically inadvisable for me to attempt to be *Tobacco-free* in order to receive the *Tobacco-free* Premium Discount due to a medical condition (i.e. an addiction to nicotine).

I am currently engaged in personal efforts (i.e. following doctor's orders, participating in a tobacco cessation program, etc.) to be *Tobacco-free* and I have documentation that evidences my attempts to be *Tobacco-free*, which I have provided to Williamson County by attaching such documentation to this affidavit. If my attempt to be *Tobacco-free* is unsuccessful, I understand that I will be required to submit to the Williamson County Human Resources Department additional affidavits and documentation which evidence my continued personal efforts to be *Tobacco-free* in order to continue to receive the *Tobacco-free* Premium Discount. The affidavit and documentation must be submitted every ninety (90) days as indicated below:

August 31, 2011

November 30, 2011

February 29, 2012

May 31, 2012

August 31, 2012

I acknowledge and understand that, if I fail to provide the above described affidavits and documentation every ninety (90) days, I will be immediately obligated, upon such failure, to begin paying the applicable Williamson County Medical plan premium required of those individuals that use a Tobacco Product and I further acknowledge that my Williamson County Medical plan payroll deduction will immediately increase to the appropriate Williamson County Medical Plan premium required of those that use a Tobacco Product.

For definitions of Tobacco Use and Tobacco Product and for terms and conditions relating to the *Tobacco-free* Premium Discount, please refer to the Williamson County Wellness Program Manual, which is incorporated herein by reference for all purposes.

If my attempt to be *Tobacco-free* is successful I will submit the Affidavit for *Tobacco-free* Premium Discount.

I, the undersigned Employee, Retiree, or Spouse, have read the Williamson County Wellness Program Procedures and Requirements, and hereby certify that I understand the requirements for the Tobacco-free Premium Discount. I also acknowledge and understand that I may be subject to criminal prosecution for the willful falsification of information in this affidavit. I, by the act of signing below, hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct. I further understand that if I have made a false claim hereunder that such false claim may cause my Williamson County Health Benefits to be immediately terminated and/or result in denial of any future participation in any Williamson County Benefits Programs. Furthermore, if the facts sworn to hereunder become untrue due to my actions, I must notify the Williamson County Human Resources Department of such fact. If I fail to so notify said department that statements made herein by me are no longer true and correct, my failure may cause my Williamson County Health Benefits to be immediately terminated and/or result in denial of any future participation in any Williamson County Benefit Plans and Programs.

EMPLOYEE #

EMAIL ADDRESS (optional)

SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE

Date: _____, 20____

PRINTED NAME OF EMPLOYEE / RETIREE / SPOUSE

Please retain a copy of this document for your records before submitting to the Human Resources Department.

A Reasonable Alternative Affidavit for *Tobacco-free* Premium Discount and the required documentation must be submitted by **August 31, 2011** for benefit plan year November 1, 2011 – October 31, 2012 and every 90th day following **August 31, 2011** in order to continue to receive *Tobacco-free* Premium Discount. The *Tobacco-free* Premium Discount (amount to be determined in accordance with the law) is effective November 1, 2011. Note: If both the Employee and Spouse are enrolled in the Williamson County Medical Plan, both the employee and spouse must be *Tobacco-free* in order to be eligible for the discount. **Wellness Affidavits may be submitted to the Human Resources Department in one of five ways: Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail**

Tobacco Cessation Reimbursement Form



Employee / Retiree Printed Name (First, Middle, Last):		Participants Printed Name:
Address:		Phone Number:
Employee /Retiree ID Number:		Email Address:
Tobacco Cessation Aides: <input type="checkbox"/> Zyban* <input type="checkbox"/> Lozenges <input type="checkbox"/> Inhaler* <input type="checkbox"/> Patch <input type="checkbox"/> Chantix* <input type="checkbox"/> Gum *Prescription Required <input type="checkbox"/> Other: _____		Amount of reimbursement requested: \$ _____ (Cannot exceed total of \$300 per Eligible Employee / Retiree / Spouse)

1. Participate in the Tobacco Cessation Health Education Program Series administered by the Williamson County & Cities Health District.
2. Upon completion of the program participants may receive reimbursement for tobacco cessation aides up to a maximum of \$300 per Eligible Employee / Retiree / Spouse per Wellness Program year. (Note: Tobacco Cessation Aides purchased prior to the start date of the Tobacco Cessation Health Education Series you are attending will not qualify for reimbursement.)
3. Send completed reimbursement form, copy of your receipt(s) including participant name, name and total cost of prescription / over-the-counter aide, and certificate of completion for the series to the Human Resources Department by October 31, 2011.
4. Participants may be contacted by the Human Resources Department if additional documentation or information is needed for reimbursement approval.
5. A Human Resources representative will review; if approved, will sign and forward to the Payroll Department.
6. Reimbursement will be processed no later than 30 days following approval.

I, the undersigned Employee / Retiree / Spouse have read the Wellness Program Reimbursement Procedures and Requirements, and hereby certify that I have fulfilled the above requirements for reimbursement. By signing below, I hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing is true and correct.

EMPLOYEE # _____	EMAIL ADDRESS (optional) _____	SIGNATURE OF EMPLOYEE / RETIREE / SPOUSE _____
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Date: _____, 20____

Reimbursement Forms may be submitted to the Human Resources Department one of five ways:
Email wellness@wilco.org • Fax (512) 943-1535 • Interoffice Mail • Hand Deliver • U.S. Mail

I have verified the information on this form and approve the following for reimbursement.	
_____ / _____ Human Resources Representative Signature Date Signed	
01.0885.0885.004996 / _____ Budget Line Item Number Amount Approved	

Diabetes Program Overview

The WILCO Diabetes Program is a health care initiative that involves individuals who have been diagnosed with diabetes. This innovative program revolves around the coordinated efforts of each employer, local health care providers-including pharmacists, physicians, health educators, and health insurers to enable employees to better manage their disease. The program provides counseling, education and skill development training that leads to the award of a self-management credential. Financial incentives for participating employees, employers and health care providers underpin the program. Based on results from the successful *Asheville Project* that used similar approaches, it is anticipated that this program will result in healthier individuals, fewer hospitalizations, reduced medical expenses, and reduced absenteeism.

The primary elements of the program include:

- Identifying and enrolling employees and beneficiaries who have diabetes, and are covered by the employer's health plan
- Contracting with a local network of pharmacists that will provide the appropriate pharmaceutical care and counseling to help patients effectively manage their diabetes
- Assessing each patient's understanding of his/her diabetes
- Tailoring and conducting an educational and skills training program for each patient
- Preliminarily assessing each patient's health and reinforcing the physician's treatment plan
- Periodically, evaluating each patient's knowledge, skills, and performance
- Awarding a Patient Self-Management Credential upon demonstration of successful performance
- Establishing a secure collection mechanism and maintaining a confidential data source that can track and analyze aggregate outcome data for purposes of developing statistical comparisons of improved patient health and total health care savings for employer
- Evaluating and reporting results of program.

What is exciting and different about this new health care program is that the success of the program, in large part, depends on the *Patient's* active participation in his/her own care. The program is designed to help *Patients* maintain good control over their diabetes by helping him/her learn how to better self-manage their condition.

Over a 12-month period, *Patients* will meet at regularly scheduled times with the health care team – the physician, pharmacist, and other specialists. The *Patient* will be a full-fledged member of this team and will help develop a treatment and education support plan that (a) meets his/her individual health care needs and (b) provides the education and skill training that he/she needs to earn the patient self-management credential in diabetes.

Each member of the health care team will be responsible for keeping each other informed about actions taken on the *Patient's* behalf, including those responsibilities that the *Patient* must fulfill. For instance, the pharmacist will keep the physician informed about services provided and their outcomes. The physician, in turn, may notify the pharmacist when a change in the treatment plan is indicated. When patients are referred to community health education resources for additional education and training, the provider will send progress reports to the pharmacist and physician. The *Patient* will be expected to keep the team informed as to his/her progress or problems that are encountered in self-managing diabetes.