

A RESOLUTION APPROVING THE 2024 EMPLOYEE HEALTH AND WELLNESS PROGRAM.

WHEREAS, the City of Branson desires to continue to offer an employee Health and Wellness Program; and

WHEREAS, the City of Branson implemented a Wellness Plan in 2012 and has continued having a Wellness Plan since that time frame; and

WHEREAS, the City of Branson desires to encourage lower health care claims thus having lower medical insurance premiums; and

WHEREAS, healthy employees can perform the functions of their job to a better capacity which serves the citizens and visitors to a greater level; and


WHEREAS, the Board of Aldermen desires to amend the City of Branson's Wellness Plan with updated dates for the 2024 Wellness Plan Year that will effect the 2025 Employee Medical Insurance Incentive amounts awarded.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF ALDERMEN OF THE CITY OF BRANSON, MISSOURI, AS FOLLOWS:


Section 1: The Board of Aldermen hereby approves the City of Branson's 2024 Employee Wellness Plan and the associated documents attached hereto as Exhibit 1 - Employee Wellness Program 2024 Plan Information; Exhibit 2 - 2024 Wellness Program Affidavit, and Exhibit 3 - Primary Care Physician Visit HRA Form.

Section 2: This resolution shall be in full force and effect after its passage and approval.

ADOPTED, by the Board of Aldermen of the City of Branson, Missouri, this 14th day of November, 2023.


Larry D. Milton
Mayor

ATTEST:


Hillary Briand
City Clerk

APPROVED AS TO FORM:


City Attorney

2024 EMPLOYEE WELLNESS PROGRAM

SECTION 1. OVERVIEW

The Employee Wellness Program is designed to incentivize qualifying full-time employees to get healthy or to remain healthy by providing additional discounts on the employee-only portion of their base medical insurance plans.

This is a voluntary program.

SECTION 2. OUTLINE OF THE PRIMARY ELEMENTS TO THE WELLNESS PROGRAM

1. Be nicotine free, or complete a nicotine cessation coaching as outlined in the Being Nicotine Free section, below;
2. Complete a Health Risk Assessment with a Primary Care Physician;

SECTION 3. WELLNESS PROGRAM DETAILS

A. BEING NICOTINE FREE

To qualify for the first element of the Wellness Program, Being Nicotine Free, employees must sign affidavit that they are nicotine free; or complete nicotine cessation coaching.

The City defines Nicotine/Tobacco Use based on a rule issued by the Centers for Medicare and Medicaid Services to be: Use of any tobacco product within the past six months with a frequency of at least four times per week. Tobacco products include utilizing e-cigarettes, vaping, cigarettes, cigars, chewing tobacco, and pipe smoking. Tobacco used for religious or ceremonial purposes are not included in the count towards utilization.

The City will provide an option for nicotine cessation coaching at no cost to the employee. Once the employee completes the program, proof of completion will need to be submitted to the Human Resources Department.

(New hires that are nicotine users that start between October 1, 2024 through September 30, 2024 can move up a Tier the following month in which they complete the coaching. All other employees that use Nicotine will have their medical insurance Tier effected the following insurance plan year.)

B. COMPLETE A HEALTH RISK ASSESSMENT WITH A PRIMARY CARE PHYSICIAN

Meeting the second element – completing a health risk assessment with a primary care physician– of the Wellness Program was designed to help employees identify dangerous health measures, dependent upon the specific Biometric Factor, and to ensure the employee has an established primary care doctor.

The employee is expected to have their doctor's office sign the form verifying that they went to the appointment and can be their primary care doctor. This form needs to be returned to the Human Resources Department. This visit is considered preventative care and should be covered at 100% for in-network doctors which means it is provided at no cost to the employee.

(Employees hired after March 1, 2024 do not need to complete this section until the following Wellness Plan Year that starts October 1, 2025.)

SECTION 4. ESTABLISHMENT OF TIER LEVELS FOR EMPLOYEE MEDICAL INSURANCE DISCOUNTS

There are three tier levels associated with employee discounts to medical insurance premiums for employees in this Wellness Program. All discounts are equivalent based on a dollar amount, but the percentage of the discount may vary based on the insurance coverage level chosen by the employee.

Human Resources will collect all employee wellness information and determine Tier levels based on the chart below.

Did you sign the nicotine affidavit stating that you are Nicotine free OR complete coaching*?		Do you have evidence that you completed a Health Risk Assessment through your primary care physician?		If your answers all correspond to a set of responses in a horizontal line below, you qualify for that Tier level for 2025.		Your additional discount for 2025 employee only medical insurance is...
Yes		Yes		Tier 1		30%
Yes		No		Tier 2		15%
No		Yes		Tier 2		15%
No		No		Tier 3		0%
*Employees who test non-negative for nicotine (or confirm utilization of nicotine) for three consecutive years, will not be able to earn the being nicotine free incentive level that third year.						

SECTION 5. WELLNESS PROGRAM IMPORTANT DATES

- **Wellness Plan Year**
October 1, 2023 to September 30, 2024
- **Medical Insurance Plan Year that is affected by participation in this program**
January 1, 2025 to December 31, 2025
- **HRA performed by employee's Primary Care Physician Completion Dates**
October 1, 2023 to September 30, 2024
- **Health and Wellness and Non-Nicotine(Tobacco) Program Affidavit due date:**
September 30, 2024

- **Nicotine Coaching**
Latest start date: August 1, 2024
Latest completion date delivered to Human Resources: September 30, 2024
- **Tier Levels determined by Human Resources**
October 31, 2024

SECTION 6. NOTICE REGARDING WELLNESS PROGRAM

The City of Branson Health and Wellness program is a voluntary wellness program available to all employees.

Employees who choose to participate in the wellness program will receive an incentive of up to a 100% discount on the employee-only portion of the medical insurance premiums for calendar year 2025 for the Base Medical Insurance plan. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive discounts of up to 100%.

Additional incentives of up to “a de minimis value” may be available for employees who participate in certain health-related activities or achieve certain health outcomes like walking challenges or water consumption tracking.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Kimberly Cooper at kcooper@bransonmo.gov.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

If there are extenuating circumstances, employees can submit an appeal to the Human Resources Department by October 15, 2024 to be reviewed and considered for additional options in obtaining the discounts available through this program.

SECTION 7. PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Our programs are designed to minimize collecting any data regarding your health information. The City of Branson may use aggregate information it collects to design a program based on identified health risks in the workplace.

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 only individual(s) who will receive your personally identifiable health information is (are) your doctors or other health care providers with whom you share your information in order to provide you with services under the wellness program.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kimberly Cooper at kcooper@bransonmo.gov.

This form is due:
September 30, 2024

Health and Wellness and Non-Nicotine(Tobacco) Program Affidavit			
(Please read carefully)			
X or ✓ your choice for each below.			
Yes	No		1. I am a NON-NICOTINE (TOBACCO) user as defined by the Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review ¹ guidelines. I understand that maintaining this status will allow me to earn a 15% incentive amount to go towards my medical insurance premiums. ²
Yes	No		2. I understand that I can earn a 15% incentive amount to go towards my medical insurance premiums by submitting an HRA Form that my primary care doctor signs off on proving that I had my preventative care screening complete with my biometrics done between the months of October 2023 and September 2024.
Yes	No		3. I understand that my participation in the City of Branson Employee Wellness Program is voluntary. I further understand that no employment decision will be taken based on my participation, or the lack thereof, in the Employee Wellness Program.
Yes	No		4. Finally, I have been instructed on where to find the text of the document for the 2023 Employee Wellness Program online, and all requisite forms, and I have been given adequate opportunity to ask Human Resources representatives any questions I have for clarification before signing this affidavit.
Print Name:			
Signature:		Date:	

- 1 Federal Register, Vol. 78, No. 39, Part 147 § 147.102 (1) (iv) 1.5:1; "Use of tobacco on average four or more times per week within no longer than the past six (6) months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco."
- 2 I can earn this discount if I complete a nicotine (tobacco) cessation class before the deadline of September 30, 2024.

WELLNESS PROGRAM IMPORTANT DATES

- **Wellness Plan Year**

October 1, 2023 to September 30, 2024

- **HRA performed by employee's Primary Care Physician Completion Dates**

October 1, 2023 to September 30, 2024

- **Nicotine Coaching**

Latest start date: August 1, 2024

Latest completion date: September 30, 2024

- **Medical Insurance Plan Year that is affected by participation in this program**

January 1, 2025 to December 31, 2025

*This form is due:
September 30, 2024*

Determining Tier Level for Medical Insurance Discounts

Did you sign the affidavit stating that you are Nicotine free OR complete coaching*?	Do you have evidence that you completed a Health Risk Assessment through your primary care physician?	If your answers all correspond to a set of responses in a horizontal line below, you qualify for that Tier level for 2025.	Your additional discount for 2025 employee only medical insurance is...
Yes	Yes	Tier 1	30%
Yes	No	Tier 2	15%
No	Yes	Tier 2	15%
No	No	Tier 3	0%
*Employees who test non-negative for nicotine (or confirm utilization of nicotine) for three consecutive years, will not be able to earn the being nicotine free incentive level that third year.			
Human Resources will have Tiers Determined by October 31, 2024			

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The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

If there are extenuating circumstances, employees can submit an appeal to the Human Resources Department by October 15, 2024 to be reviewed and considered for additional options in obtaining the discounts available through this program.

City of Branson

Health Risk Assessment Results and Physician Sheet

The patient listed below is participating in a Health Risk Assessment program with the City of Branson's Wellness Plan. Please indicate that the following biometric data has been completed and will be reviewed with the patient.

Patient Complete (Please Print)

Patient Name:	
Patient Date of Birth:	
Patient Daytime Phone:	

Biometric Data

(Please indicate with a check mark that the below was checked in your office.
DO NOT include the measurements, or health data on this form.)

- ☐ Blood Hemoglobin A1C
- ☐ Blood Pressure
- ☐ Total Cholesterol
- ☐ Triglycerides

Physician:	Physician Visit Date:
Physician Address:	City:
State and Zip Code:	Office Number:
Qualified Professional Signature:	
Qualified Professional Signature Date:	

Please return this form to: City of Branson Human Resources, 110 West Maddux Street,
Branson MO 65616,
email: hr@bransonmo.gov, or fax: 417-337-5466.