

**Summary of Material Modification (Amendment)**

to

Montoursville Area School District  
Summary Plan Description

To: Participants in the Montoursville Area School District Employee Benefit Plan (“Plan”)

From: Montoursville Area School District  
Attn: Business Manager  
50 North Arch Street  
Montoursville, PA 17754

Subject: **Changes to the Montoursville Area School District Employee Benefit Plan Summary Plan Description Dated July 1, 2016**

Date: December 1, 2018

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The Montoursville Area School District., Plan Sponsor for the Montoursville Area School District Employee Benefit Plan is providing notice to plan participants of changes in the Summary Plan Description. This Summary of Material Modification will update the Summary Plan Description dated July 1, 2016.

**Dental**

Attachment # 6 – Delta Dental – It was recently determined the group number shown in the Summary Plan Description dated July 1, 2016 is incorrect. With this amendment, the corrected group number is 01186.

All other benefit programs offered in the Plan remain the same. If you were enrolled in any of the benefit programs offered through the open enrollment process you were provided with benefit information at that time. If you have questions or require additional information regarding dental benefits, contact the Business Manager / Plan Administrator.

**Change in COBRA Administrator**

Effective December 1, 2017, the COBRA Administrator has been changed from CM Regent to the P&A Group, Inc.

**P&A Group, Inc.**  
**Department 652**  
**P.O. Box 8000**  
**Buffalo, NY 14267-8000**

**1-800-688-2611**  
**[www.padmin.com](http://www.padmin.com)**

**Wellness Program Incentives**

The BeHIP Wellness Program was effective August 1, 2018. This program permits you to earn points by engaging in certain healthy activities. When you earn points you get rewarded, dependent upon the level of program in which you are participating.

The attached Exhibit C will be added the Montoursville Area School District Employee Benefit Plan Summary Plan Description.

If you have questions regarding participation, incentives and rewards in the BeHIP Wellness Program contact information has been provided on the attached Exhibit C.

This information represents a change to the Summary Plan Description dated July 1, 2016. You should file this information with the Summary Plan Description and other benefit related materials. If you would like a copy of the Summary Plan Description, contact the Business Manager who is the Plan Administrator. The Plan Administrator can be reached at 570-368-3500, or you can write to Montoursville Area School District, 50 North Arch Street, Montoursville, PA 17754 Attention: Business Manager.

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***Plan Information:***

Plan Sponsor: Montoursville Area School District

Sponsor's EIN: 23-1667972

Plan Name: Montoursville Area School District Employee Benefit Plan

**SIGNATURE:**

We have executed this Summary of Material Modification the date and year written below.

Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
Montoursville Area School District  
Plan Administrator

Attest: \_\_\_\_\_

## Exhibit C

### Notice for Employer-Sponsored Wellness Programs

*New rules published on May 17, 2016, under the Americans with Disabilities Act (ADA) require employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.*

#### BeHIP Wellness Program

#### Lycoming County Insurance Consortium

#### NOTICE REGARDING WELLNESS PROGRAM

*The BeHIP Wellness Program* is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test through a finger stick for:

- Lipid Profile - (Cholesterol, Triglycerides, HDL, LDL, Glucose)

The blood test through venipuncture will include:

- Metabolic Profile & Complete Blood Count with Differential
- Lipid Profile - (Cholesterol, Triglycerides, HDL, LDL)

You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive points for meeting specific criteria. Earn points and you will receive a wellness bonus dependent upon the level of incentive program you wish to participate in (i.e. Bronze, Silver, Gold or Platinum). Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the reward. The Program begins each year on August 1<sup>st</sup> and you will need to earn all of your points by the following July 31<sup>st</sup> to receive a reward.

Incentive points may be available for employees who participate in certain health-related activities, including online tobacco affidavit or tobacco cessation program, online wellness workshops, workplace events, wellness and enhanced wellness commitments, log weight, log time exercised, log

steps, log fruits/vegetables, log water, log sleep and/or resistance training or achieve certain health outcomes. If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Health and Wellness Coordinator.

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 and may also be used to offer you services through the wellness program, such as engage with a health advocate or to receive a flu shot. You also are encouraged to share your results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Lycoming County Insurance Consortium may use aggregate information it collects to design a program based on identified health risks in the workplace. The BeHIP Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

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 are those individuals providing you with services under the wellness program and Terry Carmen, Health and Wellness Coordinator.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach should occur, involving information you provide in connection with the wellness program, we will notify you immediately.

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 **Carmen Terry, Health and Wellness Coordinator at 570-323-8561 x1067 or at [cterry@iu17.org](mailto:cterry@iu17.org)**