The Top 10 Wellness Plan Frequently Asked Questions (FAQ’s) for 2018

Additional Information can be found by visiting the State of Maryland Wellness website

The State of Maryland’s Wellness Plan is designed to increase your self-awareness by helping you understand your current health status and to provide simple ways to either stay healthy or work to become healthier in collaboration with your Primary Care Physician (PCP).

The Top 10 FAQ’s:

1. Who is eligible to participate in the State of Maryland’s Wellness Plan?

All employees of the State of Maryland enrolled in one of its medical plans as well as their enrolled spouses are eligible to participate. Also non-Medicare eligible retirees and non-Medicare eligible enrolled spouses are eligible to participate.

Retirees and retirees’ spouses for whom Medicare is primary are not eligible to participate, nor are enrolled children even if they are adults.

2. What is the benefit for Wellness Plan Participation?

The benefit is that you save money by participating! **New for 2018:** If you did the wellness activities of completing a health risk assessment and selecting/confirming a PCP in 2017, you enjoy the benefit of PCP waived copays through 12/31/18 and no further action is required in 2018. And, if you engaged in one age and gender recommended screening in 2017 to qualify for a $5 reduced specialist copay (from $30 to $25), the reduction continues through 2018! **If you did not complete the wellness activities in 2017, you have until 11/15/2018 to do so.** Remember, the sooner your complete your activities, the sooner you start saving.

3. What is the penalty for not participating in the Wellness Plan?

Participation is voluntary. There is no penalty for non-participation in the Wellness Plan, but there are rewards if you do participate.

4. What are the healthy activities in the 2018 State of Maryland Wellness Plan?

If you did the wellness activities of completing a health risk assessment and selecting/confirming a PCP in 2017, you will enjoy the benefit of PCP waived copays through 12/31/18 and **no further action** is required in 2018. And, if you engaged in one age and gender recommended screening in 2017 to qualify for a $5 reduced specialist copay (from $30 to $25), **no further action** is required in 2018 and the reduction continues through 12/31/2018! If you have not done these activities, you have until 11/15/2018 to complete them to enjoy the rewards through 12/31/2018. Remember, the sooner you complete your activities, the sooner you start saving.
5. What if I did not complete the healthy activities in 2017?

If you did not complete the activities in 2017, you can do so until 11/15/2018 to receive waived PCP copays and specialist copay reductions. **Remember, the sooner you complete the activities, the sooner you save!**

The steps are easy: first, select a PCP (if you haven’t already) and then complete the online health risk assessment provided by your medical plan. It’s a good idea to take the assessment every two years to track your progress or to pick up areas for improvement. Within 15 days of completing these two activities, you will be able to enjoy free PCP visits for the rest of the year. If you are due for any age and/or gender preventive screenings, and your doctor recommends it, you enjoy a $5 reduction in your specialist copays for the rest of the year by having at least one of those screenings completed. Within 30 days of having a screening, your specialist copays will be reduced from $30 to $25. Keep in mind, the earlier in 2018 you complete the wellness activities, the sooner you enjoy free PCP copays and/or reduced specialist copays.

**FOLLOW THESE EASY STEPS TO START EARNING YOUR REWARDS (if you did these steps in 2017 you do not need to complete the steps in 2018):**

1. Select a PCP (if not already done)
2. Complete the online health risk assessment. You have a choice between completing your medical plan’s health risk assessment or the State’s health risk assessment.
3. Take the list of screenings with you for your annual physical exam and if your doctor recommends any of the screenings for which you are due, complete at least one of the recommended screenings.

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

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REMEMBER YOU DO NOT HAVE TO WAIT A FULL CALENDAR YEAR TO GET YOUR PHYSICAL. YOU CAN GO ANYTIME DURING THE 2018 CALENDAR YEAR. FOR EXAMPLE, IF YOU HAD YOUR PHYSICAL IN AUGUST 2017 YOU DO NOT HAVE TO WAIT UNTIL AUGUST 2018. AS OF 1/1/18 YOU ARE ELIGIBLE TO HAVE YOUR PHYSICAL COVERED.

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6. What is a Health Risk Assessment?

The Health Assessment is a series of questions that provide individuals with a comprehensive view of their total well-being. It is important that questions encompassing all areas of life and wellness are included on the assessment in order to obtain a more holistic, accurate view of one’s total well-being. If there are any questions you do not wish to answer, you may simply skip over them or respond “choose
not to answer” or “Don’t know”. REMEMBER, YOU CAN CHOOSE TO COMPLETE THE STATE HEALTH RISK ASSESSMENT OR YOUR MEDICAL PLAN’S HEALTH RISK ASSESSMENT.

7. Who sees my Health Assessment or my Health Information?

Only you and the clinicians/nurses/coaches on care management teams from your insurance carrier will see your health information. The health assessment strictly adheres to HIPAA, the Federal privacy law regarding protected health information. No one at the State of Maryland has access to your health assessment or personal health information—not your supervisor, not your agency benefits coordinator/personnel officer, nor anyone in the Department of Budget and Management or its Employee Benefits Division.

8. How do I complete the Health Assessment?

Go to your medical plan’s website, log into your account and fill in the blanks.

You may also contact your health plan and request that a paper version be sent to you for completion. The 2018 deadline for the paper version of the health assessment from your carrier is listed below.

Carefirst: final date to request paper version is 11/01/18 must be postmarked 11/15/2018

United Health Care: final date to request paper version is 9/30/2018 must be received by 10/31/2018

Kaiser Permanente: final date to submit paper version is 11/11/2018

Also you may complete the State’s Health Assessment.

What if I already have a Primary Care Physician?

That’s great—you are on your way to earning the incentive. Make sure to complete the HRA, see your PCP, and complete any age and gender appropriate screenings (remember, if you completed these activities in 2017, you do not need to repeat them in 2018).

10. What types of medical professionals can be designated as PCPs?

Internists, family practice physicians, general practice physicians, nurse practitioners, physician assistants, gynecologists, and obstetrical-gynecologists may be designated as PCPs.

To get more information on the Wellness Plan and find the list of health screenings:

Please visit the Health Benefits website and click on the Wellness tab at the top of the page.

To find the Wellness Program Activities information sheet with the list of screenings, look under the header Wellness Program Information and click the link “Wellness Activities in 2018”. Or, look to the right of the wellness page under the News and Updates section and click the link that reads, “2018 Wellness Activities”.