HEALTHY OCCC SUMMARY

In 2013, OCCC continued to make significant progress toward our collective goal of implementing a results-oriented Wellness Program. The Wellness Program is designed to improve the overall health of College employees while controlling the cost of the health care plan so that it can be sustainable during a time of constrained funding and resources. Together, our work has paid off making the health of our faculty and staff a core indicator and a strategic practice of the College. Recent analysis of our results indicate progress in reducing the level of health risk among our employees, which translates into both direct and indirect savings, as well as improved health, quality of life, attendance, and risk mitigation. We all must work together in this group health plan to maintain our benefits and control costs in these difficult economic times.

Some of the highlights of our health and wellness successes in 2013 include:

- 97% employee participation in the results-focused health criteria program.
- Based on paid claims, overall healthcare spending is decreasing even while health care costs continue to rise. (After 2011($2.7mm), 2012($2.1mm), 2013($2.3mm)).
- There were 10% more employees that utilized healthcare in 2013 versus 2011; however, total costs in 2013 were 18% lower than in 2011.
- As compliance with the wellness program increased, the health outcomes (biometric measures) for participants without a diagnosis of diabetes improved in 2013.
- Improved biometric values, in correlation to increased compliance, were evident for BMI, Blood Pressure, Glucose, HDL Cholesterol, and Triglycerides.

As a participant in the OCCC Group Health Plan, we all benefit from these successes because they translate to less medical claim expenses, improvements in health-related absenteeism, and premium increases below the national and regional averages with few plan changes.

So, we are all encouraged to keep up the good work towards a Healthier U!
Program Goals: The goal of the results-oriented Wellness Program is to improve and sustain the health and wellness of the College employees while controlling the cost of the College’s health care plan so as to be sustainable during a time of constrained funding and resources.

PREMIUM WAIVER CRITERIA GUIDELINES

❖ OCCC employees participating in the College Health Plan will have from May 1, 2014 to March 13, 2015 to complete the premium waiver criteria.
❖ Each criteria point earned is worth $25.00.
❖ 100% of the employee’s monthly premium cost will be waived for employees that have accumulated 8 criteria points by March 13, 2015.
❖ New employees hired after January 1, 2015 will be required to accumulate 2 criteria points by March 13, 2015.
❖ Employees that do not complete the Wellness Criteria will be responsible for $200 of the monthly health premium effective July 1, 2015.
❖ Page 5 includes the Age/Gender Preventative Screenings.
❖ Attached is the Provider Preventative Screening Form to take to your primary care physician to complete and forward to Human Factor Analytics at the time of your Annual Physical Exam.
❖ Employees that have an Annual Physical Exam scheduled after the deadline can request an extension from Human Resources.
❖ Employees in need of special consideration due to health restrictions can contact Human Resources.
❖ NEW!!!!! ADDITIONAL LIFESTYLE WELLNESS TRACKING
Employees are encouraged to maintain the positive results from the 2013-14 wellness reports by participating in a healthy lifestyle routine to manage their success. Choose any 2 of the 5 self-directed lifestyle tracking programs to meet your personal goals. THESE LIFESTYLE PROGRAMS ARE VOLUNTARY AND WILL NOT BE COUNTED TOWARDS YOUR REQUIRED PREMIUM WAIVER CRITERIA.
Go to www.Aetna.com look for Health Programs for more ideas to maintain your wellness goals.
FY 2014-2015 Results Oriented Wellness Plan

Premium Waiver Criteria

Complete all four components

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biometric Screening</td>
<td>2</td>
</tr>
<tr>
<td>Online Health Risk Assessment</td>
<td>1</td>
</tr>
<tr>
<td>Annual Physical Exam by Primary Care Physician</td>
<td>1</td>
</tr>
<tr>
<td>No Tobacco Use OR Participate in smoking cessation program</td>
<td>1</td>
</tr>
</tbody>
</table>

Must accumulate all 5 points above to continue

If diagnosed as diabetic, be compliant with up to 3 of these 6

- ACE/ARB Medication
- Statin Medication
- Annual Eye Exam
- Annual Foot Exam
- Age/Gender Preventative Screenings
- Annual Dental Exam

If not diabetic, be compliant with up to 3 of these 6

- Blood Pressure below 140/90 (or on medication)
- Triglycerides below 150 mg/dl (or on medication)
- Blood Glucose below 110
- BMI < 31 or Waist Circumference < 40 (Male), < 35 (Female)
- Age/Gender Preventative Screenings
- Annual Dental Exam

Voluntary Lifestyle Program Goals (Choose 2)

- 10,000 steps/daily
- Join gym class
- Weight Loss
- Set Fit Goals
- Use a Health App
## What do I do now?

### Non-Smoker, Non-Diabetic

<table>
<thead>
<tr>
<th>Step</th>
<th>What</th>
<th>Where</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Complete biometric screening</td>
<td>OCCC</td>
<td>October 7, 2014</td>
</tr>
<tr>
<td>Step 2</td>
<td>Complete Health Risk Assessment</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>By December 1, 2014</td>
</tr>
<tr>
<td>Step 3</td>
<td>Have an annual physical</td>
<td>Primary Care Physician</td>
<td>By March 6, 2015</td>
</tr>
<tr>
<td>Step 4*</td>
<td>Appropriate Screenings</td>
<td>Service Provider</td>
<td>By March 13, 2015</td>
</tr>
</tbody>
</table>

### Non-Smoker, Diabetic

<table>
<thead>
<tr>
<th>Step</th>
<th>What</th>
<th>Where</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Complete biometric screening</td>
<td>OCCC</td>
<td>October 7, 2014</td>
</tr>
<tr>
<td>Step 2</td>
<td>Complete Health Risk Assessment</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>By December 1, 2014</td>
</tr>
<tr>
<td>Step 3</td>
<td>Have an annual physical</td>
<td>Primary Care Physician</td>
<td>By March 6, 2015</td>
</tr>
<tr>
<td>Step 4*</td>
<td>Appropriate Screenings</td>
<td>Service Provider</td>
<td>By March 13, 2015</td>
</tr>
</tbody>
</table>

### Smoker, Non-Diabetic

<table>
<thead>
<tr>
<th>Step</th>
<th>What</th>
<th>Where</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Stop smoking OR enroll in smoking cessation program</td>
<td>By October 7, 2014 ,tobacco-free for 4 months or enrolled in smoking cessation program</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>Complete biometric screening</td>
<td>OCCC</td>
<td>October 7, 2014</td>
</tr>
<tr>
<td>Step 3</td>
<td>Complete Health Risk Assessment</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>By December 1, 2014</td>
</tr>
<tr>
<td>Step 4*</td>
<td>Have an annual physical</td>
<td>Primary Care Physician</td>
<td>By March 6, 2015</td>
</tr>
<tr>
<td>Step 5*</td>
<td>Appropriate Screenings</td>
<td>Service Provider</td>
<td>By March 13, 2015</td>
</tr>
</tbody>
</table>

### Smoker, Diabetic

<table>
<thead>
<tr>
<th>Step</th>
<th>What</th>
<th>Where</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Stop smoking OR enroll in smoking cessation program</td>
<td>By October 7, 2014 ,tobacco-free for 4 months or enrolled in smoking cessation program</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>Complete biometric screening</td>
<td>OCCC</td>
<td>October 7, 2014</td>
</tr>
<tr>
<td>Step 3</td>
<td>Complete Health Risk Assessment</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>By December 1, 2014</td>
</tr>
<tr>
<td>Step 4*</td>
<td>Have an annual physical</td>
<td>Primary Care Physician</td>
<td>By March 6, 2015</td>
</tr>
<tr>
<td>Step 5*</td>
<td>Appropriate Screenings</td>
<td>Service Provider</td>
<td>By March 13, 2015</td>
</tr>
</tbody>
</table>

*If seeking point for Age/Gender Preventative Screenings*
OCCC Age/Gender Preventative Screenings for FY 2015-2016 include:

Breast Cancer Screening (Mammogram)
Age: Women starting at age 40 through age 70 – National Cancer Institute recommendation
Frequency: every two years, unless female has had a bilateral mastectomy or unless physician orders alternative
V-code: V76.1

Cervical Cancer Screening (Pap Smear)
Age: Women starting at age 21 through age 60 – United States Preventative Services Task Force (USPSTF) recommendation
Frequency: if asymptomatic, every three years or unless physician orders alternative. This screening is not required if a female has had a full hysterectomy.
V-code: V76.2

Colorectal Cancer Screening (Colonoscopy)
Age: Adults starting at age 50 through age 75
Frequency: if asymptomatic, every 10 years. If precancerous polyps or cancerous tissue is discovered in initial colonoscopy, frequency will be determined by physician.
V-code: V76.51

Prostate Cancer Screening (PSA test)
Age: Males starting at age 50 through age 75 – American Cancer Society recommendation
Frequency: as recommended by physician
V-code: V76.44

Skin Cancer Screening
Age: All adults
Frequency: as recommended by physician
V-code: V76.43

Routine general physical examination; Health checkup
V-Code: V70.0

IMPORTANT: PLEASE REMEMBER TO SHARE THIS INFORMATION WITH YOUR DOCTOR’S OFFICE PRIOR TO YOUR PREVENTIVE HEALTH SCREENING TO ENSURE THE SCREENING IS PAID AT 100% BY THE HEALTH PLAN AND YOU RECEIVE CREDIT FOR PREMIUM WAIVER.

AFTER YOUR ANNUAL PHYSICAL EXAM
To securely upload the Provider Preventative Screening Form, you (or your doctor) can go to www.humanfactormetrics.com. If you are already registered on the site, you should login with your username and password. By logging in first, it lets the system know that anything that you upload is linked to OCCC. If you do not have a login or if someone at your doctor’s office is uploading the form for you, they can still submit the form without logging in. The next step is to click “Upload” in the top menu. It will take the person screen where they enter the employee’s name, date of birth, and can then upload the form. This submits the form through a secure connection to the Human Factor Analytics servers.

Applicable preventative screenings must be completed on or before March 13, 2015
Please read and sign the Participant Notice and Consent

I hereby authorize my physician and the laboratory utilized to complete the necessary examination, which may include a blood draw, or other body fluid required. Biometric measurements and laboratory test on page 2 will be measured and recorded. I authorize the use or disclosure of health and personal information about me, including all health screening and laboratory results obtained as part of this screening to: Human Factor Analytics, Inc., a Case Manager/Disease Manager, worksite wellness program vendors, my personal primary care physician, and/or the managing general underwriter for my employer’s health plan. This authorization will expire 12 months from the date of my new medical plan year or one year from date of this document, whichever is later.

In the event of a termination of the services provided by Human Factor Analytics under my Employers Program, you authorize that Human Factor Analytics may send the data and information collected pursuant to your screening to another wellness administrator or health plan to maintain the continuity of information for your participation in the Program as directed by your employer.

I have read and understand the following statements about my rights:

1) I may revoke this authorization at any time by notifying Human Factor Analytics, Inc., in writing, but revocation will not have any effect on any actions that the entity took before receiving the revocation.
2) I may see and copy the information described on this form upon request.
3) The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity as described above.

I understand that any participation in this Program is voluntary and that enrollment in or eligibility for health plan benefits is not conditioned upon providing this authorization except to the extent necessary for underwriting or risk rating determinations that may be used to reduce or increase health plan benefits or payroll contributions. By participating in the Program and screening events, I hereby accept all risk, except in the case of gross negligence, to my health that may result from such participation and I hereby release and agree to hold harmless my employer, my employer’s insurance agent, Human Factor Analytics, its affiliates, and their respective officers, directors, employees, agents, successors and assigns from any and all liability to myself, my personal representatives, estate, heirs, next of kin and assigns, from any and all claims and causes of actions for all illness or injury to my person resulting from my participation in the Program and the screening events.

Consultation with Physician: This Program is not a diagnostic tool, nor is it a substitute for, professional medical advice, diagnosis or treatment. The Program recommends consultation with your healthcare professional for such services. The information provided by the Program is for educational purposes only. It is not a diagnosis or recommendation for a specific treatment plan, product, or course of action. I have carefully read this agreement and understand the terms and conditions of my voluntary participation in the Program.

PARTICIPANT SIGNATURE: ___________________________________  Date: _________________________
PATIENT INFORMATION

Last Name:  First Name:  Date of Birth:

BREAST CANCER SCREENING

Goal:  Females must have a mammogram.

Rationale:  The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.

Has the patient met the goal?  □ Yes  □ No

If medically inadvisable to meet Preventative Screenings goal, does the patient receive a waiver?  □ Yes  □ No

Explanation for waiver:

V-Code:  V76.1  Date: _____________________ Provider Initials: ___________

CERVICAL CANCER SCREENING

Goal:  Females must have a cervical cancer screening at 21 years of age. The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.

Rationale:

Has the patient met the goal?  □ Yes  □ No

If medically inadvisable to meet Preventative Screenings goal, does the patient receive a waiver?  □ Yes  □ No

Explanation for waiver:

V-Code:  V76.2  Date: _____________________ Provider Initials: ___________

COLON CANCER SCREENING

Goal:  Males must have colon cancer screening at age 50, unless family history necessitates earlier screening. The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

Rationale:

Has the patient met the goal?  □ Yes  □ No

If medically inadvisable to meet Preventative Screenings goal, does the patient receive a waiver?  □ Yes  □ No

Explanation for waiver:

V-Code:  V76.51  Date: _____________________ Provider Initials: ___________
Please contact Human Factor Metrics at info@humanfactormetrics.com for instructions on how to submit the Preventive Screening Form and the Blood Chemistry results via a secure connection. If you do not have access to email, please send the Provider Biometric Screening Form and the Blood Chemistry results via USPS or FedEx to Human Factor Metrics, 3205 West Main Street, Russellville, AR 72801. If you have any questions, please contact us at 1-877-286-3053.
You really *can* quit smoking

Quality health plans & benefits Healthier living Financial well-being Intelligent solutions

**You can repair the damage**

If you smoke, you don’t need to hear how bad it is for you. You already know. But maybe you didn’t know just how fast your health could improve by quitting.

If you quit today …

• Your heart would start to recover the very next day
• Your risk of heart disease would drop sharply after two years
• You’d be less at risk for cancer in your mouth, lung, throat, esophagus, bladder and pancreas

—and that’s just some of the health benefits. Count on a brighter smile, bigger savings and more energy, too!

**Why it’s hard to quit**

It’s nicotine. When you smoke, it spreads powerful, pleasing feelings throughout your body. Plus, the act of smoking becomes a part of almost everything you do. So when you eat, drive, celebrate, drink coffee or take a break, you feel that pull to smoke.

5 tips to quit

• Join a support group: You’ll hear others’ struggles and strategies.
• Stay busy: Read a book, tackle a home project or envision your new life.
• Avoid triggers: Skip alcohol, social events or work breaks until you’re less tempted.

**What your Aetna plan covers**

Current plan coverage for Tobacco Prevention, covered as adult routine physical exam, smoking/tobacco cessation preventive counseling limited to 8 visits per 12 months.

• Chantix (RX)
• Generic Zyban (RX)
• Nicotine Nasal Stray (RX)
• Nicotine Patches (OTC)
• Nicotine Gum (OTC)

Get more tips to quit smoking. Visit the Aetna InteliHealth® website at www.intelihealth.com

**Other Resources Available**

The Helpline is available by phone or online 7 days a week and the services are FREE!

Oklahomans age 13 and up can receive free quit coaching. Those 18 and up may also be eligible for free nicotine patches, gum, or lozenges. What happens when I contact the Helpline?

If you call, a helpful assistant will ask you a few questions. Next you’ll talk to a quit coach, who can help you get ready to quit tobacco for good. You can use the Helpline anytime you are struggling. This is the FREE help you’ve been waiting for!

**Wellness Plan**

Option 1: If you take advantage of this plan on your own, you then can sign form from Human Factors to earn your wellness point.

Option 2: Meet with your primary care physician and have them sign form through your insurance coverage with Aetna
**OKLAHOMA HELPLINE FAX REFERRAL FORM**
Fax Number: 1-800-483-3114

**Provider Information:**

<table>
<thead>
<tr>
<th>CLINIC NAME</th>
<th>CLINIC ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma City Community College</td>
<td>73159</td>
</tr>
</tbody>
</table>

**HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>CONTACT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethanie Bird</td>
</tr>
</tbody>
</table>

**FAX NUMBER**

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>405-682-7571</td>
</tr>
</tbody>
</table>

**I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)**

- [ ] YES
- [x] NO
- [ ] DON'T KNOW

**Patient Information:**

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
</tr>
</thead>
</table>
| [ ] MALE
- [x] FEMALE |

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

**PRIMARY PHONE NUMBER**

<table>
<thead>
<tr>
<th>HM</th>
<th>WK</th>
<th>CELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**SECONDARY PHONE NUMBER**

<table>
<thead>
<tr>
<th>HM</th>
<th>WK</th>
<th>CELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**LANGUAGE PREFERENCE (PLEASE CHECK ONE)**

- [ ] ENGLISH
- [ ] SPANISH
- [ ] OTHER

---

I am ready to quit tobacco and request the Oklahoma Tobacco Helpline contact me to help me with my quit plan.

(Initial)

I DO NOT give my permission to the Oklahoma Tobacco Helpline to leave a message when contacting me.

(Initial)

**By not initialing, you are giving your permission for the quitline to leave a message.**

PATIENT SIGNATURE: ________________________________ DATE: _____/_____/_____

The Oklahoma Tobacco Helpline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Helpline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

- [ ] 6AM – 9AM
- [ ] 9AM – 12PM
- [x] 12PM – 3PM
- [ ] 3PM – 6PM
- [ ] 6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

- [ ] Primary #
- [ ] Secondary #

© 2011 Alere. All rights reserved.

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.