

#### ELECTED OFFICIALS

**MICKEY PENDERGRASS**  
County Judge

**CANDA REESE**  
County and Circuit Clerk

**JOHN MONTGOMERY**  
Sheriff

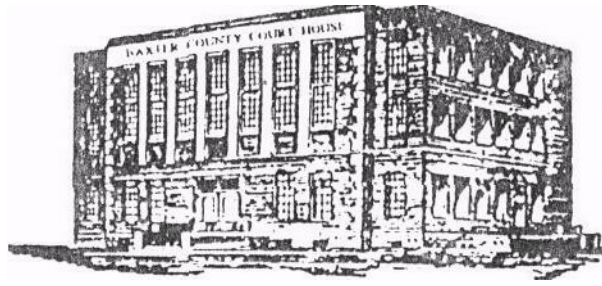
**TERESA SMITH**  
Collector

**JENAY MIZE**  
Treasurer

**JAYME NICHOLSON**  
Assessor

**CHARLES L. SLATER, JR.**  
County Surveyor

**BRADLEY HAYS**  
County Coroner



### COUNTY OF BAXTER

ONE EAST SEVENTH

MOUNTAIN HOME, ARKANSAS 72653

(870) 425-3475

#### QUORUM COURT

**Gary Smith**  
District 1

**Lucille Soltysik**  
District 2

**Rick Steiner**  
District 3

**Col William J. Lucas**  
District 4

**James Kerr, Jr.**  
District 5

**Tink Albright**  
District 6

**Marilyn Williamson**  
District 7

**Edna Fusco**  
District 8

**Neal Pendergrass**  
District 9

**Kevin Litzy**  
District 10

**Ty Chapman**  
District 11

## Baxter County Employee Wellness Program

Baxter County Employees are blessed with health insurance that **currently requires no employee contribution**. The County is committed to doing everything possible to limit premium increases in order to prevent the County's premium from escalating to a point where we may be required to ask all employees to contribute to the cost of their health insurance. Limiting premium increases is going to require team effort by all county employees.

After extensive research, discussions with department heads, elected officials, and the County Judge, the Personnel Committee has decided to implement a wellness program for all county employees. Wellness programs are being used by many employers nationwide to encourage employees to adopt healthier lifestyles and lower their risk of developing costly chronic diseases. Being able to diagnose and treat health problems early in their development reduces costly claims which, in turn, directly affects premiums. The other effect is that it saves lives and can improve the overall quality of life of our employees.

### HOW DOES THE COUNTY'S WELLNESS PROGRAM WORK?

The Baxter County Wellness Program will ask that all employees who are covered under the County's health plan participate by **completing an annual wellness exam** with a physician **between December 1, 2017 and November 30, 2018**, and each year thereafter. Each employee will be asked to have their physician sign an attestation form (available in the Payroll or Human Resources office) and return that form to the payroll office in the courthouse by September 30, 2017 (and each year thereafter). Please note that your exam is fully covered under your insurance plan after your insurance becomes effective, and there will be no cost to you **as long as it is coded as a "Wellness Exam" by the attending physician.**

### WHAT IF I DON'T WANT TO PARTICIPATE?

The personnel committee struggled to adopt a fair way to address those employees who, for whatever reason, decline to participate in the wellness program. Because their refusal to participate could well lead to premium increases for all employees, the committee decided that **non-participants will be responsible for paying, through payroll deduction, THE FULL AMOUNT OF ANY INCREASE IN THEIR HEALTH CARE PREMIUM (NOT TO EXCEED 5% OF THE TOTAL PREMIUM) incurred by the county for the following calendar year beginning January 1, 2019** (and each year thereafter, in which the employee chooses NOT to participate in the wellness program).

## WHAT DO I NEED TO DO?

1. Call your doctor and schedule your wellness exam. **(The exam is free to you IF it is coded by your physician as a wellness exam.) \***
  - a. Must be completed no later than November 30, 2018 (employees hired in Q3 have until the following year to complete the wellness exam);
  - b. For women, this wellness exam is in addition to your regular gynecological exam.
2. Have your doctor complete and sign the Physician Attestation form (attached).
  - a. Take the form with you to your appointment;
  - b. Have your physician complete and sign the form after your exam is complete (have the physician check the second box if the employee is under routine care and wellness related tests are being monitored regularly);
  - c. **Tell your doctor to code the exam “wellness” so you are not charged for the visit. Failure to do so will result in charges that you are responsible for paying.**
3. **Return the signed form to the County Payroll Office or Human Resources Office no later than November 30, 2018.**

## DO I HAVE TO DO THIS?

No. The program is voluntary; however, if you choose not to participate, you will be responsible for paying THE FULL AMOUNT OF ANY INCREASE IN YOUR HEALTH CARE PREMIUM (NOT TO EXCEED 5% OF THE TOTAL PREMIUM) INCURRED BY THE COUNTY FOR THE FOLLOWING CALENDAR YEAR beginning January 1, 2019. This will be an additional amount you pay if you currently cover your spouse and/or children.

## ARE MY SPOUSE AND CHILDREN INCLUDED IN THIS WELLNESS PROGRAM?

No. At this time, the Wellness Program only applies to employees who are covered under the County's health plan. If your spouse and children are covered on your health plan, their annual wellness exam is also free, and they should complete an annual wellness exam to make sure they stay healthy.

*\*Age appropriate colonoscopies **are** covered under your Blue Cross Benefits; however, the service is covered under deductible and coinsurance. They are not included in the wellness exam benefit.*



Baxter County, AR



Physician Attestation
Completion of Annual Wellness Exam
(Due between 12/01/2017 and 11/30/2018)

Employee name: \_\_\_\_\_

Physician: Please check only ONE box below.

[ ] I, \_\_\_\_\_, acknowledge that \_\_\_\_\_
(Physician Name - Please Print) (Employee Name - Please Print)

completed their annual wellness exam, including a blood test, on \_\_\_\_\_
(Date Exam Completed)
and that I have reviewed the results with my patient. I also acknowledge that the office visit has
been coded as a "wellness physical."

OR (Please check only one of these options)

[ ] I, \_\_\_\_\_, acknowledge that \_\_\_\_\_
(Physician Name - Please Print) (Employee Name - Please Print)

is under routine care, and wellness related tests are being monitored regularly.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician office location:

Street Address \_\_\_\_\_
City, State & Zip Code \_\_\_\_\_
Phone Number \_\_\_\_\_

\*\*EMPLOYEE NOTICE: You must complete your annual wellness exam with a physician between December 1, 2017 and November 30, 2018. For women, this is in addition to your regular gynecological exam. As long as your physician codes the exam as a wellness physical, the exam will be paid by BCBS at 100% AFTER your benefits become effective.

The completed and signed Physician Attestation Form must be returned to the Payroll Office no later than November 30, 2018. Failure to submit this form by 9/30/17 will result in the employee paying, through payroll deduction, THE FULL AMOUNT OF ANY INCREASE IN THEIR HEALTH CARE PREMIUM (NOT TO EXCEED 5% OF THE TOTAL PREMIUM) incurred by the county for the following calendar year beginning January 1, 2019 (and each year thereafter, in which the employee chooses NOT to participate in the wellness program).