



Wellness Program Participation Agreement

Employer Group Name: _____

Wellness Discount: _____ percent of paid premium for Patriot Signature Plan and Patriot Standard Plan health insurance. The Wellness Discount shall be applied by Patriot Health Insurance Company, Inc. (“Patriot”) to premium paid by the Employer Group for any Patriot Signature Plan or Standard Plan product, provided that the employer complies with the Wellness Program Requirements set forth below.

Effective Date: The effective date of this agreement shall be the first day of the month following the date of execution of this agreement. The Wellness Discount shall not apply prior to the Effective Date.

Termination Date: This agreement shall remain in effect until one of the following occurs:

1. Employer terminates the agreement by providing written notice to Patriot;
2. Patriot terminates this agreement for any of the following reasons by providing written notice to the Employer Group:
 - a. Employer fails to comply with the program requirements;
 - b. Patriot is required by law to terminate the program;
 - c. Patriot no longer offers the program, in which case the agreement shall terminate on the group’s health plan anniversary date; or
 - d. Minimum wellness participation levels are not met.

Wellness Program Requirements:

1. The specific wellness program requirements are attached hereto as Attachment 1.
2. Upon receipt of evidence of an employee’s completion of any phase of the program which entitles the employee to a wellness incentive payment, the employer shall make such payment within 10 business days.
3. Incentive payments may be made directly to the employee or deposited into the employee’s health savings account.
4. The employer shall promote the program and encourage participation in the incentive program through written communications, employee meetings, posted notices, emails, and other means.
5. Any participant for whom it is reasonably difficult due to a medical condition to participate in any of the above wellness activities (and any participant for whom it is medically inadvisable to attempt to participate in any of the above wellness activities) during the plan year shall be given the same incentive payment if the individual satisfies a reasonable alternative standard that is tailored to the individual’s situation.
6. All program materials and communications relating to the program distributed to participants shall include the following statement:

“If it is unreasonably difficult due to a medical condition for you to participate in any of the wellness activities to earn wellness incentive payments, please contact _____ [NAME] _____ at _____ [PHONE] _____ and we will work with you to develop an alternative means to earn the incentive payment.”

Signature

Date