

Amherst



2020/2021

As part of our ongoing Wellness initiative at Amherst, we are again scheduling biometric screening events, and will continue to offer our Employee Assistance plan provided by Impact Solutions:

[www.MyImpactSolution.com](http://www.MyImpactSolution.com)

Go to member login>

MEMBER LOGIN: Amherst

### **BIOMETRIC SCREENINGS**

(blood pressure, total cholesterol, glucose, height, weight, waist measurements, body mass index).

- Biometric screenings can be completed on August 24 & 25, 2020 at the Amherst screening events. Results will be posted to your My.QuestForHealth.com account within 7-10 business days following the event.
- At your Physician's office. (If you elect to have the core screenings done at your physician's office, proof of completion must be provided to the Treasurer's office by March 15, 2021.)
- At a local Patient Service Center – register through the Quest registration site at My.QuestForHealth.com.

### **MEDICAL MUTUAL ONLINE HEALTH ASSESSMENT**

**You must complete the MMO Online Health Assessment between July 1, 2020 and March 1, 2021 to be eligible for the Wellness premium.** Details on how to access the Assessment will be sent to you by Medical Mutual in early September. Please watch for this postcard and keep it handy.

- Employees who complete the Wellness initiatives will pay less in insurance premiums.
- Current employees **hired and enrolled prior to July 1, 2011**, who complete the Health Risk Assessment will contribute 15% of their health insurance premium.
- Current employees who do not elect to complete the above will pay 20% of their health insurance premium.
- New hires that were **hired and enrolled after July 1, 2011**, that complete the above will pay 20% of their insurance premium.
- New hires that do NOT participate will pay 25% of their health insurance premium.
- **If you elect not to participate, or elect to participate but then do not, you will be charged the 5% premium difference retroactively beginning July 1, 2020 along with the higher deductible, effective July 1, 2021.**

I **will** participate in the above Wellness Initiatives

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I **will not** participate in the above Wellness Initiatives

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#### **PROGRAM REGISTRATION FORM**

Please cut on the dotted line above and return this signed portion to the Treasurer's Dept. by 09/15/2020.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_