



# 2018 Personal Health Assessment (PHA) Guide

**WELLNESS**

We Take it to Heart @ St. Johns County



## Success in 2017

In its fourth year, more than 92.5% of eligible employees and spouses completed their Personal Health Assessment (PHA). The PHA and biometric screening programs identify risk factors which could lead to a costly and problematic future. These risks are identified by taking a variety of measurements, including blood pressure, blood glucose, total cholesterol, HDL cholesterol, total cholesterol/HDL ratio, height, and weight. The program identified 60 critical values in 2017. We are looking forward to another great year of participation.

## 2018 Personal Health Assessment Program

The PHA program will be continued in 2018. Those who participate will receive a credit applied to their 2019 monthly health insurance premium. The program is open for participation from October 1, 2017 through September 30, 2018.

As we did in 2017, we invite all covered spouses to complete the PHA. Spouses that complete the PHA will also receive a credit applied to the employee's monthly health insurance premium. The PHA credit program is designed to enable employees and spouses to engage in managing their individual health. Health insurance premiums for 2019 will be published in the Benefits Guide prior to Open Enrollment.

## Confidential Information

Only you and Florida Blue's Health Coach will see your individual results. They are confidential and will not be shared with anyone at St. Johns County.

## The Guide

Currently, there are two (2) options on how to complete your PHA: attend one of the scheduled PHA events, or visit your physician (In-network wellness checkups are covered at 100%). This Guide provides directions on how to successfully participate in either option. This Guide is also available on your Employee Benefits website for ease of reference.

Once you and/or your spouse have completed the PHA process you will both qualify for the premium credit for 2019. A completion notification will be sent to you and/or your spouse.



Questions?  
Please contact your Benefits Team

## OPTION 1: ATTEND AN EVENT

Use Pick-a-Time to schedule your PHA at the Wellness Expo or one of the other PHA Events listed below. You must first register at: [www.pickatime.com/client?ven=11605104](http://www.pickatime.com/client?ven=11605104). Once registered, you will see available dates and times to schedule your appointment. **Employees & spouses must schedule separate appointments in Pick-a-Time.**

### Employee Wellness Expo

DATE	LOCATION
May 8th 8:00 AM – 5:00 PM	BCC Parking Garage 500 San Sebastian View, St. Augustine, FL 32084

### Additional PHA Events

DATES	LOCATION
March 1 <sup>st</sup> 9:00 AM–12:00 PM	Hastings Fire Station #8 7985 Morrison Rd, Hastings, FL 32145
March 19 <sup>th</sup> 2:00–5:00 PM	Ponte Vedra Concert Hall 1050 A1A North, Ponte Vedra Beach, FL 32082
March 29 <sup>th</sup> 9:00 AM–1:00 PM	Julington Creek Annex 725 Flora Branch Blvd, St. Johns, FL 32259
April 6 <sup>th</sup> 9:00 AM–2:00 PM	Emergency Operations Center 100 EOC Drive, St. Augustine, FL 32092
May 23 <sup>rd</sup> 9:00 AM–12:00 PM	Supervisor of Elections 4455 Avenue A, Suite 101, St. Augustine, FL 32095
June 6 <sup>th</sup> 12:00–6:00 PM	Sheriff's Office Squad Room 4425 Avenue A, St. Augustine, FL 32084
June 25 <sup>th</sup> 12:00–7:00 PM	Southeast Branch Library 6670 US 1 South, St. Augustine, FL 32086

## OPTION 2: VISIT YOUR PHYSICIAN

Complete a biometric screening with your doctor as part of your annual wellness examination since October 1, 2017, or plan to go before September 30, 2018.

### STEPS

- 1 Visit your physician for a wellness examination with you. You and your physician must sign the completed Physician Verification Form (page 4).
- 2 Return your signed form to: The Bailey Group, Attention: Hanna Chester, 1200 Plantation Island Drive South, Suite 210, St. Augustine, FL 32080 | 904-461-1800 | 904-461-1775 fax [HChester@mbaileygroup.com](mailto:HChester@mbaileygroup.com).

**St. Johns County**  
**Physician Verification Form**  
**Annual Wellness Exam/Personal Health Assessment**

**Participant Information**

\_\_\_\_\_  
**First & Last Name**

*Print as Shown on FloridaBlue Statements*

\_\_\_\_\_  
**Member Number**

*FloridaBlue ID Card*

**Check One:**

Employee

Spouse

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Exam**

\_\_\_\_\_  
**Last 4 of Social Security Number**

**Participant Confirmation Statement**

My signature confirms that all the information on this form is complete and accurate. I understand that I must submit this form to Hanna Chester at The Bailey Group by September 30, 2018 to receive the premium credit effective January 1, 2019.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Physician Confirmation Statement**

\_\_\_\_\_  
**Physician Name**

*Please Print*

\_\_\_\_\_  
**Physician Office Phone Number**

\_\_\_\_\_  
**Physician Office Address**

*Street, City, State, Zip*

This is to confirm that the above named participant has completed a wellness examination, between October 1, 2017 and September 30, 2018 that includes blood pressure, blood glucose, total cholesterol, HDL and LDL measurements. My signature confirms that all the information on this form is complete and accurate.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

**Your Physician's Office is not responsible for submitting your completed Physician Verification Form.**  
RETURN FORM TO: The Bailey Group, Attention Hanna Chester, 1200 Plantation Island Drive South, Suite 210,  
St. Augustine, FL 32080-3115 | 904-461-1800 | Fax 904-461-1775 | HChester@mbaileygroup.com

## Notice Regarding Wellness Programs

St. Johns County's Personal Health Assessment (PHA) Program is a voluntary wellness program available to all benefits-enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for blood glucose, cholesterol as well as blood pressure. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive the monthly premium credit for completion. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive premium credit.

Additional incentives may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Hanna Chester at the contact information given in this booklet.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as various group challenges. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and St. Johns County may use aggregate information it collects to design a program based on identified health risks in the workplace, the program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is FloridaBlue in order to provide you with services under the wellness program.

# Important Contact Information

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## Benefits

DIVISION	CONTACT INFORMATION
Board of County Commissioners	904-209-0635, option 5
Tax Collector	904-209-2286
Clerk of Courts	904-819-3605
Supervisor of Elections	904-823-2238
Property Appraiser	904-827-5528
Sheriff's Office	904-209-1472

## The Bailey Group

DIVISION	CONTACT INFORMATION
Health Promotion	Hanna Chester 904-417-6013 HChester@mbaileygroup.com



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