

# O'Neal Industries

## 2014 Wellness Program and Tobacco-Free Family Reductions Policies and Certification

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In 2014, O'Neal Industries and affiliate employees and families enrolled in an O'Neal Industries, Inc., Blue Cross Blue Shield health plan are eligible for reductions in employee-paid health plan premiums. Employees and covered spouses who participate in the company's wellness program, LIVESMART, are eligible for a health plan premium reduction. A reduction for employees and covered family members on O'Neal's health plan who are tobacco-free is also available.

### General

Reductions are effective on a calendar year basis, January through December. Employees with O'Neal health plan coverage are required to recertify on no less than an annual basis to qualify for premium reductions for the upcoming year. Acceptable certification must be received by the deadline for open enrollment, November 29, 2013, or within 31 days of eligibility for benefits (applies to new employees), unless otherwise noted.

### Wellness Program

**Employees and spouses covered under an O'Neal health plan are eligible for a reduction in employee-paid health plan premiums by participating in an onsite LIVESMART health screening event or submitting a LiveSMART Go Platinum! Qualification Form during open enrollment (no later than November 29, 2013), and completing a personal health coaching session.** LIVESMART, O'Neal's signature wellness program, is available to employees and spouses to improve personal health, to be more productive - at home and at work. By living healthier lives, families have an advantage to also lead safer lives and reduce personal health care costs for both employees and the company.

### Tobacco-Free Family

**Employees, covered spouses and children on an O'Neal Health Plan must be tobacco-free for the past twelve (12) months or complete a tobacco cessation program by March 31, 2014 to be eligible for the for the premium reduction in 2014.**

O'Neal is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the LIVESMART Program Manager at 205-599-8340 or 1-888-501-1252 and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

**O’Neal Industries – Tobacco-Free Family Health Plan Premium Reduction Certification**

Name \_\_\_\_\_  
(please print)                      First                      Middle                      Last

Address \_\_\_\_\_  
Street Address or P. O. Box  
\_\_\_\_\_  
City                                      State                                      Zip

**Tobacco-Free Family Certification (check one box below)**

- I/family members on an O’Neal health plan have not used any tobacco products in the past 12 months, therefore making me eligible for the tobacco-free family premium reduction. I understand that tobacco use includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.
  
- I/family members on an O’Neal health plan use tobacco or have used tobacco products in the past 12 months but will complete an approved tobacco cessation program by March 31, 2014. I will provide documentation to support program completion. List below the names of individuals on your health plan who are tobacco users:  
\_\_\_\_\_
  
- I/family members on an O’Neal health plan use tobacco or have used tobacco products in the 12 months. I understand I am not eligible for the tobacco-free family premium reduction.
  
- I decline to respond to the Tobacco-Free Family Certification. I understand I am not eligible for the tobacco-free family premium reduction.

By signing below, I hereby certify that the above information is complete and true. I am making this affirmation in order to qualify or determine my eligibility for the tobacco-free family premium reduction in 2014.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note: If it is unreasonably difficult due to a health care factor for an employee or dependent to meet the requirements under this program, or if it is medically inadvisable to attempt to meet the requirements of this program, the company will make available a reasonable alternative standard for the employee to obtain the reduction. If you and/or your enrolled dependent(s) complete an approved tobacco cessation program by March 31, 2014, your tobacco-free family premium reduction will be applied retroactive to January 1, 2014. For additional information, please refer to the enclosed Tobacco-Free Family Premium Reduction Frequently Asked Questions (FAQ’s) and on the LIVESMART website at [www.livesmartoni.com](http://www.livesmartoni.com).

(Please review reverse side. Return to your O’Neal Industries Benefits Representative.)

**O'Neal Industries – Wellness Program Health Plan Premium Reduction Certification**

Name \_\_\_\_\_  
*(please print)*                      First                      Middle                      Last

Address \_\_\_\_\_  
Street Address or P. O. Box  
\_\_\_\_\_  
City                                      State                                      Zip

**Wellness Program Participation Certification *(check one box)***

- I declare that I and my spouse, if enrolled in an O'Neal health plan (if applicable), have met the qualifications of participation including a health screening, goal-setting, personal health coaching assessment, and participate in programs and counseling as recommended under program requirements.
- I understand that if I do not comply with the requirement of the wellness program, my health plan premium reduction will be discontinued. I also understand that any employee submitting false information may be required to repay all reduced premiums and may be subject to disciplinary action including termination of employment.
  - I understand that if I, and/or my spouse discontinue participation in the wellness program, I am no longer eligible for the premium reduction and must report this change to O'Neal's Benefit office.
- I decline to respond to the Wellness Program Participation Certification; therefore I am not eligible for the wellness program health premium reduction.

By signing below, I hereby certify that the above information is complete and true. I am making this affirmation in order to receive the 2014 wellness program premium reduction.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_