

WELLNESS PROGRAM ACKNOWLEDGMENT

FILL OUT, SIGN, SAVE THE FILE, AND EMAIL AS AN ATTACHMENT TO:

JMORGAN@
HOGANCONSTRUCTION.COM

ALTERNATIVELY, PRINT THE FORM AND SEND TO HUMAN RESOURCES IN OUR CENTERVILLE OFFICE.

THIS FORM IS ALSO AVAILABLE ON HOGAN UNIVERSITY (LIBRARY>FORMS) AND CAN BE FILLED OUT AND SUBMITTED THERE.



I have received and reviewed Hogan & Associates Construction's Wellness Program and understand it is available for my review on Hogan University (hoganuniversity.com/library-forms/).

I understand that hourly Field Employees are eligible for health benefits starting the first day of the first month after they complete 60 days with Hogan, and that hourly Office Employees and salaried Employees are eligible on the first day of the month following their start date.

In my New-hire Orientation I was given a thorough explanation of benefits, including effective dates and obligations I have to meet prior to the effective dates.

I understand my spouse and I need to participate in the wellness program for Hogan Construction to pay 100% of the medical premium. Children do not need to participate in the wellness program.

I understand I must contact Orriant (888-346-0990) and set up my health

assessment *prior* to my effective date with benefits.

I understand that after my health assessment, I must set up my account (orriant.com) with my password of choice and complete the snapshot within 30 days.

I understand I must complete my health promotion on orriant.com by the last day of each quarter. All wellness participants must complete 30 health promotions activity points listed in EACH of the following quarters in order to receive their participation incentive:

- Quarter One (Jan – Mar)
- Quarter Two (Apr – Jun)
- Quarter Three (Jul – Sep)
- Quarter Four (Oct – Dec)

I understand Hogan & Associates Construction pays 80% of the medical premium. If I complete all of the steps above, Hogan & Associates Construction will pay 100% of the medical premium for the employee and family. Final monthly 2022 costs are shown in the table below:

AETNA STANDARD PLAN

AETNA "BUY-UP" PLAN

	AETNA STANDARD PLAN		AETNA "BUY-UP" PLAN	
	WELLNESS PROGRAM PARTICIPANTS	WELLNESS PROGRAM NON-PARTICIPANTS	WELLNESS PROGRAM PARTICIPANTS	WELLNESS PROGRAM NON-PARTICIPANTS
SINGLE-PERSON	-0-	\$119.65	\$62.52	\$126.31
TWO-PERSON	-0-	\$251.28	\$131.30	\$265.25
FAMILY	-0-	\$358.97	\$187.57	\$378.93



My signature, below, indicates I have read, understand, and agree to these requirements. (Typing your name in the box constitutes an electronic signature.)

EMPLOYEE NAME (PRINTED)

EMPLOYEE SIGNATURE (SIGN or TYPE)

DATE