

**VIRGINIA PRIVATE COLLEGES BENEFIT CONSORTIUM, INC.
LIVING HEALTHY WELLNESS PROGRAM**

AMERICANS WITH DISABILITIES ACT NOTICE

This Notice, provided by the Virginia Private Colleges Benefit Consortium, Inc. Living Healthy Wellness Program on behalf of the Virginia Private Colleges Benefit Consortium, Inc. ("the Consortium") and its Employer Members, describes the legal obligations of the Consortium and its Employer Members and your legal rights under the Americans with Disabilities Act ("ADA") with regard to the Living Healthy Wellness Program. Among other things, this Notice describes what information will be collected as part of the Living Healthy Wellness Program, how the information will be used, who will receive it, and how the information will be kept confidential.

We are required to provide this Notice to you pursuant to the ADA.

The Virginia Private Colleges Benefits Consortium, Inc.'s Living Healthy Wellness Program is a voluntary wellness program available to all benefits-eligible employees and to spouses of employees (as further defined in the Plan's Wrap-Around Plan Document and Summary Plan Description), provided the spouse is enrolled for medical coverage with the Virginia Private Colleges Benefits Consortium, Inc. Health Plan. For information regarding wellness program eligibility, please refer to the Plan's Wrap-Around Plan Document and Summary Plan Description. The program is administered according to federal rules permitting wellness programs that seek to improve health or prevent disease, including the Americans with Disabilities Act of 1990 ("ADA"), the Genetic Information Nondiscrimination Act of 2008 ("GINA"), and the Health Insurance Portability and Accountability Act ("HIPAA"), 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. You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and where applicable for prostate-specific antigen. Additionally, measures of height, weight, BMI, blood pressure and waist circumference will be collected. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Individuals who choose to participate in the wellness program may receive an incentive, as defined by their Employer Member. Although you are not required to complete the HRA or participate in the biometric screening, only individuals who do so and meet any other requirements determined by their Employer Member are eligible to receive the defined incentive. Additional incentives may be available for individuals who participate in certain health-related activities (health coaching, lunch and learns, and other wellness programs or challenges) or achieve certain health outcomes. For additional information regarding wellness incentives, please review the Wellness Component Document attached to the Plan's Wrap-Around Plan Document and Summary Plan Description. 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 your Employer Member's Human Resources Department.

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. 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, the Consortium, and Employer Members may use aggregate information collected to design a program based on identified health risks in the workforce of Employer Members, the wellness program will never disclose any of your personal information either publicly or to your Employer Member, 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 or benefits.

Your health information will not be sold. Any exchange, transfer or other disclosure of information will only occur to the extent permitted by law to carry out specific activities related to the wellness program. 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. These services may be provided by the health advocate for your Employer Member, who is under contract with the Consortium, or by beBetter Health Inc. The HIPAA Notice of Privacy Practices of the Consortium is available upon request from Brittany Coles, Virginia Private Colleges Benefits Consortium, 118 East Main Street, Bedford, VA 24523 or by emailing Bcoles@cicv.org. The HIPAA Notice of Privacy Practices of beBetter Health Inc. is available online at <https://www.bebetterhealth.net/Privacy.aspx>

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment or benefits decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Tim Klopfenstein, Plan Administrator, at (540) 586-1803, or your Employer Member's HR Department.