

WELLNESS

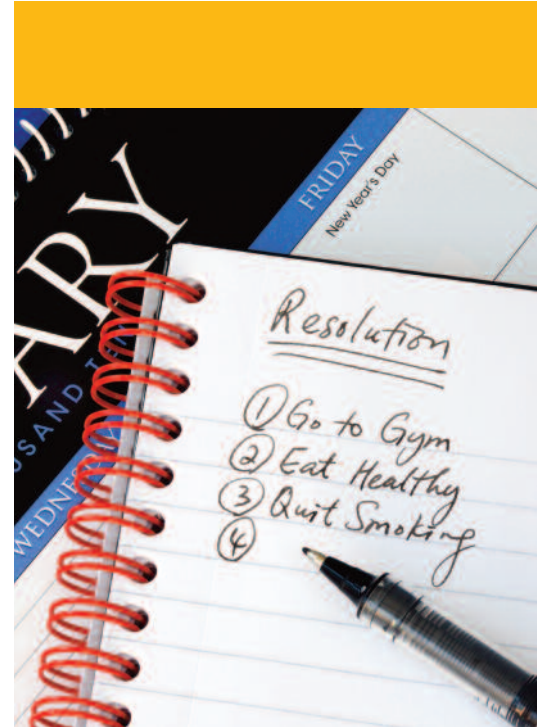
QUICK, SIMPLE AND FREE IDEAS TO START (OR REFRESH) YOUR WELLNESS PROGRAM

New Year’s resolutions follow the stroke of midnight each December 31 as surely as the ball drops in Times Square each year. Most of us have made them and most of us just as surely have broken them.

The most common New Year’s resolutions deal with a health issue such as losing weight, getting more exercise, quitting smoking and seeing the doctor more regularly. People seem more inclined to make changes at the start of a new year, so now is the ideal time to implement a worksite wellness program or refresh your current one. Helping your employees stick to their resolutions will benefit them – and your organization.

First, consider the program options and design that make sense for your unique worksite. An effective, sustainable worksite wellness program is one that is comprehensive and tailored to your employees. A successful program is one that evolves each year to continually engage and maximize participation. Often, employers who are getting started with a wellness program have little or no budget and limited experience in this area. Another common challenge that many employers face is keeping their programs fresh and relevant. Below are a few quick, simple and free ideas to help get your program running in the new year.

CONDUCT AN INFORMAL FOCUS GROUP. Stop by various department staff meetings and ask employees what they are interested in hearing about and how they prefer to receive updates on worksite wellness offerings. Ask them about any incentives you may be considering for the future or how they feel things have been going so far with your wellness initiatives.



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SURPRISE YOUR EMPLOYEES. Make them laugh and keep it fun!

Leave the emails and posters behind for a while and try some new ways to communicate. Consider posting a blog, starting a Facebook page for your program or sending text reminders. Use sidewalk chalk by the entrances to leave a message. Leave a note or surprise in people's work areas. Invite managers and supervisors to share a "weird but true" health tip before the start of every staff meeting.

SHARE A PERSONAL STORY. Invite someone from your senior leadership to share a personal story about a successful health change they have made or a challenge they are currently working on – even if they have not met their goal. Letting your employees know that we all have personal health goals we can work on and acknowledging that it is hard to change behaviors will help build a sense of social support in the workplace. Invite others to share their stories for future communications.

BUILD A WELLNESS BUDDY PROGRAM. Invite those that seem to always attend or participate in wellness programs to bring a buddy in order for both of them to earn an extra recognition. Noting participant names publically, sharing an event picture album or presenting a homemade certificate can go a long way towards helping employees feel they are engaged and part of something positive.

MAKE IT FAMILY FRIENDLY. Open as many events as possible to family members. Promote a community walk or bike ride and encourage employees to bring their families. These events can become annual activities that people look forward to and can be the start of or part of participants setting and reaching their personal health goals to improve times and distances each year. Also, remember to share information in your communications about healthy options that appeal to parents, grandparents, aunts and uncles, such as tips for getting kids more active, packing healthy lunches, making healthy snacks and guidance for dealing with bullying and self-esteem issues.

CHANGE YOUR WELLNESS COMMITTEE OR WELLNESS CHAMPIONS. If you have a formal wellness committee, consider rotating members in and out each year to keep ideas and input fresh and to encourage other employees to get involved. If emails are going out from the same person all the time, employees may tend to ignore them after a while. Alternate who sends out the messages. As additional employees take on the role of representing or championing your wellness program, you can achieve higher levels of engagement in the future.

Taking that first step can sometimes be the toughest part of worksite wellness. Start the new year off in the right direction. Developing a formal program does not require a defined budget or a great deal of time initially. Doing something, even on a small scale, can often help you start the momentum towards a more comprehensive, long-term investment in a healthier workforce. To learn more about the resources and tools available to help you get started, contact your Willis service team.

HR CORNER

GINA TITLE II: SIX STEPS EMPLOYERS SHOULD TAKE

Employers can take steps to ensure they are compliant with Title II of Genetic Information Nondiscrimination Act (GINA). Title II of the act prohibits employers from discriminating against employees or applicants on the basis of genetic information.

SIX STEPS EMPLOYERS SHOULD TAKE

1. Check equal employment/nondiscrimination policies to make sure genetic information is included as a protected characteristic
2. Remove genetic information from personnel files to avoid unintended disclosure; transfer information to confidential medical files with restricted access
3. Discontinue any request for genetic information, including family medical history, in post-offer medical examinations or fitness-for-duty exams – and add the “safe harbor” language to forms or requests for exams
4. Add the “safe-harbor” language to other requests for medical information (e.g., a request for information documenting the need for reasonable accommodation under the ADA)
5. Train supervisors and managers about complying with GINA
6. Check EEOC posters to make sure the most current version that includes GINA is posted

The EEOC issued final regulations implementing Title II of GINA on November 9, 2010. Final regulations are effective January 10, 2011.

This article provided by BLR.

CREATING A WORKPLACE CODE OF ETHICS: WHERE TO START

An organizational code of ethics guides everyone from company leadership to frontline employees by providing a foundation of conduct expectations from which all can base their workplace behaviors. The size of the organization doesn't matter. It's best to have a code of ethics that leaders, employees and even vendors may use. In today's virtually connected space it's even more important to have a code of ethics since your employees may easily reach out and connect with other organizations and people all over the world.

Many resources exist that will help you create your own organizational code of ethics or tweak the one that you already have in place. This article highlights a few resources that will assist you as you begin to create a code of ethics.

A good starting point is the **Ethics Resource Center**. This nonprofit, nonpartisan research organization's website offers an Ethics Toolkit that has everything from an Ethics Glossary to Writing Tips for an Effective Code of Conduct. Just click on Resources in the top menu for a variety of free-to-download items.

TEN TIPS FOR WORKPLACE ETHICS

One particularly helpful article from the Ethics Toolkit that can stimulate your thinking about ethics is “Ten Things You Can Do to Avoid Being the Next Enron,” by Dr. Stuart Gilman, Dr. Patricia Harned, Frank Navran and Jerry Brown. The following points are covered:

1. Examine your ethical climate and put safeguards in place.
2. Don't just print, post and pray.
3. Build a robust ethics infrastructure that is self-sustaining.
4. Publicly commit to being an ethical organization.
5. Separate auditing from consulting functions.
6. Talk with employees at all levels often!
7. Build ethical conduct into corporate systems.
8. Establish an Ethics Committee to constantly keep the seven main provisions of the Federal Sentencing Guidelines of 1991 in mind. (These guidelines require that specific individuals within “high level personnel of the organization be assigned overall responsibility to oversee compliance with (the organization's) standards and procedures.”)
9. Choose to live your corporate values.
10. Keep the lines of communication open.

For more detailed explanations of each point, please read the entire article.

Providing your supervisors and managers with the knowledge they need to conduct themselves ethically in the workplace and train their employees to do the same is a challenge for many employers, particularly those that are small to mid-size with limited budgets. You can learn more about Business & Legal Resources' presentation, **“Click 'n Train: Workplace Ethics for Supervisors,”** that you may use in creating your workplace ethics training modules.

One of the most important things to consider as you create your own code of ethics and training programs is that the code of ethics and training should be customized to fit your industry and your company culture. There is no standard code of ethics. It isn't one size fits all. Also, it's imperative to incorporate ethics training as part of your ethics program and plan ongoing communications that keep ethical business conduct in the forefront of your employees' minds.

This article provided by BLR.



LEGAL & COMPLIANCE

CMS CREDITABLE PRESCRIPTION DRUG COVERAGE: FILING REMINDER

The Medicare Prescription Drug Improvement and Modernization Act of 2003 requires all plan sponsors – even those who did not provide retiree prescription drug benefits – to distribute notices to Part D-eligible individuals explaining the creditable coverage status of their prescription drug benefits. This notice tells recipients whether or not the plan’s prescription drug coverage is considered “creditable” as measured against Medicare’s Part D standard prescription drug benefit. Creditable status is important since a Part D-eligible individual will be assessed a Part D late enrollment fee if he or she initially waives enrollment in Medicare’s prescription drug benefit and later enrolls after a break in creditable coverage of 63 days or longer. Details of this notice obligation are available in Chapter 12 of the on-line *Willis Compliance Manual*. (Please check with your Willis representative to obtain access to the manual.)

ADDITIONAL REPORTING DUTY TO CMS

A second and perhaps more easily overlooked disclosure requirement is that group health plan sponsors providing prescription drug coverage to Medicare Part D-eligible individuals *must also report creditable status directly to CMS*. Specifically, the group health plan must communicate whether its prescription drug coverage qualifies as creditable or non-creditable. The government needs this information to effectively coordinate Medicare Part D enrollment.

All plan sponsors providing prescription drug coverage are required to make this disclosure – even if they do not make coverage available to retirees. Reporting to CMS about the plan’s creditable status is due within 60 days after the first day of the new plan year. Calendar-year plans must submit the disclosure to CMS by March 1, 2011. Additional information about the CMS reporting duty is also contained in the *Willis Compliance Manual*.

AGENCIES RELEASE MORE FAQs ON HEALTH CARE REFORM

The agencies (the Departments of Labor (DOL), Treasury and Health and Human Services (HHS)) charged with implementing the Patient Protection and Affordable Care Act (PPACA) released their fourth set of **FAQs**. The FAQs, which are available on the DOL's **website**, are intended to help to answer employers' questions regarding compliance with PPACA.

The interim final grandfather regulations require that, in order for the plan to maintain grandfather status, it must include a statement that the plan believes that it is a grandfathered health plan in any plan materials (that describe the benefits provided under the plan) that are distributed to participants (such as at open enrollment). However, the first FAQ is clear that the disclosure notice is not required to be sent with *every* communication from the plan. For example, if the plan sends out an Explanation of Benefits (EOB) to a participant, the disclosure statement regarding grandfather status would not have to be included. The agencies encourage plan sponsors to identify communications to participants in which disclosure of grandfather plan status would be appropriate.

The second FAQ notes that an election an individual makes for an option under an individual policy that increases his or her cost-sharing level will not cause a loss of grandfather plan status so long as the option was available under the policy on March 23, 2010. This is the case even if the increase in the individual's cost-sharing exceeds what the grandfather rules allow.

Regarding the prohibitions on lifetime and annual dollar limits on essential health benefits, the interim final regulations specifically provide that for plan years beginning before HHS defines "essential health benefits," the agencies that enforce the prohibition on lifetime and annual dollar limits will take into account good faith efforts to comply with a reasonable interpretation of the term "essential health benefits." The third FAQ addresses plans that are operated separately from an employer's primary medical plan(s) and which reimburse expenses for special treatment and therapy of eligible employees' children with physical, mental or developmental disabilities. The treatment or therapy is not covered by the employer's primary medical plan(s) and the plan limits the total benefits for any eligible child to a specified lifetime dollar limit. The FAQ provides that, for these particular types of plans, the agencies will treat as a reasonable good faith interpretation of the law a plan sponsor's position that such plans do not violate the prohibition on lifetime limits under PPACA (at least until some different definition of essential health benefits might define those benefits as "essential").

HHS ISSUES ADDITIONAL GUIDANCE FOR WAIVER PROCESS

The Patient Protection and Affordable Care Act (PPACA) will require all plans to eliminate annual dollar limits for essential health benefits no later than 2014. In order to avoid implementation of the rule in 2011, plans must apply for a waiver from the Secretary of Health & Human Services (HHS). The Office of Consumer Information and Insurance Oversight (OCIO) issued **guidance** regarding the waiver process on September 3 and updated that guidance in a recently released **bulletin**. (For more information on the restricted annual dollar limits that are permitted until 2014, see Willis Human Capital Practice

Regarding the prohibitions on lifetime and annual dollar limits on essential health benefits, the interim final regulations specifically provide that for plan years beginning before HHS defines "essential health benefits," the agencies that enforce the prohibition on lifetime and annual dollar limits will take into account good faith efforts to comply with a reasonable interpretation of the term "essential health benefits."

Alert, Vol. 3, No. 13, "Patient's Bill of Rights Guidance Issued."

In accordance with the bulletin, once the waiver is issued the health plan or health insurance issuer will be required to provide a notice informing each participant or subscriber that the plan or policy does not meet the restricted annual limits for essential health benefits set forth in the Interim Final Regulations (IFR) because it has received a waiver of the requirement. The notice will be required to include the dollar amount of the annual limit along with a description

In addition, the bulletin provided some explanation of factors used in assessing the waiver application. Examples of these factors include:

1. The application's explanation as to how compliance with the restriction on annual limits would result in a significant decrease in access to benefits. Such a decrease in access could result from the dropping of coverage by a plan or plan insolvency if the waiver is not granted.
2. The policy's current annual limits. Plans with higher annual limits would be expected to experience lower premium increases to become compliant with the IFR's restricted annual limit requirement than plans with lower limits.
3. The change in premium in percentage terms. The lower the percentage increase estimated to achieve compliance, the less likely compliance with the IFR would be found to be "significant."
4. The change in premium in absolute dollar terms. While the percentage increase noted in item 3 above can be relevant to the determination of whether an increase is "significant," for policies with very low premiums, an increase in premiums on a percentage basis may still translate to a small increase in absolute dollar terms and therefore may not be "significant."
5. The number and type of benefits affected by the annual limit. Some policies have limits on only some essential health benefits, such as prescription drugs. For example, while increasing the annual limits on prescription drugs to \$750,000 may increase the portion of the premium related to drug coverage significantly, it may not significantly increase the overall cost of health insurance for enrollees.
6. The number of enrollees under the plan seeking the waiver.

of the plan benefits to which it applies. It must be prominently displayed in clear, conspicuous 14-point bold type. The notice must also state that the waiver was granted for only one year (the plan must reapply for a waiver for any subsequent plan year prior to January 1, 2014). The notice requirement applies to all plans that have been issued waivers or receive waivers in the future.

HHS will establish model notice language and post it on its [website](#) in the near future.

CONCLUSION

Employers who have obtained waivers on their own behalf should be cognizant of the new notice obligation that applies as a condition of receiving the waiver. Employers should be prepared to distribute the notice to enrollees as soon as HHS makes the model notice language available.

HHS RELEASES NEW ERRP APPLICATION

The Department of Health & Human Services (HHS) has published a revised application (and instructions) for the Early Retiree Reinsurance Program (ERRP). HHS has also revised its

"Dos and Don'ts" document for completing and submitting the revised application. These materials, which were posted on November 2, 2010, are available on the [ERRP website](#).

Plan sponsors that had started to complete the most recent prior version of the application that was posted on the ERRP website on August 9, 2010, but had not yet submitted it, were permitted to submit that version of the application if postmarked by November 9, 2010. Plan sponsors whose ERRP applications are postmarked after November 9, 2010, however, must use the new form. Plan sponsors that have already submitted an application, using a version that was appropriate as of the date of submission, should not submit another application for the plan referenced in that submitted application.

BACKGROUND

The ERRP was established by the Patient Protection Affordable Care Act (PPACA). Congress appropriated funding of \$5 billion

for this temporary program, which became effective June 1, 2010, pursuant to the interim final rule published on May 5, 2010. The program ends no later than January 1, 2014.

The ERRP provides reimbursement to plan sponsors of participating employment-based plans for a portion of the cost of health benefits for early retirees and their spouses, surviving spouses and dependents. The Secretary of the Department of Health and Human Services (HHS) will reimburse plan sponsors for certain claims between \$15,000 and \$90,000 (with those amounts being indexed for plan years starting on or after October 1, 2011). The purpose of the reimbursement is to make health benefits more affordable for plan participants and sponsors so that health benefits are accessible to more Americans than they would otherwise be without this program.

About 3,700 organizations have already had their ERRP applications approved.

CHIP MODEL NOTICE REVISED

The U.S. Employee Benefit Security Administration has released an updated **CHIP model notice**. Employers who had already fulfilled the CHIP notice requirement prior to the release of the new notice are not affected by the revised notice (redistribution of the notice is not required).

Employers were required to provide an initial CHIP notice by the later of either (1) the first day of the first plan year after February 4,

2010 or (2) May 1, 2010. Accordingly, for plan years beginning between February 4, 2010 and May 1, 2010, employers should have provided the CHIP notice by May 1, 2010. For plans with plan years that begin after May 1, 2010, employers must provide the CHIP notice by the first day of the plan year (i.e., January 1, 2011, for calendar year plans). After the initial CHIP notice is distributed, employers must provide the notice annually.

BACKGROUND

An employer is required under the Children's Health Insurance Program Reauthorization Act (CHIPRA) to provide a CHIP notice if it maintains an insured or self-insured group health plan under which it offers benefits in a state that provides a premium assistance subsidy under Medicaid or CHIP. An employer must provide the CHIP notice to employees who reside in these states, regardless of the employer's location or principal place of business (or the location or principal place of business of the group health plan, its administrator, its insurer or any other service provider affiliated with the employer or the plan) and regardless of an employee's enrollment status in the employer's group health plan.



WEBCASTS

WILLIS CLIENT SUCCESS STORY

February 15, 2011
2:00 PM EASTERN TIME

Presented by:
AMERICAN DIABETES ASSOCIATION

Join us for the first educational webcast of 2011. During this webcast we will hear from a Willis client – the American Diabetes Association – about the changes they made and challenges they endured with their employee benefit program. The topics will include: designing a competitive program (using benchmark data and industry experience), building in components that support the organizational goals (in this case support the American Diabetes Association

cause) and developing a strong, branded communication strategy. They will also share how the American Diabetes Association managed the implementation of the new programs with the assistance of their Willis team, all of which had to be rolled out in a tight timeframe.

Participant Access

Advance reservations are required to participate. [Click here](#) to RSVP for this call.

KEY CONTACTS

US BENEFITS OFFICE LOCATIONS

NEW ENGLAND

Auburn, ME
207 783 2211

Bangor, ME
207 942 4671

Boston, MA
617 437 6900

Burlington, VT
802 264 9536

Hartford, CT
860 756 7365

Manchester, NH
603 627 9583

Portland, ME
207 553 2131

Shelton, CT
203 924 2994

NORTHEAST

Buffalo, NY
716 856 1100

Cranford, NJ
908 931 3005

Florham Park, NJ
973 410 4622

Morristown, NJ
973 829 6374
973 829 6465

New York, NY
212 915 8802

Norwalk, CT
203 523 0501

Radnor, PA
610 254 7289

Wilmington, DE
302 397 0171

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Baltimore, MD
410 584 7528

Bethesda, MD
301 581 4261

Knoxville, TN
865 588 8101

Memphis, TN
901 248 3103

Nashville, TN
615 872 3716

Norfolk, VA
757 628 2303

Reston, VA
703 435 7078

Richmond, VA
804 527 2343

Rockville, MD
301 692 3025

SOUTHEAST

Atlanta, GA
404 224 5000

Birmingham, AL
205 871 3300

Charlotte, NC
704 344 4856

Gainesville, FL
352 378 2511

Greenville, SC
704 344 4856

Jacksonville, FL
904 355 4600

Marietta, GA
770 425 6700

Miami, FL
305 421 6208

Mobile, AL
251 544 0212

Orlando, FL
407 562 2493

Raleigh, NC
704 344 4856

Savannah, GA
912 239 9047

Tallahassee, FL
850 385 3636

Tampa, FL
813 490 6808
813 289 7996

Vero Beach, FL
772 469 2842

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414 259 8837

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312 288 7700
312 621 4843
312 348 7678

Cleveland, OH
216 357 5921

Columbus, OH
614 326 4722

East Lansing, MI
517 349 3226

Grand Rapids, MI

248 735 7249

Green Bay, WI

414 259 8837

Milwaukee, WI

414 203 5248

414 259 8837

Minneapolis, MN

763 302 7131

763 302 7209

Moline, IL

309 764 9666

Pittsburgh, PA

412 645 8537

412 586 3524

Schaumburg, IL

847 517 3469

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806 376 4761

Austin, TX

512 651 1660

Dallas, TX

972 715 2194

972 715 6272

Denver, CO

303 765 1564

303 773 1373

Houston, TX

713 625 1017

713 625 1082

McAllen, TX

956 682 9423

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307 266 6568

New Orleans, LA

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405 232 0651

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San Antonio, TX

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Phoenix, AZ

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602 787 6078

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858 678 2132

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415 291 1567

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408 436 7000

Seattle, WA

800 456 1415

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