



Tacoma Employee Wellness Program Business Rules

Exceptions

Eligible members may be entitled to exceptions which can result in the City of Tacoma granting the eligible member with the Wellness Incentive based on the criteria outlined in the table below.

Exception	Business Rule	Administrative Process
Leave exceptions	Eligible members who are unable to complete the wellness assessment or participate in an individual action plan due to leave of absence, illness, extended vacation, military leave or other leave may qualify for an exception.	Eligible members are required to complete an Exception Form (<i>Exhibit A</i>) found at tew.redbrickhealth.com (located under the “Be Well” tab) and submit it to RedBrick Health by the end of the incentive period for consideration.
Mental or physical health issues exceptions	Eligible members who are suffering from mental or physical health issues and demonstrate they cannot complete the wellness assessment or participate in an individual action plan may qualify for an exception.	Eligible members are required to complete an Exception Form (<i>Exhibit A</i>) found at tew.redbrickhealth.com (located under the “Be Well” tab) and submit it to RedBrick Health by the end of the incentive period for consideration.
Burden as caregiver to family member exceptions	Eligible members who are unable to complete the wellness assessment or participate in an individual action plan due to their role as a caregiver for another family member with a mental or physical health issue may qualify for an exception.	Eligible members are required to complete an Exception Form (<i>Exhibit A</i>) found at tew.redbrickhealth.com (located under the “Be Well” tab) and submit it to RedBrick Health by the end of the incentive period for consideration.
Language barrier exception	Eligible members who are unable to complete the wellness assessment or participate in an individual action plan due to a language barrier may qualify for an exception. Exceptions for language barrier may be applied to either the employee or spouse/domestic partner as needed.	Eligible members are required to complete an Exception Form (<i>Exhibit A</i>) found at tew.redbrickhealth.com (located under the “Be Well” tab) and submit it to RedBrick Health by the end of the incentive period for consideration.

Hearing- or vision-impaired exception	<p>Eligible members who are unable to complete the wellness assessment or participate in an individual action plan due to a hearing or vision impairment may qualify for an exception.</p> <p>The Healthy Incentives program does offer support for hearing and vision impaired eligible members.</p>	<p>Eligible members seeking support for hearing or vision impairment should contact RedBrick Health for details.</p> <p>Eligible members are required to complete an Exception Form (<i>Exhibit A</i>) found at tew.redbrickhealth.com (located under the “Be Well” tab) and submit it to RedBrick Health by the end of the incentive period for consideration.</p>
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Appeals

Eligible members are entitled to appeal their Wellness Incentive determination at the conclusion of the annual incentive period. Formal appeals may result in the City of Tacoma Wellness Committee granting the eligible member with the Wellness Incentive based on the criteria outlined in the table below. All appeals are administered by the Wellness Committee. The Wellness Committee will make all appeal determinations on a case-by-case basis.

Appeal Forms (*Exhibit B*) will be accepted by the Wellness Committee beginning immediately after the conclusion of the annual incentive period and through December 31st (3 months).

Appeal	Business Rule	Administrative Process
Improperly executed business process appeal	<p>Eligible members who are affected by the improper execution of a business process which impairs their ability to complete the Health Compass (Assessment) or their two Wellness Journeys may appeal their Wellness Incentive determination. Employees are required to appeal their case with the Wellness Committee.</p> <p>Examples of business process failures are:</p> <ul style="list-style-type: none"> - no return contact from Wellness Committee due to incorrect contact info - website log-in issues - worksite computer failure 	<p>The Wellness Committee and RedBrick Health will work together on an annual basis before the appeal period begins to identify any known issues related to business processes and establish the approval/denial approach for each issue.</p>
Unaware of program appeal	<p>Eligible members who do not complete the Health Compass (Assessment) or two Wellness Journeys and indicate that they were unaware of the program may appeal their final Wellness Incentive determination. Employees are required to appeal their case with the Wellness Committee.</p>	<p>The Wellness Committee will deny any appeal for any eligible member who files an appeal indicating they were unaware of the program.</p>

Good health appeal	Eligible members who do not complete the Health Compass (Assessment) or two Wellness Journeys and indicate they should not have to participate because they are in good physical health will not be granted an appeal of their final Wellness Incentive determination.	The Wellness Committee will deny any appeal for any eligible member who files an appeal indicating they are healthy and do not need to participate in the program.
No explanation appeal	Eligible members who do not complete the Health Compass (Assessment) or two Wellness Journeys and offer no explanation for their lack of participation will not be granted an appeal of their final Wellness Incentive determination.	The Wellness Committee will deny any appeal for any eligible member who files an appeal without any explanation.

Participation Exception Request Form

First name

Last name

Birth date

Employer

Please provide an explanation for not being able to participate in a RedBrick Health program.

I am pregnant. Due date:

I am on military deployment.
Dates: to

I am on employer-approved leave of absence.
Dates: to

I cannot participate for medical reasons (have your health care provider complete the information below).

The above individual cannot meet the program requirements due to a medical condition or it is medically inadvisable for them to participate. Please describe below:

Health care provider name:

Health care provider signature:

Health care provider phone:

Other circumstances that reasonably interfere with my ability to participate (please describe).

I pledge that the above information is accurate to the best of my knowledge.

Your signature:

Today's date:

Please send this form to RedBrick Health

Please allow seven to ten business days for processing before results will appear on your personalized RedBrick Health website.

RedBrick Health
PO Box 2260

Minneapolis, MN 55402-0260

E-mail: healthscreen@redbrickhealth.com

Fax: 877-543-2937



APPEALS FORM

EMPLOYEE INFORMATION (Please Type or Legibly Print)

Name: _____ Employee ID #: _____

Email: _____ Phone #: _____

Address: _____

PLEASE PROVIDE AN EXPLANATION FOR YOUR APPEAL (Please Type or Legibly Print)

AUTHORIZATION

I hereby certify that the above information is true and correct.

Signature

Date

Submit this form to the mailing address, email or fax number listed below.

Email: wellness@cityoftacoma.org Fax: 253.591.5873

OR

Mail to: Wellness Coordinator
City of Tacoma, Human Resources Department
747 Market Street, Room 1448
Tacoma, WA 98402