



Human Resources  
Office

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October 24, 2011

Dear Employee;

Last year, the City of Gulfport implemented a **voluntary** wellness program, which required you to have a **health risk assessment** and age appropriate wellness exam, along with attending recommended class (es), etc., in order to receive a premium reduction. However, the program was not outcome based.

This year's program will have some of the basic requirements, as last year's program, but in order to assist you in improving your overall health, we will be implementing **an outcome-based premium reduction program** for employees who participate in maintaining their health through ***preventive medicine and lifestyle changes***.

This will require you to have your medical provider or the Wellness Program Reviewer (Nurse Practitioner) at Medical Analysis Clinic to complete two (2) forms and assist you in developing goals for 2012. In order to be eligible for the premium reduction, it will be your responsibility to ensure that the **initial** and **follow up** forms are provided to the **Nurse Practitioner (Wellness Program Reviewer)** at Medical Analysis Clinic, and that your health care goals are met.

The attached letter, which is addressed to your medical provider, will explain what role we are asking your medical provider to play in assisting you in meeting your health-care related goals. Once the form is complete, please forward it to Medical Analysis Clinic, Attention: **Wellness Program Reviewer at 3310 17<sup>th</sup> Street, Gulfport, MS 39501**

**INITIAL HEALTH GOAL FORM**

Must be completed by your medical provider or Wellness Program Reviewer (Nurse Practitioner) at Medical Analysis Clinic after **initial** medical evaluation, indicating **specific** health goals, and identifying appropriate referrals that will assist you in accomplishing your health-related goal (s).

Your health risk assessment should be conducted between **November 28- January 31, 2012**. You can schedule a health risk assessment at Medical Analysis Clinic, or with your medical provider. If it has been less than a year since your preventative exam, the health risk assessment will be sufficient documentation.

**PREVENTATIVE /ANNUAL WELLNESS EXAM**-Age appropriate screenings are paid for at 100% with no co-payment.

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**FOLLOW-UP WELLNESS VERIFICATION FORM**

This form can be completed by your medical provider or the Wellness Program Reviewer (Nurse Practitioner) at Medical Analysis Clinic, between April 30-June 15, 2012, but the completed form **must** be provided to the Wellness Program Reviewer in order to be eligible for the Premium Reduction Program.

You will also be required to meet the identified health goal in order to qualify for the Premium Reduction Program.

If you have any questions regarding our wellness program, please feel free to contact our Benefits Administrator, Lynn Hill at 228-868-5831.

Best regards,

Cheryl Millender  
Human Resources Manager