

Attachment D

WELLNESS RIDER

The benefits in this Rider supplement the benefits set forth in this Certificate, of which this Rider is a part. Nothing contained herein shall be held to vary, alter, waive or extend any of the terms, conditions, provisions or limitations of the Certificate, except as expressly stated below. Capitalized terms have the meaning ascribed to them in the Certificate.

The following wellness benefits have been elected by this Group Health Plan:

 X Wellness Award

Wellness Award

Subscribers will be eligible for a [\$50 - \$1,000] wellness award when the following requirements are met and confirmed by completion of the Wellness Checklist. The Wellness Checklist must be signed by the Member and a Participating Primary Care Provider. The Wellness Checklist must be properly completed and returned to VIVA Health before [December 31st of the current year] in order to receive an award for that year. [Covered Dependents are not eligible for the wellness award.]

The Wellness Award requirements include:

- Tobacco free for at least 6 months.
- Alcohol use averaging less than 2 drinks per day.
- Tetanus shot within the last 10 years.
- For males, body fat is less than 24% or weight within 10% of ideal body weight.
For females, body fat is less than 29% or weight within 10% of ideal body weight.
- Normotensive (blood pressure at normal level).
- Cholesterol checked within the last 36 months and at acceptable levels in total and for HDL and LDL.
- Seat belt use in motor vehicle and helmet use on motorcycle or bicycle.
- Exercise at least three times per week for 20 minutes per session.
- For females, pap smear and breast exam within the last 12 months.
- For females age 50 and older, mammogram within the last 12 months.
- For males age 50 and older, prostate exam yearly.
- For members age 65 and older, flu shot yearly and pneumovax (one per lifetime).
- For members age 50 and older, hemocult yearly.
- Participate in other preventive care procedures/programs as recommended and/or performed by the Primary Care Provider.

If you are unable to meet one of the wellness standards above due to a medical condition, please attach a statement to your wellness checklist identifying the criteria you are unable to meet and an explanation of the medical condition. The statement must be supported and signed by a VIVA Health participating provider.