Brown & Brown

EMPLOYEE BENEFITS

Wellness Programs – General Overview

March 2023

To promote and encourage good health and healthy lifestyles, many employers offer employees the opportunity to participate in wellness programs. Wellness programs vary widely in design and can include educational sessions, smoking cessation programs, physical fitness requirements or medical examinations. One common feature of wellness programs is that they offer a reward to participants that encourages participation in the program or can provide a participant an incentive to attain a wellness-related goal. Wellness programs can be offered as part of, or related to, an employer's larger group health plan or as a stand-alone program or group health plan.

Applicable Laws and Regulations

There are three sources of federal requirements directly applicable to wellness programs that employers should consider when designing and implementing a wellness program. In addition, other federal laws generally applicable to employee benefit programs may apply. Which laws apply will depend on the wellness program benefits and services and whether the program is related to, or is itself, a group health plan. Employers should note that compliance with one law does not necessarily ensure compliance with another. Given the number and complexity of the laws that may apply to an employer's wellness program, employers should have their wellness programs reviewed by employee benefits legal counsel and request specific guidance regarding the application of these laws.

Health Insurance Portability and Accountability Act (HIPAA)

To the extent that a wellness program is related to or provided in connection with a group health plan, or is itself treated as a group health plan, the program will be subject to HIPAA's portability and nondiscrimination requirements. A wellness program is considered a group health plan if it pays for or provides medical or health benefits to participants. A program is related to a group health plan and may be subject to HIPAA if the reward (or penalty) associated with participation in the program affects eligibility, premiums or contributions for a group health plan or if participation in the program is limited to those enrolled in the employer's group health plan. These HIPAA requirements are summarized on the next page.

A wellness program that is related to or provided in connection with a group health plan, or is itself treated as a group health plan, will also be subject to the HIPAA privacy and security rules in most cases because the program will be part of, or itself will qualify as, a covered entity. This generally will be the case unless the employer self-administers the wellness program and the program has less than 50 participants.

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Americans with Disabilities Act (ADA)

If a wellness program includes any disability-related inquiries or requires participants to undergo medical examinations, the program will be subject to the ADA and must comply with the ADA's voluntary wellness program rules. Regardless of whether the program includes disability-related inquiries or medical examinations, it may be necessary to provide reasonable accommodations for any individuals with disabilities who are required to participate to attain the same benefits offered to individuals without disabilities. These ADA requirements are summarized on page 6.

Genetic Information Nondiscrimination Act (GINA)

When a wellness program requests genetic information (including family medical history) from employees or their family members, the employer offering the program will be subject to the provisions of Title II of GINA. If the wellness program relates to, or is, a group health plan and collects genetic information (such as through a health risk assessment), the program itself will be subject to the requirements of Title I of GINA. These GINA requirements are summarized on page 7.

Employee Retirement Income Security Act of 1974 (ERISA)

To the extent that a wellness program goes beyond merely promoting a healthy lifestyle and provides medical care, the wellness program may qualify as a group health plan and will be subject to ERISA, including ERISA's reporting and disclosure requirements, assuming the employer is a type of employer whose employee benefit plans are otherwise subject to ERISA. Whether the wellness program provides medical care will depend on the specific benefits and services offered under the program.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

A wellness program that is treated as a group health plan will also be subject to COBRA unless the small employer exemption applies or the plan is a church plan.

Affordable Care Act (ACA) Employer Shared Responsibility Penalty

Applicable Large Employers (ALEs) who are subject to the employer shared responsibility penalties (i.e., the "employer mandate") and who offer wellness programs that include incentives will need to consider how the incentives under the program will impact the affordability of coverage. When determining a plan's affordability, any wellness incentive related to tobacco that affects premiums will be treated as earned. Any incentives unrelated to tobacco (or include a component unrelated to tobacco) will not be treated as earned when determining affordability.[1]

Tax Implications

The tax implications of wellness program incentives will largely depend on the incentive or benefit offered. For example, cash or cash equivalent rewards (e.g., gift cards) would be included in the employee's income and subject to wage withholding and employment taxes. Rewards that include the employer's payment of a portion of a participant's premium costs or cost-sharing (e.g., copayments or deductibles) or employer contributions to HSAs, HRAs or health FSAs are generally excluded from an employee's income and not subject to wage withholding or employment taxes. Employers should consult with their legal counsel and tax advisors for specific guidance regarding the taxability of their wellness program incentives.

1 *Treas. Reg. §1.36B-2(c)(3)(v)(A)(4).*

HIPAA Wellness Program Nondiscrimination Rules

Two types of wellness programs are provided in connection with group health plans and subject to HIPAA's wellness program nondiscrimination rules: participatory programs and health-contingent programs. These programs and their applicable requirements are summarized below.

Participatory Programs

Definition: Programs that do not offer a reward or where none of the conditions for obtaining a reward are based on an individual satisfying a standard related to a health factor.[2]

Availability Requirements: Program must be made available to all similarly situated individuals.[3]

Reward/Incentive Limits: None.

Notice Requirements: None.

Examples:[4]

- Program that pays or reimburses the cost of an employee's health club or fitness center membership.
- Biometric testing program that provides a reward for participation in the program and does not base any part of the reward on testing outcomes.
- Program that reimburses the cost of, or provides another reward for, participating in a smoking cessation program regardless of whether the employee quits smoking.
- Program that provides rewards to employees who attend health education seminars.
- Program that provides a reward to employees who complete a health risk assessment regarding current health status, without any further action (educational or otherwise) required by the employee about any health issues identified as part of the assessment.

2 The term health factor means, in relation to an individual, any of the following health status-related factors: health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability, or disability. Treas. Reg. §54.9802-1.

3 "A plan may treat participants as two or more distinct groups of similarly situated individuals if the distinction between or among the groups of participants is based on a bona fide employment-based classification consistent with the employer's usual business practice. Whether an employment-based classification is bona fide is determined on the basis of all the relevant facts and circumstances. . . . [E]xamples of classifications that, based on all the relevant facts and circumstances, may be bona fide include full-time versus part-time status, different geographic location, membership in a collective bargaining unit, date of hire, length of service, current employee versus former employee status, and different occupations." Treas. Reg. §54.9802-1.

4 Treas. Reg. §54.9802-1(f)(1)(ii).

Health-Contingent Programs

Activity-Only

Definition: Programs in which a participant is required to perform or complete an activity related to a health factor to obtain a reward.

Availability Requirements:

- Opportunity to Qualify – Eligible individuals must be able to qualify for the reward at least once per year.
- Reasonable Design – Program must be reasonably designed to promote health or prevent disease.[5]
- Uniform Availability – Full reward must be available to all similarly situated individuals, including any portion of the reward that is provided prior to when the individual satisfies the reasonable alternative standard.
- Reasonable Alternative Standard (RAS) – Program must allow a reasonable alternative standard (or waiver of the otherwise applicable standard) for obtaining the reward for any individual for whom, for that period, it is unreasonably difficult due to a medical condition to satisfy the otherwise applicable standard or for whom it is medically inadvisable to attempt to satisfy the otherwise applicable standard.

Reward/Incentive Limits: Amount cannot exceed 30% of the total premium cost of coverage (employee + employer contributions). Limit increased to 50% to the extent that the additional percentage is attributable to a program designed to prevent/reduce tobacco use. Limits are based on the coverage tier that includes those who are able to participate in the wellness program (e.g., employee, spouse and dependent).

The regulations state that for purposes of the incentive limit, the "cost of coverage is determined based on the total amount of employer and employee contributions towards the cost of coverage for the benefit package under which the employee is (or the employee and any dependents are) receiving coverage."[6] Because the regulations are not clear as to what should be counted as part of the "benefit package," employers will need to determine whether employer contributions to other benefits (e.g., an integrated HRA) offered in addition to the major medical plan can be counted in calculating the cost of coverage. Employers offering wellness program incentives in connection with a self-insured health plan or to employees not enrolled in the employer's health plan will need to determine, in consultation with legal counsel, whether their incentive structure is within HIPAA's incentive limits.

Notice Requirements: Plan or issuer must disclose the availability of the RAS in all plan material describing the terms of the activity-only wellness program. Notice must include contact information for obtaining a RAS and a statement that recommendations of an individual's personal physician will be accommodated.[7] This disclosure is not required if plan materials merely mention that such a program is available, without describing its terms.

Example of Activity-Only Wellness Program:

- Walking, diet or exercise programs that do not require attainment of a specified goal, in which some participants cannot participate or complete (or have difficulty participating in or completing) due to a health factor such as severe asthma, pregnancy or a recent surgery.

[5] *"A program satisfies this standard if it has a reasonable chance of improving the health of, or preventing disease in, participating individuals, and it is not overly burdensome, is not a subterfuge for discriminating based on a health factor, and is not highly suspect in the method chosen to promote health or prevent disease. This determination is based on all the relevant facts and circumstances." Treas. Reg. §54.9802-1.*

[6] *Treas. Reg. §54.9802-1.*

[7] *Sample language included in regulations: "Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at [insert contact information] and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status." Treas. Reg. §54.9802-1.*

Outcome-Based

Definition: Program requires an individual to attain or maintain a specific health outcome to obtain a reward.

Availability Requirements:

- Opportunity to Qualify – Eligible individuals must be able to qualify for the reward at least once per year. *(Same as activity-only program.)*
- Reasonable Design – Program must be reasonably designed to promote health or prevent disease. *(Same as activity-only program.)*
- Uniform Availability – Full reward must be available to all similarly situated individuals, including any portion of the reward that is provided prior to when the individual satisfies the reasonable alternative standard. *(Same as activity-only program.)*
- Reasonable Alternative Standard (RAS) – Must have a RAS (or waiver of standard) for any individual who does not meet the initial standard regardless of whether it was unreasonably difficult due to a medical condition or medically inadvisable to attempt. Employer may not seek verification (such as from the individual's physician) that a health factor makes it unreasonably difficult to satisfy or medically inadvisable for the individual to attempt to satisfy the standard.

Reward/Incentive Limits: *(Same as activity-only program.)* Amount cannot exceed 30% of the total premium cost of coverage (employee + employer contributions). Limit increased to 50% to the extent that the additional percentage is attributable to a program designed to prevent/reduce tobacco use. Limits are based on the coverage tier that includes those who can participate in the wellness program (e.g., employee, spouse and dependent).

The regulations state that for purposes of the incentive limit, the "cost of coverage is determined based on the total amount of employer and employee contributions towards the cost of coverage for the benefit package under which the employee is (or the employee, spouse, and any dependents are) receiving coverage."[8] Because the regulations are not clear as to what should be counted as part of the "benefit package," employers will need to determine whether employer contributions to other benefits (e.g., an integrated HRA) offered in addition to the major medical plan can be counted in calculating the cost of coverage. Employers offering wellness program incentives in connection with a self-insured health plan or to employees not enrolled in the employer's health plan will need to determine, in consultation with legal counsel, whether their incentive structure is within HIPAA's incentive limits.

Notice Requirements: *(Same as activity-only program.)*

Plan or issuer must disclose the availability of the RAS in all plan material describing the terms of the outcome-based wellness program. Notice must include contact information for obtaining a RAS and a statement that recommendations of an individual's personal physician will be accommodated.[9] This disclosure is not required if plan materials merely mention that such a program is available, without describing its terms.

Examples:

- Program with reward conditioned on the participant certifying (e.g., via affidavit) that they do not use tobacco, even if no testing is required.
- Program with reward conditioned on outcome of test to prove absence of tobacco in system.
- Exercise or diet program where the reward was conditioned on the number of miles walked, caloric intake or attainment of a specific weight.
- Program with reward to participants who achieve a certain count on a total cholesterol test or have a body mass index (BMI) of a certain number.

8 Treas. Reg. §54.9802-1

9 Sample language included in regulations: "Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at [insert contact information] and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status." Treas. Reg. §54.9802-1..

ADA Wellness Program Rules

As noted above, a wellness program that includes disability-related inquiries or medical examinations will be required to satisfy the ADA's voluntary plan exception. EEOC guidance defines a disability-related inquiry as "a question (or series of questions) that is likely to elicit information about a disability."[10] A medical examination is defined under the guidance as "a procedure or test that seeks information about an individual's physical or mental impairments or health."[11]

For a wellness program that includes disability-related inquiries or medical examinations and qualifies as an employee health program to be considered "voluntary," the employer (or other covered entity) must meet the following requirements:

- Employees cannot be required to participate.
- The employer cannot deny coverage under any of its group health plans or particular benefits packages within a group health plan for non-participation. In general, employers cannot limit the extent of benefits for employees who do not participate.
- The employer cannot take any adverse employment action or retaliate against, interfere with, coerce, intimidate or threaten employees within the meaning of Section 503 of the ADA (found at 42 U.S.C. § 12203).
- The employer must provide employees with a prescribed notice.[12]

Additional Requirements:

- Reasonable Design – An employee health program must be reasonably designed to promote health or prevent disease.[13]
- Reward/Incentive Limit – Unclear. See below section on current regulatory landscape.
- Reasonable Alternative/Accommodation – No RAS requirement. However, reasonable accommodation may be required to enable employees with disabilities to have equal benefits and privileges as provided to employees without disabilities.

Notice Requirements: Employee health programs that require medical exams or make disability-related inquiries will not be considered voluntary unless the employer or covered entity provides employees with a notice that:

- Is written so that the employee from whom medical information is being obtained is reasonably likely to understand it;
- Describes the type of medical information that will be obtained and the specific purposes for which the medical information will be used; and
- Describes the restrictions on the disclosure of the employee's medical information, the employer representatives or other parties with whom the information will be shared, and the methods that the covered entity will use to ensure that medical information is not improperly disclosed (including whether it complies with the measures set forth in the HIPAA regulations).[14]

EEOC guidance does not require employees to receive the notice at a particular time but provides that employees must receive it before providing any health information and with enough time to decide whether to participate in the program.

Examples of medical examinations/disability-related inquiries that, when incorporated into a wellness program, may trigger the ADA:

- Blood pressure screening and cholesterol testing.
- Range-of-motion tests that measure muscle strength and motor function.
- Medical exams measuring heart rate or blood pressure
- Asking an employee whether they have (or ever had) a disability or how they became disabled or inquiring about the nature or severity of an employee's disability.
- Asking an employee to provide medical documentation regarding their disability.[15]

10 Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees under the ADA.

11 Factors that should be considered to determine whether a test (or procedure) is a medical examination: (1) whether the test is administered by a health care professional; (2) whether the test is interpreted by a health care professional; (3) whether the test is designed to reveal an impairment or physical or mental health; (4) whether the test is invasive; (5) whether the test measures an employee's performance of a task or measures their physiological responses to performing the task; (6) whether the test normally is given in a medical setting; and, (7) whether medical equipment is used. Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees under the ADA.

12 29 CFR §1630.14(d)(2).

13 A program satisfies this standard if it has a reasonable chance of improving the health of, or preventing disease in, participating employees, and it is not overly burdensome, is not a subterfuge for violating the ADA or other laws prohibiting employment discrimination, and is not highly suspect in the method chosen to promote health or prevent disease. 29 CFR §1630.14.

14 29 CFR §1630.14(d)(2)(iv) – EEOC Sample Notice.

15 Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees under the ADA.

GINA Wellness Program Rules

A wellness program that asks employees and/or their family members to provide medical history or genetic information must comply with Title II of GINA. A wellness program that is itself a group health plan or is connected to a group health plan will also be subject to the requirements under Title I of GINA. In general, Title I of GINA prohibits group health plans from collecting genetic information (including family medical history) for underwriting purposes, whereas Title II prohibits employers from requesting or requiring an employee or family member to provide family medical history or other genetic information, subject to certain exceptions, including for voluntary wellness programs. GINA Title I and Title II are enforced by different federal agencies, and separate regulations have been issued under each title.

Under GINA Title I, "underwriting purposes" is defined very broadly. It includes a plan's rules for eligibility and for determining premium or contribution amounts. Generally speaking, a wellness program subject to Title I that provides a reward for completing a health risk assessment will violate GINA Title I if the health risk assessment requests genetic information such as family medical history. The Title I regulations provide several examples demonstrating how Title I applies to wellness programs.[16] Based on these examples, the following guidelines generally apply to wellness programs subject to Title I (e.g., programs with health risk assessments that request information about family medical history or other genetic information):

- Employers/plan sponsors should not request employees complete the health risk assessment prior to or in connection with enrollment in the employer's medical plan.
- The wellness program should not provide any reward for completing the health risk assessment, or the employer should use two separate health risk assessments – one that includes rewards but requests no genetic information and one that requests genetic information but involves no reward for completion.

Under GINA Title II regulations, employer-sponsored wellness programs that ask for genetic information or medical information from participants are permitted so long as several conditions are met, including the following:

- The program must be reasonably designed to promote health or prevent disease, meaning it must have a reasonable chance of improving the health of, or preventing disease in, participating individuals.[17]
- The wellness program must not be overly burdensome to employees.
- The wellness program must not be a subterfuge for violating Title II of GINA or other laws prohibiting employment discrimination.
- The wellness program must not be highly suspect in the method chosen to promote health or prevent disease.
- The employer receives prior knowing, voluntary and written authorization from the individual, which may include authorization in electronic format.
- Individually identifiable genetic information is provided only to the individual (or family member if the family member is receiving genetic services), licensed health care professionals, or board-certified genetic counselors involved in providing such services and is not accessible to managers, supervisors or others who make employment decisions, or to anyone else in the workplace.
- Individually identifiable genetic information is only available for purposes of the "health or genetic services" offered by the employer and is not disclosed to the covered entity except in aggregate terms that do not disclose the identity of specific individuals.
- The employer does not offer an inducement (in the form of a reward or penalty) for individuals to provide genetic information but may offer financial inducements for completion of health risk assessments that include questions about family medical history or other genetic information, provided the covered entity makes clear, in language reasonably likely to be understood by those completing the health risk assessment, that the inducement will be made available whether or not the participant answers questions regarding genetic information.[18]

16 See Treas. Reg. §54.9802-3T(d)(3).

17 "A wellness program is not reasonably designed to promote health or prevent disease if it exists merely to shift costs from an employer to employees based on their health; is used by the employer only to predict its future health costs; or imposes unreasonably intrusive procedures, an overly burdensome amount of time for participation, or significant costs related to medical exams on employees. A wellness program will also not be considered reasonably designed to promote health or prevent disease if it consists of a measurement, test, screening, or collection of health-related information and that information is not used either to provide results, follow-up information, or advice to individual participants or to design a program that addresses at least some conditions identified (e.g., a program to help employees manage their diabetes if aggregate information from HRAs shows that a significant number of employees in an employer's workforce have diabetes)." EEOC's Final Rule on Employer Wellness Programs and the Genetic Information Nondiscrimination Act.

18 29 CFR § 1635.8.

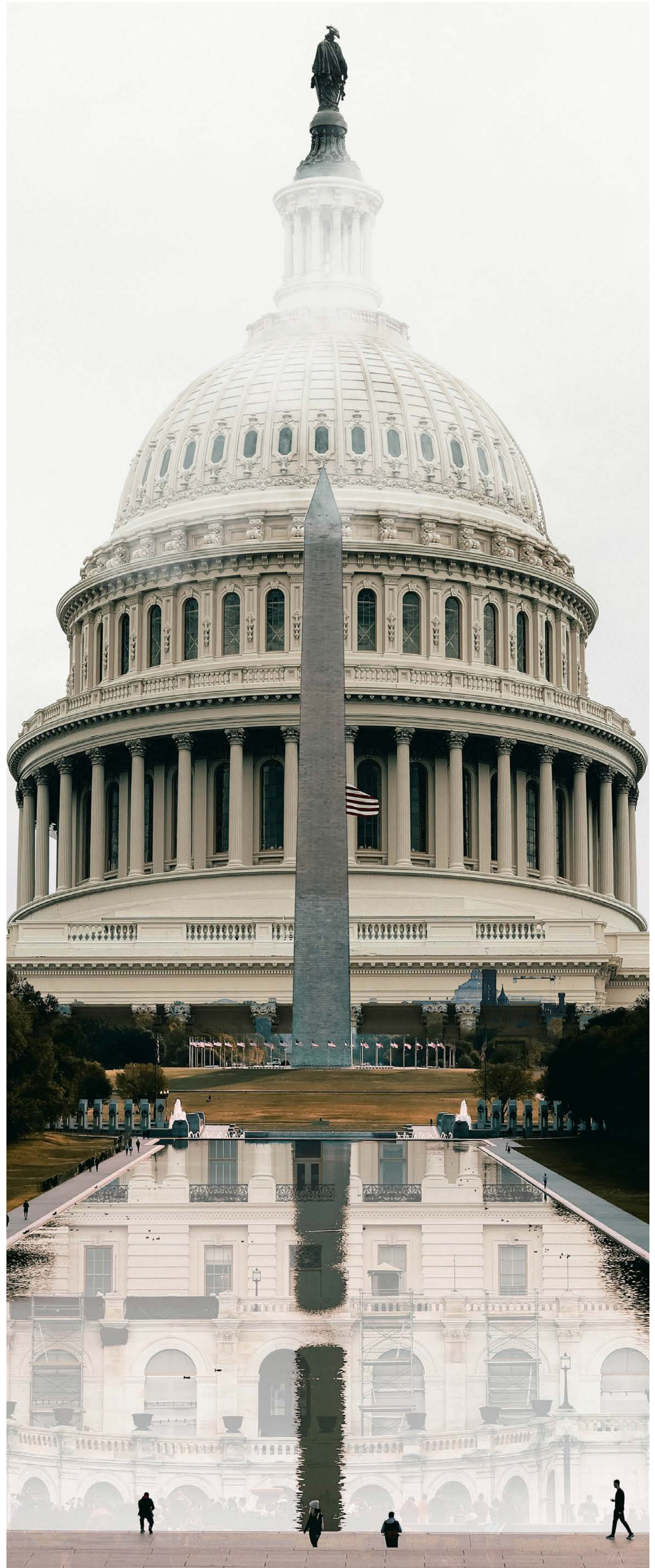
Current ADA/GINA Regulatory Landscape

In 2016, the EEOC issued final regulations under the ADA and GINA Title II regarding wellness programs. Among other issues, these regulations addressed how a wellness program that offered plan participants wellness incentives could remain qualified as a voluntary wellness program under the ADA exception for voluntary employee health programs. These regulations also provided how a voluntary employer-sponsored wellness program could collect information related to a spouse's health history under Title II of GINA. Under the 2016 final rules, wellness programs subject to the ADA and/or GINA Title II were limited to a maximum incentive of 30% of the total cost of employee-only coverage.[19] Unlike the wellness requirements under HIPAA, this limit applied regardless of whether the wellness program was considered a participatory or health-contingent program. In 2017, a federal court vacated (i.e., removed) the incentive provisions under the 2016 EEOC final regulations, thereby striking down the bright-line incentive cap under the ADA and GINA Title II.

In January 2021, the EEOC issued proposed regulations providing that wellness programs subject to GINA Title II and/or the ADA may offer no more than a *de minimis* incentive to encourage participation in a wellness program, with exceptions for certain health-contingent programs that are themselves considered group health plans or are a part of a group health plan. However, these proposed EEOC regulations were withdrawn before they became effective, again leaving plan sponsors without specific guidance regarding the amount of wellness program incentives allowed under GINA Title II and the ADA.

Until further guidance is provided regarding incentive limits under GINA and the ADA, employers offering wellness programs subject to GINA and/or the ADA should consult legal counsel for guidance.

19 No such regulations allowing limited incentives as an inducement to receive information about a spouse's medical history were issued under GINA Title I. Any such inducement under a wellness program subject to GINA Title I could violate the law.



Additional Considerations Related to Spousal/Dependent Participation

Some employers design their wellness programs to allow an employee's spouse and/or dependents to participate and include a reward/incentive tied to the spouse's/dependent's participation. As discussed above, in some cases, GINA might not allow a reward or incentive for the spouse's/dependent's participation. When a reward/incentive is permitted for spouses/dependents, the employer must consider how to structure the reward/incentive.

A reward/incentive may be provided to the spouse/dependent of the employee that is separate from the reward/incentive provided to the employee so long as the aggregate reward/incentive for the family unit (i.e., all individuals eligible for the reward/incentive) does not exceed the limit that applies under HIPAA to health-contingent wellness programs (if applicable). For example, suppose both employees and spouses may participate in the health-contingent wellness program and receive separate rewards/incentives. In that case, an acceptable arrangement under the rules could be a premium reduction reward of $200 per month if the employee performs or completes the activity, with an additional $100 per month premium reduction if the spouse performs or completes the activity, so long as $300 does not exceed 30% or 50% (contingent upon whether the employer includes an incentive based upon tobacco cessation) of the cost of coverage for the employee and spouse tier.

Potential compliance issues arise if a single reward/incentive is provided only upon the employee and the spouse or dependent's completion of the required activity/outcome to earn the reward/incentive.

For instance, conditioning the availability of the reward/incentive to be provided to an employee on the participation of their spouses or dependents in the wellness program could call into question whether the program is reasonably designed to promote health or prevent disease in employees. As discussed above, HIPAA and the ADA rules generally require the program to be reasonably designed to promote health or prevent disease among participants. It is not entirely clear how that requirement would apply to this type of program design that only provides rewards/incentives to an employee upon the employee's spouse or dependent's participation in the program.

In addition, some states prohibit employers from discriminating against employees based on marital or familial status. This wellness program design could raise questions regarding whether the employer treats employees differently based on whether they have or do not have a spouse or dependents. While ERISA could potentially preempt such state laws if someone seeks to claim that the program is discriminatory, some wellness programs are not ERISA plans (and would not be able to take advantage of ERISA preemption), and the ERISA preemption defense is one that ultimately is determined by a court in the course of litigation (which an employer might prefer to avoid).

In light of these potential issues, employers that would like to provide a wellness program reward/incentive to employees only if both the employee and the spouse/dependent take the necessary action(s) or achieve the required outcome(s) should consult with employee benefits counsel before implementing such a program design.

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