

EXHIBIT D

Exhibit 4: Health Expectations Program (HEP)

HBET will design and provide oversight for the implementation and ongoing operation of the Health Expectations Program (HEP or Program) as outlined below:

Health Expectations Program

<ul style="list-style-type: none"> • Expectations for participants to receive healthcare services (see next Exhibit). • Completion certified by mutually agreed third party vendor based on medical records and claims information: exemption process to be developed, including a way for a participant’s clinician to certify that one or more requirements may be medically inadvisable for that participant to undergo. • Expectations apply to covered employees and covered spouses, not dependents. • Program and operational design must comply with Federal regulations.
<p>The health risk profile of participants opting into the HEP program will be evaluated by a mutually agreed third party (HIPAA compliant). The evaluation will be based on the outcomes of healthcare screenings and claims data. A participant with one of the identified medical conditions below and with certain risk variables (examples below), will be enrolled in a medical coaching program. For those enrolled in the medical coaching program, participation in the coaching will become an additional healthcare Expectation.</p> <ul style="list-style-type: none"> • Medical Conditions Evaluated in HEP: Diabetes, Heart Disease, Hyperlipidemia, COPD, Heart Failure, Hypertension • <u>Risk Factors Accompanying Medical Conditions</u>: Gaps in care, multiple chronic conditions, co-morbid conditions, lab values out of range or other evidence of poor control of chronic conditions, lack of evidence-based screenings, Hospital and Emergency Department utilization patterns, non-adherence to appointments or medication, elevated risk, and other factors elevating the participant’s health risk. • Medical coaching may be telephonic and may include in-person visits. An intake sessions and two coaching sessions will be required in 2018. • Additional voluntary programs include disease education and Live Well at Yale (CDSMP) • Additional conditions, modifications, and/or program features may be identified and agreed upon by HBET as the program matures.
<p>The parties will sponsor a campaign to promote a tobacco cessation program.</p>
<p>HBET will design and provide oversight for the implementation and ongoing operation of this program:</p> <ul style="list-style-type: none"> • Ensure system protects confidentiality and respects the patient-clinician relationship. • Go live one year from ratification (January 1, 2018), provided that Parties agree program is ready three months before that. • Unresolved issues will be escalated to Policy Board. <p>HBET will provide oversight for education and outreach efforts:</p> <ul style="list-style-type: none"> • The University will partner with the Unions in designing and implementing a comprehensive communications campaign to educate participants about this program. • A new bank of release time will be created to support Union outreach efforts; 2,500 hours over term of contract. <p>Participants who opt-out of this program may opt-in on a quarterly basis.</p> <p>The participant will receive a notice at least 90 days prior to a HEP deadline. If notice is not provided, an additional 90 days will be allowed to complete the requirement. If Yale Health is unable to provide an appointment during the above timeframe, the participant will be allowed an additional 90 days to complete the requirement.</p>
<p>Members may pay a fee to opt-out \$25/week when the program goes live, with increases in subsequent years. *</p>

*The parties will establish a methodology for how the opt-out fee will increase in 2019 and the remaining years of this Agreement. If the Parties do not agree on a method or increase prior to September 15 of each year, the opt-out fee for the following year will increase or decrease in the same percentage as any increase or decrease in the full premium of the health plans.

The opt-out fee will not apply to bargaining unit employees who have retired prior to January 21, 2017, or their covered spouses. These employees and their spouses will, however, be eligible and encouraged to participate in the Program.

Health Care Requirements

Healthcare Services	Age 21 - 29	30 - 39	40 - 49	50 - 64	65+
Primary Care Visit with PCP	WITHIN ONE YEAR OF ENROLLMENT (after 1/1/2017) AND WITHIN PAST 3 YEARS		WITHIN ONE YEAR OF ENROLLMENT (after 1/1/2017) AND WITHIN PAST 2 YEARS		
Cholesterol Screening (Lipid)			LIPID PANEL WITHIN PAST 5 YEARS		
Diabetes Screening (Glucose)			FASTING BLOOD GLUCOSE OR HEMOGLOBIN A1C OR GLUCOSE TOLERANCE TEST WITHIN PAST 5 YEARS		
Breast Cancer Screening (Mammogram)				WITHIN PAST 2 YEARS	
Cervical Cancer Screening (PAP Smear)	WITHIN PAST 3 YEARS	<ul style="list-style-type: none"> • WITHIN PAST 3 YEARS WITHOUT DOCUMENTED HPV NEGATIVE STATUS • WITHIN PAST 5 YEARS WITH DOCUMENTED HPV NEGATIVE STATUS 			
Colorectal Cancer Screening				COLONOSCOPY WITHIN PAST 10 YEARS OR FIT/FOBT WITHIN PAST 1 YEAR	
Pneumococcal Vaccine					AT LEAST ONCE AFTER AGE 65

Note: A clinician may recommend additional screening tests and medical interventions to a patient, not subject to the opt-out fee.