

Medical Premium Discount Program 2022



Argus Wellness Program is designed to encourage and reward employees for taking proactive steps to maintaining a healthy lifestyle and identifying health risks before they become serious health conditions. All wellness initiatives are designed to support our commitment to employee's health and wellbeing and our mission to create a culture of good health within our organization.

Medical Premium Discounts being offered in 2023:

- 1) Wellness Discount
- 2) Tobacco-Free Discount

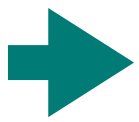
All employees enrolled in the Argus health insurance plan are eligible to receive both discounts.

This is a voluntary program, if you choose to participate, you must meet all established deadlines outlined below.

All health information you share with the wellness program is personal and confidential. It will not be shared with Argus.

If you have questions regarding this packet, please contact Human Resources at 816.874.8246.

Additional copies of this packet, are available on your employee benefit site at: <https://argus.millercares.com> under the WELLNESS tab.



Wellness Discount

Eligibility

- ▶ Employees enrolled in the Argus health insurance plan.

Amount of Discount

- ▶ \$50 each month for the **2023 calendar year**.

Deadline to Qualify

- ▶ Submit Physician Screening Form (PSF) by **September 16, 2022**.
- ▶ Complete Health Coaching Calls* by **December 9, 2022**.

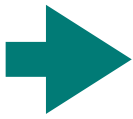
Activities to complete

- ▶ Submit a completed Physician Screening Form, pg. 5.
 - ▶ Print out the form.
 - ▶ Attend a preventive exam and have your doctor complete the form.
- ▶ Complete telephonic Health Coaching Calls*.

FAQ:

* Health Coaching is provided to Argus employees who have 3 or more elevated Metabolic Risk Factors. Refer to page 3 to learn more.

- Argus will not have access to any specific, personally identifiable health information through the Wellness Program.
- All forms must be submitted and coaching calls complete by the deadlines in order to receive the medical premium discount.
- Incomplete forms are not accepted and will render participant ineligible for the medical premium discount.
- Employees on the medical insurance plan are eligible for a preventive exam every calendar year. Therefore you do not have to schedule your exam 12 months from the date of your previous exam.
- Schedule your preventive exam with your doctor early in the year to help ensure completion of the PSF before the deadline.
- Your physician's office is not responsible for submitting your form - you are. Forms not received by the deadline will disqualify you from receiving the medical premium discount.
- You are eligible for the wellness discount even if you do not qualify for the tobacco-free discount.



Telephonic Health Coaching

Lab Test Results Normal Ranges	
BMI	< 25
HDL Cholesterol:	> 40
LDL Cholesterol:	< 100
Glucose:	< 100
Triglyceride Level:	< 150
Blood Pressure	< 120/80

Am I required to participate in coaching?

- ▶ Employees with 3 or more lab results above the normal range on the PSF (page 5) must complete one of the following programs to qualify for the medical premium discount:
 - ▶ **Live Fit - Eat Smart Intuitive Eating Program:** Employees complete 4 coaching sessions with a Health Coach to focus on their relationship with food and exercise in an effort to reduce metabolic risk factors through weight loss.*
 - ▶ **Live Fit Health Coaching:** Employees complete 4 coaching sessions with a Health Coach to review lab results, discuss what the results mean and formulate an action plan to reduce the risk of diabetes, heart disease and stroke.*

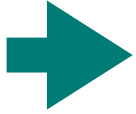
* NOTE: This time is considered to be similar to going to the doctor. Therefore, please schedule your coaching sessions during personal time or plan to use PTO.

How do I enroll in the Coaching Program?

- ▶ Respond to the email invitation you receive from your Live Fit Coach.
- ▶ Coaching is waived for those with less than 3 elevated test results.
- ▶ Based upon your test results, if you feel you should have received an email invitation, please contact: livefitfitness@gmail.com or Human Resources at 816.874.8246.

What should I expect?

- ▶ Coaching calls last approximately 30 - 45 minutes.
- ▶ All sessions must be completed by the deadline. Cancellations must be made 24 hours in advance.
- ▶ Reporting: Your coach will report the date of program completion to Argus. No PHI is shared.
- ▶ **Calls must be completed by December 9, 2022.**



Tobacco-Free Discount

Eligibility

- ▶ Employees enrolled in the Argus health insurance plan.
- ▶ Non-Tobacco User
OR
- ▶ Completed an approved tobacco cessation program in the past 12 months.

Amount

- ▶ \$25 per month for the **2023 calendar year.**

Deadline to Qualify

- ▶ **September 16, 2022.**

Activities to Complete

- ▶ Complete and submit the Tobacco Status Affidavit, pg. 6.
- ▶ Tobacco Users - Complete approved tobacco cessation program AND submit Tobacco Cessation Program Completion form, pg. 7.

FAQ:

You do not have to qualify for the wellness discount in order to qualify for the tobacco-free discount.

Tobacco users are eligible for the discount upon completing an approved tobacco cessation program AND submitting a program completion form found in this packet.

SECTION A - EMPLOYEE INFORMATION (employee to complete)

Last Name: _____ First Name: _____
 Date of Birth (mm/dd/yyyy): _____ Gender: _____
 Email: _____ Phone: _____
 Employee Signature: _____ Date: _____

By signing this form, I acknowledge and agree to the Wellness Program Waiver and Release of Liability (pg. 9)

SECTION B - PHYSICIAN INFORMATION (physician/nurse to complete)

Physician & Practice / Facility Name: _____
 Address: _____ Phone: _____
 Physician Signature: _____ Test Date: _____

SECTION C - BIOMETRIC TEST RESULTS (physician to complete)

Fasting Status: _____ YES fasted for 9 hours or more _____ NO did not fast 9 hours or more

Body Measurements	
Height (feet & inches):	
Weight (lbs):	
Waist (inches):	
Body Mass Index:	

Lab Test Results	
Total Cholesterol:	
HDL Cholesterol:	
LDL Cholesterol:	
Glucose:	
Triglyceride Level:	

Blood Pressure	
Systolic:	
Diastolic:	

Participant must submit completed form by September 16, 2022.

Choose one:

- Preferred Method: Submit scanned form by clicking on the secure upload link and following the prompts to upload the form: <https://millercares.sharefile.com/r-r75e71afdc24470e8>.
- Mail to: Live Fit For Life, LLC, 3920 SW Hidden Cove Drive, Lees Summit, MO. 64082.

Tobacco Status Affidavit

All employees enrolled in the health insurance plan complete this form.

Tobacco use is defined as “any tobacco product, including cigarettes, cigars, chewing tobacco, snuff and pipe tobacco, used four or more times a week within the past 6 months.”

I hereby swear and affirm that (place an ‘x’ in the appropriate box):

I DO NOT USE TOBACCO PRODUCTS and certify that I have not done so in the past 6 months and I do not intend to use tobacco products during the 2023 calendar year.

I USE TOBACCO and certify that I intend to use tobacco products while enrolled in the health insurance plan.

✱ **Tobacco users are eligible for the Tobacco-Free Discount if they meet the following Alternative Standard Guidelines:**

✱ **Complete the American Lung Association Freedom From Smoking Program and submit the Program Completion Certificate on page 7 by September 16, 2022.**

EMPLOYEE INFORMATION (employee to complete)

Last Name: _____

First Name: _____

Date of Birth (mm/dd/yyyy): _____

Gender: _____

Email: _____

Phone: _____

Employee Signature: _____

Date: _____

By signing this form, I acknowledge and agree to the Wellness Program Waiver and Release of Liability (pg. 9).

Submit completed form by September 16, 2022.

Choose one:

- **Preferred Method:** Scan and submit by typing this secure link into your browser and following the prompts to upload the form:

<https://millercares.sharefile.com/r-r75e71afdc24470e8>

- Mail to: Live Fit For Life, LLC, 3920 SW Hidden Cove Drive, Lees Summit, MO. 64082.

Tobacco Cessation Program Completion

TOBACCO USERS, upon completing the online American Lung Association’s Tobacco Cessation Program, submit this completed form. Two ways to enroll:

1. Call 1-800-QUIT-NOW
2. Kansas residents go to: KSquit.org; Missouri residents go to: www.quitnow.net/missouri

EMPLOYEE INFORMATION (employee to complete)

Last Name: _____	First Name: _____
Date of Birth (mm/dd/yyyy): _____	Gender: _____
Email: _____	Phone: _____
Employee Signature: _____	Date: _____

By signing this form, I acknowledge and agree to the Wellness Program Waiver and Release of Liability (pg. 9).

CERTIFICATION OF PROGRAM COMPLETION

I hereby certify that I have completed the Tobacco Cessation Program offered by the American Lung Association on the following date: _____.

Submit completed form by September 16, 2022.

Choose one:

- Preferred Method: Scan and submit by typing this secure link into your browser and following the prompts to upload the form:

<https://millercares.sharefile.com/r-r75e71afdc24470e8>

- Mail to: Live Fit For Life, LLC, 3920 SW Hidden Cove Drive, Lees Summit, MO. 64082.

NOTICE REGARDING WELLNESS PROGRAM AND INCENTIVES

The Argus Consulting Inc. Wellness Program is a voluntary wellness program available to all employees who participate in the group health insurance plan. The program is administered according to the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, the Health Insurance Portability and Accountability Act, as applicable, and other federal rules governing employer-sponsored wellness programs.

If you choose to participate in the wellness program, you will be given the opportunity to earn various premium discounts and other wellness rewards by:

- ☒ Completing a preventive exam with your physician and submitting a Physician Screening Form.
- ☒ Meeting with a health coach throughout the plan year to set realistic goals to improve/maintain your health and lifestyle.
- ☒ Signing a tobacco status affidavit.
- ☒ For tobacco users, submitting certificate of completion from the American Lung Association Tobacco Cessation Program.

Employees who choose to participate in the wellness program and complete the above health related activities through the Argus Consulting Inc. Wellness Program will qualify for a \$50 per month reduction in their health premiums for the time period of January 1, 2023 - December 31, 2023. Additionally, employees who qualify for the tobacco-free discount (by being nonsmokers or by completing the tobacco cessation program) are eligible for an additional \$25 per month reduction in their health premiums. Although you are not required to participate in the Argus Consulting Inc. Wellness Program, only employees who do so will receive the premium reduction incentives. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources Department.

The information from your physician screening form will be used to provide you with information to help you understand your current health and potential health risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Argus Consulting Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the Argus Consulting Inc. Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only person(s) who will receive your personally identifiable health information are the health coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Department.

Wellness program Waiver and Release of Liability

I acknowledge and agree that my participation in the wellness program offered by Live Fit For Life, LLC (hereafter "Live Fit") is **voluntary** and is not required as a condition of my employment.

Assumption of Risk. I agree that my participation in the wellness program, whether I take part in health & wellness coaching, wellness challenges, tobacco cessation, fitness, nutrition, stress management, health screenings & assessments, or any other program initiative is at my own risk. I understand that as part of the wellness program, I may be coached to participate in nutritional activities, tobacco cessation or exercise activities, e.g., exercise, aerobic training, strength training, flexibility training, etc., that could be potentially hazardous. I also understand that such activities involve risks of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I waive my right to file a lawsuit against Live Fit for any injury or loss resulting from wellness program activity. I also release and hold harmless Live Fit from any claim or lawsuit for personal injury, damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of participation in the wellness program, including both claims arising during the wellness program activity and after I complete the activity, and including claims based on negligence of other participants, Live fit, or it's agents whether passive or active.

No Warranties. I further understand and agree that Live Fit makes no warranties, express or implied, as to the wellness program, it's agents, the property on which the wellness program will take place, any persons in attendance at wellness program activities, whether I have any health limitations that would preclude my participation in the wellness program, or any other warranty, condition, guaranty or representation whether oral, written, or in electronic form, relating to the wellness program.

Personal Responsibility. Live Fit has advised me to consult a physician before I undertake any physical exercise program. To the best of my knowledge, I am in good health and sufficient physical condition to participate in the wellness program. I understand that the wellness program does not provide medical advice or diagnosis and is not intended as a substitute for a licensed physician.

Emergency Care. In the event that I am physically injured or otherwise require emergency care, I give permission to Live Fit or any of its agents under the wellness program to secure from any licensed hospital, physician, or medical personnel and treatment consideration necessary for my immediate care. I agree to be responsible for payment of any and all medical services rendered.

Miscellaneous. In the event any provision of the Wellness Program Waiver and Release of Liability form is found to be legally invalid or unenforceable for any reason, all remaining provisions will remain in full force and effect. This Wellness Program Waiver and Release of Liability is binding upon me and my heirs, children, personal representatives, or anyone else entitled to act on my behalf.