

Welcome to your 2025 Wellness Program

To encourage personal health and well-being as a priority, Argus Companies offers employees the opportunity to qualify for the following reductions in their medical premiums as a wellness discount. Argus Wellness Program is designed to encourage and reward employees for taking proactive steps to maintain a healthy lifestyle.

Discount A: Physician Screening Form (\$50.00/month)

Learn about your current health by visiting your primary care physician (PCP), or an in-network healthcare professional of your choice, to complete your annual preventive health exam. Visit the Wellness section of argus.millercares.com to download your Physician Screening Form.

- **Email your completed physician screening form to wellness@millercares.com.**
Retain a copy of your completed Physician Screening Form for your records.
- **DEADLINE: November 30, 2025**

Discount B: Nicotine Free (\$25.00/month)

Employees have two options to qualify for the Nicotine Free discount on health insurance premiums for the upcoming plan year:

- By being a non-tobacco user (defined as abstaining from smoking and other tobacco/nicotine products for at least six months)
 - Visit the Wellness section of argus.millercares.com to download *Non-Tobacco/Nicotine Use Affidavit*. **Return your completed affidavit to wellness@millercares.com.**
 - **DEADLINE: November 30, 2025**

OR

- By completing a tobacco cessation program through *KanQuit!*, the Kansas Tobacco Quitline cessation program, at the company's expense.
 - Please email wellness@millercares.com to learn more about this program.
 - Upon program completion, review and complete the *Non-Tobacco/Nicotine Use Affidavit* found in the Wellness section of argus.millercares.com, and **return your completed affidavit to wellness@millercares.com.**
 - **DEADLINE: March 31, 2026** (tobacco-free premium discount to be applied retroactively to January 1, 2026, upon completion of program and return of affidavit).

Physician Screening Form

INSTRUCTIONS FOR EMPLOYEE/PATIENT

Please take this form with you to your scheduled Annual Preventive Exam to be completed by your primary care physician. **It is the participant's responsibility to return the completed form to wellness@millercares.com by November 30th, 2025.** Retain a copy of this Preventive Exam Form for your records. _____

Patient Last Name: _____ First Name: _____

Signature: _____ Date: _____

INSTRUCTIONS FOR PHYSICIAN

1. Please confirm the annual screening was administered and the form is returned to the patient named above.
2. Please note that your signature should indicate only whether an annual exam was performed, **not** whether it was within a healthy range.

Physician's Office/Name: _____

Office Phone #/Address: _____

I certify that the patient listed above was seen for their Annual Preventive Exam on ____/____/____.

Physician's Signature: _____ Date Signed: _____

Non-Tobacco/Nicotine Use Affidavit

Employees have two options to qualify for the Nicotine Free discount on health insurance premiums for the upcoming plan year:

- By being a non-tobacco user (defined as abstaining from smoking and other tobacco/nicotine products for at least six months); or
- By completing a tobacco cessation program through *KanQuit!*, the Kansas Tobacco Quitline cessation program, at the company's expense. Please email Wellness@millercares.com to learn more about this program.

Both options require the completion of this affidavit as described below. Once you have met one of the criteria for the premium discount, return the completed affidavit to Wellness@millercares.com as follows:

1. For non-tobacco users: Complete this 'Non-Tobacco/Nicotine Use Affidavit' and return it to Wellness@millercares.com by November 30th, 2025
2. For tobacco users: Complete the KanQuit! tobacco cessation program (referenced above), complete this affidavit, and return it to Wellness@millercares.com by March 31st, 2026, at which time you will receive the tobacco-free premium discount retroactive to January 1st, 2026.

Tobacco users who do not complete the tobacco cessation program by March 31, 2026, will not receive the tobacco-free discount for the 2026 plan year. Employees who use tobacco products are not required to complete and return this affidavit unless and until they complete the tobacco cessation program referenced above.

By signing this affidavit, I certify that:

☐ As of November 30, 2025, I am not a smoker or tobacco user and have not smoked or used any tobacco products within the last 6 consecutive months, OR

☐ I have completed the KanQuit! tobacco cessation program as of _____ [insert date].
I am attaching proof of payment for reimbursement.

I understand that if I provide false information in this affidavit, I may be subject to disciplinary action.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

DISCLOSURE: In accordance with the Health Insurance Portability and Account Act (HIPAA), Argus Companies will work with you to develop other ways to qualify for the non-tobacco user rate if it is unreasonably difficult due to a medical condition for you to stop using tobacco products or it is medically inadvisable for you to attempt to satisfy any otherwise applicable standard. The group health plan reserves the right to seek verification, including a statement from your physician, that a medical condition or other health factor makes it unreasonably difficult or medically inadvisable to participate in or complete all of the program requirements.