

This form is due:
September 30, 2024

Health and Wellness and Non-Nicotine(Tobacco) Program Affidavit		
(Please read carefully)		
X or ✓ your choice for each below.		
Yes	No	1. I am a NON-NICOTINE (TOBACCO) user as defined by the Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review ¹ guidelines. I understand that maintaining this status will allow me to earn a 15% incentive amount to go towards my medical insurance premiums. ²
Yes	No	2. I understand that I can earn a 15% incentive amount to go towards my medical insurance premiums by submitting an HRA Form that my primary care doctor signs off on proving that I had my preventative care screening complete with my biometrics done between the months of October 2023 and September 2024.
Yes	No	3. I understand that my participation in the City of Branson Employee Wellness Program is voluntary. I further understand that no employment decision will be taken based on my participation, or the lack thereof, in the Employee Wellness Program.
Yes	No	4. Finally, I have been instructed on where to find the text of the document for the 2023 Employee Wellness Program online, and all requisite forms, and I have been given adequate opportunity to ask Human Resources representatives any questions I have for clarification before signing this affidavit.
Print Name:		
Signature: _____ Date: _____		

1 Federal Register, Vol. 78, No. 39, Part 147 § 147.102 (1) (iv) 1.5:1; "Use of tobacco on average four or more times per week within no longer than the past six (6) months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco."

2 I can earn this discount if I complete a nicotine (tobacco) cessation class before the deadline of September 30, 2024.

WELLNESS PROGRAM IMPORTANT DATES

- Wellness Plan Year**

October 1, 2023 to September 30, 2024

- HRA performed by employee's Primary Care Physician Completion Dates**

October 1, 2023 to September 30, 2024

- Nicotine Coaching**

Latest start date: August 1, 2024

Latest completion date: September 30, 2024

- Medical Insurance Plan Year that is affected by participation in this program**

January 1, 2025 to December 31, 2025

*This form is due:
September 30, 2024*

Determining Tier Level for Medical Insurance Discounts

Did you sign the affidavit stating that you are Nicotine free OR complete coaching*?		Do you have evidence that you completed a Health Risk Assessment through your primary care physician?		If your answers all correspond to a set of responses in a horizontal line below, you qualify for that Tier level for 2025.		Your additional discount for 2025 employee only medical insurance is...
Yes		Yes		Tier 1		30%
Yes		No		Tier 2		15%
No		Yes		Tier 2		15%
No		No		Tier 3		0%
*Employees who test non-negative for nicotine (or confirm utilization of nicotine) for three consecutive years, will not be able to earn the being nicotine free incentive level that third year.						
Human Resources will have Tiers Determined by October 31, 2024						

NOTICE REGARDING WELLNESS PROGRAM

The City of Branson Health and Wellness program is a voluntary wellness program available to all employees.

Employees who choose to participate in the wellness program will receive an incentive of up to a 100% discount on the employee-only portion of the medical insurance premiums for calendar year 2025 for the Base Medical Insurance plan. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive discounts of up to 100%.

Additional incentives of up to “a de minimis value” may be available for employees who participate in certain health-related activities or achieve certain health outcomes like walking challenges or water consumption tracking.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes 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 Kimberly Cooper at kcooper@bransonmo.gov.

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

If there are extenuating circumstances, employees can submit an appeal to the Human Resources Department by October 15, 2024 to be reviewed and considered for additional options in obtaining the discounts available through this program.