



## 2021 NICOTINE CESSATION PROGRAM OVERVIEW

The Nicotine Cessation Program is an important part of Metromont's Wellness Program and is available free of charge to all associates. Participation in the program is voluntary; however, the cost hourly associates pay for medical insurance is based on their nicotine user status.

### Why is this program important to me?

The Nicotine Cessation Program provides a structured plan to help you stop using nicotine products. Medical plan participants that are non-nicotine users or who are participating in the Nicotine Cessation Program receive a discount on the cost of their medical insurance. Additionally, while you are participating in the program, certain nicotine cessation aides prescribed by the TargetCare health coach are available to you at no cost.

### How is a "non-nicotine user" defined?

A non-nicotine user is defined as having not "smoked, chewed, dipped, or otherwise used any form of nicotine product in the last 120 days".

### How does the program work?

The Nicotine Cessation Program is administered through the Onsite Health Clinic. The duration of the program is 6 months. You may enroll in the program any time throughout the year. Once you begin participating in the program, you are eligible to pay the non-nicotine user rate for your medical insurance.

### How do I enroll in the program?

- Step 1: See your Human Resources representative to sign a Non-Nicotine User Affidavit. This affidavit must be signed for you to participate in the Nicotine Cessation Program.
- Step 2: Visit the Onsite Health Clinic to enroll in the program within thirty (30) days from the start date of your medical insurance. *IMPORTANT: You will not be a participant in the program until you have attended your first clinic visit.*

Step 3: While you are participating in the program, you will be required to visit the Onsite Health Clinic 2 times a month for a period of 6 months. *IMPORTANT: If you miss one or both of your required monthly visits, you will be deemed non-compliant with the program.*

Step 4: At the end of the program, you may voluntarily submit to a nicotine test to determine if you are still a nicotine user.

What happens if I am not able to quit using nicotine?

Quitting a nicotine habit can be challenging, and successful results are not always immediate. If you are still a nicotine user at the end of the program, you will have the opportunity to re-enroll. Re-enrollment must be done within 30 days from the date of your post-program nicotine test result; otherwise, you will be charged the nicotine user rate.

While you are participating in the program, certain nicotine cessation aides prescribed by the TargetCare health coach are available to you at no cost for your initial two attempts at nicotine cessation.

If you drop out of the program early or do not adhere to the required clinic visit schedule, you will be considered non-compliant with the program and no longer eligible to receive the non-nicotine user rate. You may re-enroll in the program; however, you must wait a period of 60 days before you are eligible to do so.

What if I don't agree with my nicotine test result?

You have the right to appeal any positive nicotine test result. TargetCare has final determination regarding an associate's compliance with the program. Appeals regarding your compliance status can be made to TargetCare only. Metromont will not make any determination regarding the compliance status of its associates.

Questions or concerns regarding the program may be directed to the Benefits Department at (864) 605-5144.



## 2021 NON-NICOTINE USER AFFIDAVIT

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INSTRUCTIONS: Please select one of the options listed below to designate your nicotine user status.

### OPTION 1

In order to qualify for the Non-Nicotine User medical insurance premium incentive, you must sign the affidavit below.

I hereby certify that I have not smoked, chewed, dipped, or otherwise used any form of nicotine product in the last 120 days. I understand that I will lose my eligibility for the non-nicotine user medical insurance premium incentive if this certification and the information provided on this form are not true and accurate. I also understand that I will be subject to disciplinary action for providing falsified documents if the information is found to be untrue. Lastly, I understand that I may voluntarily submit to random cotinine/nicotine testing at any time during the benefit plan year.

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Printed Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

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### OPTION 2

If you are a nicotine user but wish to quit, you may still qualify for the medical insurance premium incentive by participating in the Nicotine Cessation Program. You must enroll in the Nicotine Cessation Program within thirty (30) days from the start date of your medical insurance and agree to comply with all program requirements. I understand that I may voluntarily submit to random cotinine/nicotine testing at any time during the benefit plan year.

Within thirty (30) days from the start date of my medical insurance, I agree to enroll in the Nicotine Cessation Program, and that, effective immediately, I will be eligible to receive the medical insurance premium incentive while participating in and complying with program requirements.

I understand that I will lose my eligibility for the non-nicotine user premium incentive if 1) I fail to enroll in the Nicotine Cessation Program within the allotted timeframe, and/or 2) this certification and the information provided on this form are not true and accurate. I also understand that I will be subject to disciplinary action for providing falsified documents if the information is found to be untrue. Lastly, I understand that I may voluntarily submit to random cotinine/nicotine testing at any time during the benefit plan year.

I understand that if I do not comply with program requirements or drop out of the program prior to the scheduled program end, I will no longer be eligible for the medical insurance premium incentive and not be allowed to re-enroll in the program for a period of 60 days.

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Printed Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

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### OPTION 3

I am a nicotine user and do not wish to participate in the Nicotine Cessation Program. As a result, I understand that I am not eligible to receive the medical insurance premium incentive and will be charged the higher nicotine user rate. However, I may elect to have my nicotine user status re-classified as a non-nicotine user in the event I elect to participate in the Nicotine Cessation Program at a later date.

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Printed Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Did you know Metromont’s medical plan covers nicotine cessation products at no charge to you?

<p><b>Over-the-counter smoking-cessation drugs:</b> Nicotine gum Nicotine lozenge Nicotine patch</p>	<p>Generic only  Adults age 18 or older  Quantity limits may apply</p>
<p><b>Smoking-cessation drugs:</b> Bupropion (<i>generic Zyban</i>®) Chantix® Nicotrol® Nicotrol® NS</p>	<p>Adults age 18 or older  Quantity limits may apply</p>