



# City of Huntsville 2016 Tobacco Use Certification Policy

Effective January 1, 2016, City of Huntsville group health plan subscribers who use tobacco products will be charged an additional \$40 per month in health insurance premiums.

If you and/or your spouse and/or dependent, if covered under the City's health insurance plan, smokes or uses tobacco products, you will pay a surcharge of \$40 per month for employee-only coverage, employee plus spouse, employee plus children or family coverage.

**What is a Tobacco Product?** Tobacco products are defined as: The product made or derived from tobacco that is intended for human consumption, including any component, part or accessory of a Tobacco Product. Tobacco Product includes but is not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic nicotine delivery systems (ENDS), electronic cigarettes, certain dissolvables, gels, smokeless tobacco, snuff, and chewing tobacco.

**You will be charged the tobacco user surcharge, unless you certify no one covered under your City of Huntsville group health insurance uses tobacco products and no one has used tobacco products within the past twelve (12) months.** However, you can qualify for the non-tobacco premium rate if you and/or your spouse and/or dependent satisfactorily completes the tobacco cessation program offered by the City's group health plan, the tobacco cessation program offered by the City's Health & Wellness Center administered by CareHere, or another tobacco cessation program as approved by the City's Insurance & Benefits office. Please note that if it is unreasonably difficult due to a medical condition for you and/or your spouse and/or dependent to qualify for the regular premium rate or if it is medically inadvisable for you and/or your spouse and/or dependent to attempt to achieve the standards to qualify for the regular premium rate under the group health plan, please contact the City's Insurance & Benefits office who will work with you to develop a reasonable alternative standard to qualify for the regular premium rate.

You are required to certify your tobacco use status and/or your covered spouse and/or dependent's tobacco use status every year. You are also required to resubmit a Tobacco Use Certification form if you and/or your covered spouse and/or dependent's tobacco use status changes during the year. All subscribers who enroll in the City's group health plan must certify their tobacco use status and/or their covered spouse and/or dependent's tobacco use status by completing the Tobacco Use Certification form.

**Please Note: All subscribers must submit certification concerning their tobacco use to the City's Insurance & Benefits Office annually during the Open Enrollment period.** Be sure to keep a copy of the completed Tobacco User Certification form for your records.

If you, your covered spouse and/or dependent desire to participate in an approved tobacco cessation program, you can contact the following:

**City of Huntsville Health & Wellness Center (Tobacco Cessation Coach) at 1-877-866-6430**  
**Blue Cross and Blue Shield of Alabama (Quit for Life Program) at 1-888-768-7848**

It is your responsibility to contact an approved tobacco cessation program and sign up for tobacco cessation classes. For tobacco cessation programs, other than the tobacco cessation programs offered by Blue Cross and Blue Shield of Alabama or by the City's Health & Wellness Center administered by CareHere, you may incur a fee which is not covered by the City of Huntsville's group health plan.

# 2016 TOBACCO USE CERTIFICATION FORM

Subscriber Name: \_\_\_\_\_ ID # (or last 4 digits of SSN): \_\_\_\_\_  
(Please Print)

## NON-TOBACCO USE CERTIFICATION

**By checking this box, I certify that I am eligible for the regular premium rate.**

I certify that myself and/or my spouse and/or eligible dependent(s), covered on my health insurance plan, are not currently using any tobacco products as defined in the Tobacco Use Certification Policy and have not used any tobacco products within the last twelve (12) months; or have completed a tobacco cessation program within the last twelve (12) months and no longer use tobacco products; or otherwise qualify based upon a reasonable alternative standard.

I certify that this information is true and correct to the best of my knowledge and that misrepresentation or falsification of information is grounds for disciplinary actions in accordance with Section 13 of the City of Huntsville's personnel policies and procedures.

I understand that if it is determined that I or my covered spouse or dependent(s) have used tobacco products within the last twelve (12) months, I will immediately be required to pay the tobacco user premium rate for the remainder of the current year and I will be charged the tobacco user premium rate retroactively to January 1<sup>st</sup>, or to the date my coverage became effective if after January 1<sup>st</sup>, or from the date I did not pay the surcharge.

I certify that if this information changes at any time during the upcoming year, while I have group health coverage through the City of Huntsville, I will notify the City's Insurance & Benefits office of such change within 30 days through completion and re-submission of this form.

I understand that if it is determined that I and/or my covered spouse and/or eligible dependent(s) start using tobacco products subsequent to the date of this certification and I do not notify the City's Insurance & Benefits office, I will immediately be required to pay the tobacco user premium rate for the remainder of the current year.

Subscriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TOBACCO USE CERTIFICATION

**By checking this box, I certify that I am NOT eligible for the regular premium rate.**

I certify that one or more persons covered under my group health insurance plan with the City of Huntsville uses tobacco products in some form or that I choose not to disclose my status as it relates to tobacco use.

I understand that if myself and/or my covered spouse and/or dependent(s) who are tobacco users complete a tobacco cessation program offered by the group health plan, by the City's Health & Wellness Center administered by CareHere, another tobacco cessation program as approved by the City's Insurance & Benefits office, or complete an approved reasonable alternative standard, then I will be eligible for the regular premium rate for the remainder of the plan year.

Subscriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_