



# City of Huntsville

## Tobacco Use Certification Policy

Effective January 1, 2021, the City of Huntsville instituted a surcharge of \$50 per month in health insurance rates to group health plan members who use tobacco products.

If you and/or any dependent covered on the City's health insurance plan, smoke or use tobacco products, you will pay a surcharge of \$50 per month for individual-only coverage, individual plus spouse, individual 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.

**Your rate will include the tobacco user surcharge unless, prior to the deadline\*, you certify that 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 rate if you and/or any dependent covered under the City's health insurance plan satisfactorily complete the tobacco cessation program offered through the City's Health & Wellness Center, the tobacco cessation program offered by the City's group health plan, or another tobacco cessation program approved by the City's Insurance & Benefits office.

Alternative Standard: Your health plan is committed to helping you achieve your best health. Rewards for Non-Tobacco participants are available to all eligible members. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the City of Huntsville Insurance and Benefits Office by phone at 256-427-5240 or by email to [HR-Benefits@huntsvilleal.gov](mailto:HR-Benefits@huntsvilleal.gov), and we will work with you (and, if you wish, with your doctor) to develop an alternate standard with the same reward that is right for you in light of your health status.

If you and/or any dependent covered under the City's health insurance plan desire to participate in an approved tobacco cessation program with no out-of-pocket cost, you may contact the following:

**City of Huntsville Health & Wellness Center (Tobacco Cessation Coach) at 1-877-423-1330**  
**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. You may incur a fee which is not covered by the City of Huntsville for participation in tobacco cessation programs other than the programs offered by Blue Cross and Blue Shield of Alabama or through the City's Health & Wellness Center.

You are required to certify the tobacco use status for yourself and all covered dependents on the City's health insurance ANNUALLY. You are also required to resubmit a Tobacco Use Certification form if the tobacco use status changes during the year for you and/or any dependent covered on the City's health insurance plan. All subscribers who enroll in the City's group health plan must certify their and/or their covered dependent's tobacco use status by completing the Tobacco Use Certification. **Tobacco use certification must be submitted to the City's Insurance & Benefits Office by the deadline.**

Be sure to keep a copy of this completed Tobacco User Certification form for your records.

The deadline to return the Tobacco Use Certification form is Thursday, November 4<sup>th</sup>, 2021

**NON-TOBACCO USE CERTIFICATION**

I certify that myself and my dependents (spouse and/or eligible children) enrolled 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 which has been approved by the City's Insurance & Benefits Office.

I certify that if I, or my enrolled dependents, begin using tobacco products at any time during the upcoming year, while I have group health insurance through the City of Huntsville, I will notify the City's Insurance & Benefits office within 30 days of such change through completion and submission of a revised Tobacco User Certification form.

I understand that if it is determined that I or any dependent (spouse and/or children) enrolled on my health plan have used tobacco products within the last twelve (12) months or begin 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 rate for the remainder of the plan year.

I certify that this information is true and correct to the best of my knowledge and that misrepresentation or falsification of information will result in the loss of the non-tobacco rate and is grounds for disciplinary action in accordance with Section 13 of the City of Huntsville's Personnel Policies and Procedures manual.

**By signing below, I certify that I am eligible for the non-tobacco rate.**

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

Be sure to print your name and ID# in the top right corner of this page.

**TOBACCO USE CERTIFICATION**

I certify that one or more persons enrolled on my group health insurance plan with the City of Huntsville uses tobacco products in some form as defined in the Tobacco Use Certification Policy, or that I choose not to disclose the tobacco use status of myself and/or covered dependents.

I understand that if myself and/or my covered dependent(s) who are tobacco users complete a tobacco cessation program as outlined in the Tobacco Use Certification Policy or complete an approved reasonable alternative standard, then I will be eligible to receive the non-tobacco rate for the remainder of the plan year. I understand I must submit any required documentation of completion of the aforementioned program or standard and complete a Tobacco Use Certificate - Tobacco Cessation/Alternate Standard Form.

**By signing below, I certify that I am not eligible for the non-tobacco rate.**

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

Be sure to print your name and ID# in the top right corner of this page.