ABC COMPANY SAMPLE TOBACCO CESSATION PROGRAM

Purpose
ABC Company’s Tobacco Cessation program is designed to promote and support the overall health of our employees by assisting them in the cessation of tobacco use through incentives and education to encourage a healthy lifestyle. All employees will receive their full medical insurance premium benefit paid for by ABC Company if they:

1. Do not use tobacco products, or
2. If they do use tobacco products, they engage in an approved tobacco cessation program

Employees who choose not to participate will pay a ___% surcharge on their medical premium.

Program Timeframe
ABC Company’s Tobacco Cessation Program runs during the same time period as our medical benefits plan year, from ____ through ____. Human Resources will provide an ongoing variety of wellness programs throughout each plan year that are designed to enhance overall employee health. Our Tobacco Cessation program will begin on _____ and run for an initial period of _____. Resources and programs will continue to be available throughout the plan year.

Wellness Certification
In connection with the beginning of each medical insurance plan year, all covered employees will be required to sign and complete a certification confirming their wellness commitment with regard to tobacco use, that they:

a) Do not use tobacco products,
b) Currently use tobacco products but are willing to participate in a cessation program with a goal of being tobacco free after 6 months, or
c) Use tobacco products but choose not to participate in a cessation program or otherwise quit tobacco product usage.

Our company relies upon the integrity of each employee with regard to their certification of tobacco use or non-use. An employee who certifies that they do not use tobacco, but who is subsequently found to
be using tobacco products or non-FDA approved nicotine products such as electronic cigarettes, will be subject to disciplinary action up to and including termination.

**Participation Requirements for Tobacco Cessation**

Each participant’s cessation program will last for up to 6 months from the date of the initial program start date and will be developed using one or more of the following program options:

1. Complete the Freedom from Smoking online program offered by the American Lung Association. The program consists of eight modules with built-in assignments. You will need to provide Human Resources with a certificate of completion, which can only be obtained by purchasing the premium version of the program. ABC Company will reimburse you for the cost of the program if you provide a copy of your receipt to Human Resources.

2. Utilize the counseling services available through the State of North Carolina’s “Quit Now” line. This can be accessed by calling 1-800-QUIT-NOW (1-800-784-8669). The line operates from 24 hours a day, 7 days a week. You will receive four outbound coaching calls in addition to being able to call the line as often as you would like. Qualified tobacco cessation counselors are available for free coaching by telephone or online at www.quitlinenc.com.

3. Use pharmacological products such as Nicotine Replacement Therapy (NRT) products or non-tobacco medications that are designed to help individuals overcome the physical barriers of quitting. ABC Company will reimburse employees up to $____ for these products (see list of approved pharmacological products) through the HRA component of our medical plan.

4. Receive counseling through the National Cancer Institute’s smokefree.gov website or their hotline at 1-877-44U-QUIT (1-877-448-7848). The line operates 8am-8pm Monday-Friday.

5. Utilize counseling by contacting our Employee Assistance Program (EAP). A limited number of visits are free with our EAP.

**Pharmacological Products**

The following list of products has been FDA approved for smoking cessation, are available at most drugstores and are eligible for reimbursement for up to $____ each plan year through ABC Company’s Health Reimbursement Account.

**NRT’S:**
- Nicotine Gum
- Nicotine Patches
- Nicotine Lozenges
- Nicotine Nasal Sprays
- Nicotine Inhalers

**Non-Nicotine Medicines (prescription required):**
- Bupropion (Wellbutrin and Zyban)
- Varenicline (Chantix)
ABC COMPANY TOBACCO CESSATION CERTIFICATION FOR BENEFIT
PLAN YEAR ______

(Employees enrolled in the Company’s Group Medical Insurance plan must complete, sign and date this
form in accordance with their elections.)

With regard to tobacco use, I certify that one of the following is true:

☐ I do not use tobacco products.

☐ I currently use tobacco products but am willing to participate in a cessation program with a
goal of being tobacco free after 6 months.

☐ I currently use tobacco products but choose not to participate in a cessation program or
otherwise quit their use and will pay the __% surcharge for my medical premium.

I do hereby attest that the above information is true and correct to the best of my knowledge. I
understand and acknowledge that if I knowingly and willfully make false or fraudulent statements or
misrepresentations to ABC Company regarding the information reported on this form I will be subject to
disciplinary action, up to and including termination. I understand that these decisions will impact my premiums for one full benefit year, and that I will have the opportunity at the beginning of each plan year to enroll in ABC Company’s Tobacco Cessation Program.

______________________________________________   _______________________
Employee Signature        Date

Notice of Reasonable Alternative Standard
Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you may 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 us at [insert contact information] and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.