

CONSOLIDATED GOVERNMENT
What progress has preserved.

2018 Tobacco Cessation Program





2018 Tobacco/Smoke Free Affidavit

In an effort to promote and support the health and wellness of employees, the Columbus Consolidated Government will impose a **\$50.00 per month or \$23.08 biweekly surcharge** above the premium rate for all active employees/Pre-65 retirees premium plans including the Silver and Gold Plan. This surcharge is subject to change annually. The surcharge applies to employees/Pre-65 retirees, who are tobacco users. For purposes of the premium surcharge, “tobacco use” is defined as:

- Using any tobacco product (other than for religious or ceremonial use) including cigarettes, cigars, pipes, electronic cigarettes, vaping; tobacco products applied to the gums (e.g., dipping, chewing tobacco, or sniff)
- Uses tobacco products on average four or more times a week
- Within no longer than the past six months.

Employee Name: (print)	Last 4 digits of SS#
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Please read all 3 options and check one:

_____ I hereby acknowledge and certify that I **HAVE NOT USED**, tobacco products, in any form, within the past six (6) months. ***The \$50.00 per month/\$23.08 biweekly surcharge WILL NOT apply.*** I also acknowledge and certify that it is my responsibility to notify Human Resources within 10 days if I resume or begin using tobacco products, and as a result, I will be subject to the additional \$50.00 per month/\$23.08.70 bi-weekly tobacco surcharge. Employees certifying that they are non-tobacco users are subject random tobacco testing throughout the plan year.

_____ I hereby acknowledge and certify that I have completed an approved tobacco-cessation program within the last 10 days; therefore, making me eligible for the tobacco-free premium discount. (Attach documentation proof of program completion). ***The \$50.00 per month/\$23.08 biweekly tobacco surcharge WILL NOT apply.***

_____ I hereby acknowledge and certify that I **HAVE USED**, tobacco products, in one of the forms identified herein, within the past six (6) months. ***The \$50.00 per month/\$23.08 biweekly tobacco surcharge WILL apply.***

Note:

The Columbus Consolidated Government supports its employees’ desire to quit; therefore, the CCG offers two tobacco cessation programs: 1. Georgia and Alabama Department of Health’s Tobacco Quit Line Program – Telephonic Format. 2. American Cancer Society FreshStart Program – Face-to-Face Onsite Group Setting. The Health & Wellness Center will also offer tobacco cessation medications.

If your status changes you are obligated to notify Human Resources within ten (10) days.

2018 Tobacco/Smoke Free Affidavit

Plan Purpose: Substantial scientific evidence exists that the use of tobacco products is detrimental to the health of the users of those products, contributes to higher health care costs, higher absenteeism, higher life insurance premiums and decreased productivity. Accordingly, effective with the plan year beginning on January 1, 2018 the Columbus Consolidated Government Employee/Pre-65 Retiree Health Plan is offering a preferred premium Plan as an incentive to encourage employees and retiree to forgo the use of tobacco products.

Consequences of False Certification: The penalty for false certification of tobacco product abstinence is imposition of the tobacco surcharge immediately following the discovery of false certification or positive random nicotine test. *The \$50.00 per month/\$23.08 biweekly tobacco surcharge WILL apply.*

Removal of Tobacco Surcharge: The tobacco surcharge may be removed by completing the Tobacco Cessation Program Option #1 or #2 offered by CCG. Once you have completed a tobacco cessation program and provided certification (proof) of program completion, the tobacco surcharge will be removed and a retroactive refund of the tobacco surcharge for that year will be issued.

Random Nicotine Testing: Employees must agree to random nicotine testing at the Columbus Consolidated Government's expense for evidence of tobacco product consumption.

Failure to Return Tobacco/Smoke Free Affidavit: EMPLOYEES WHO FAIL TO RETURN A COMPLETED, SIGNED AND WITNESSED AFFIDAVIT TO HUMAN RESOURCES BY DECEMBER 1, 2017 WILL BE ENROLLED BY DEFAULT INTO THE TOBACCO SURCHARGE RATE EFFECTIVE JANUARY 2018.

By affixing their signature, Employee certifies that the information set forth in this affidavit is true and correct.

Printed Name of Employee

Signature of Employee

Date

Social Security # (last 4 digits only)

Mailing Address

City

State

Zip Code

This application and agreement signed by Employees/Retirees in the presence of a City Human Resources Department employee or a Notary Public on the ____ day of _____, 20__ in the County/State of _____, _____.

Witness or Notary for Employee (Seal)

Return to: Columbus Consolidated Government Human Resources
PO Box 1340
Columbus, GA 31902
Fax: 706-653-4066

Columbus Consolidated Government Tobacco Cessation Program plus Q&A

The Columbus Consolidated Government is offering employees who use tobacco products the option to participate in and complete a tobacco cessation program. The program is voluntary; however, **IF YOU CHOOSE NOT TO PARTICIPATE, THE CCG WILL IMPOSE A \$50.00 PER MONTH OR \$23.08 BIWEEKLY SURCHARGE** above the premium rate for all active employees/Pre-65 retirees on the healthcare plan. The surcharge will be effective January 2018.

YOU CAN OPT OUT OF THE TOBACCO CESSATION PROGRAM BY COMPLETING THE ATTACHED "TOBACCO/SMOKE FREE AFFIDAVIT" FORM AND RETURNING IT TO YOUR HR DEPARTMENT.

1. What am I required to do in order to avoid the tobacco surcharge?

If you use tobacco and are covered under a medical plan offered by CCG, you will be able to **avoid a tobacco surcharge by following the steps below:**

Step 1:

• **YOU MUST COMPLETE ENROLLMENT IN ONE OF THE TWO PROGRAMS OUTLINED BELOW**

• If you do not enroll, you will be considered non-compliant and a surcharge will be applied the first pay period in January, 2018. The surcharge will remain in effect until you complete the Tobacco Cessation Program.

Step 2:

• **YOU MUST COMPLETE THE PROGRAM YOU ENROLL IN BASED ON THE REQUIRED TIMEFRAME, INCLUDING ALL MEETINGS AND SESSIONS OUTLINED WITHIN THE PROGRAM AS SHOWN BELOW.** Your certificate of completion or letter of eligibility (proof) must be provided to the Human Resources Department within 10 business days following your completion of the program you choose.

• If at any time you do not attend a scheduled meeting and/or session you will be considered noncompliant. If you do not successfully complete the program and obtain your certificate of completion or letter of eligibility (proof), the surcharge will be applied the first pay period in January 2018 and it will remain in place for the 2018 calendar year or until you complete a Tobacco Cessation Program.

NON-COMPLIANCE with the program MEANS:

• **You are not registered in a smoking cessation program listed in Option 1 or Option 2 below**

• **You do not attend all REQUIRED meetings and sessions**

• **You do not obtain a certificate of completion or letter of eligibility (proof) from the program facilitator or quit coach**

• **You do not provide your proof to HR within the required timeframe (10 business days following receipt of the certificate of completion or letter of eligibility)**

COLUMBUS CONSOLIDATED GOVERNMENT

Tobacco Cessation Program plus Q&A

2. What program options are available to me?

Program Option 1 - Name: Georgia Department of Health's Tobacco Quit Line Program and Alabama Department of Health's Tobacco Quit Line Program – Telephonic Format.* **Nicotine Replacement Therapy (NRT) will be available while supplies last for free by enrolling in this Option 1 program. These are gum, lozenges, and the patch.**

- **YOU MUST REGISTER FOR THIS PROGRAM BY COMPLETING AND RETURNING YOUR QUIT LINE REFERRAL FORM TO THE HWC OR YOU CAN SCAN AND EMAIL YOUR COMPLETED REFERRAL FORM TO HAYDEN SUTHERLAND, HEALTH COACH, HAYDENSUTHERLAND@CAREATC.COM BEGINNING SEPTEMBER 1, 2017 THROUGH DECEMBER 31, 2018.**
- Once registered, participants are connected to a quit coach that will help you develop a personalized quit plan over a 6-MONTH period. The time may be adjusted depending on your quit date.
- You must participate in all FIVE telephonically scheduled calls/sessions with the Quit Coach over the six-month period.
- You must request a letter of eligibility at the end of the 6 month program when you have completed it and it must be turned in to HR within 10 days of receiving.
- **If you are non-compliant as stated above, the surcharge will be imposed in January 2018 and will remain in place for the 2018 calendar year or until you have completed the Tobacco Cessation Program and provided a certificate (proof) of program completion.**

**Employees who reside in Georgia must use the Georgia Department of Health's Tobacco Quit Line Program.*

**Employees who reside in Alabama must use the Alabama Department of Health's Tobacco Quit Line Program.*

Program Option 2 - Name: American Cancer Society FreshStart Program – Face-to-Face Onsite Group Setting

- **YOU MUST REQUEST PARTICIPATION IN THIS PROGRAM BY CALLING Human Resources at 706-653-3566, or by registering in the CCG database beginning September 1, 2017. Classes start on October 1, 2017.**
- A trained instructor will serve as group facilitator for face-to-face group sessions.
- FreshStart focuses on "Stopping and Staying Stopped."
- The program is 4 one-hour sessions over a four-week period.
- Certificate of completion will be provided to the participant by the program facilitator at the end of program.
- **YOU MUST COMPLETE ALL 4 SESSIONS OF THE FRESHSTART PROGRAM AND PROVIDE A CERTIFICATE OF COMPLETION TO HUMAN RESOURCES WITHIN 10 DAYS OF COMPLETING THE PROGRAM.**
- **The program will be offered beginning October 1, 2017 and throughout the 2018 calendar year. A schedule of program dates and meeting locations is listed in the --- CCG database, the HR website and the BRC website.**

Columbus Consolidated Government Tobacco Cessation Program plus Q&A

3. Will I have access to free Nicotine Replacement Therapies (Gum, Patches, and Lozenges)?

- Yes. These therapies are available through enrollment in the Georgia and Alabama Tobacco Quit Line Program. To enroll, you must complete and return your Quit Line referral form to the Health and Wellness Center or you can scan and email your completed referral form to Hayden Sutherland, Health Coach, HAYDENSUTHERLAND@CAREACT.COM beginning September 1, 2017 through December 31, 2018. You can receive supplies while available on a first come, first serve basis through the Georgia and Alabama Tobacco Quit Line.

4. What other medications will be available and how much will these cost?

- The Health and Wellness Center offers tobacco cessation medications. Call the HWC and let them know that you are enrolled in the Tobacco Cessation Program and would like to schedule an appointment to meet with a healthcare provider and receive a prescription for tobacco cessation medication. The healthcare provider may recommend other medical treatment options depending on your assessed needs.

5. If I miss a session with my program facilitator or quit coach, can I reschedule?

- If you cannot attend a scheduled session, you MUST contact your facilitator or quit coach and reschedule your session prior to your scheduled session time. Your reschedule date is dependent upon room, location and facilitator or quit coach availability.

6. What is the tobacco surcharge?

- Starting Jan. 1, 2018, Columbus Consolidated Government will implement a \$50 monthly or \$23.08 biweekly surcharge on medical contributions for employees who use tobacco products.

7. Why is Columbus Consolidated Government implementing a tobacco surcharge?

- The goal of this surcharge is to support the health and wellness of the Columbus Consolidated Government employees by discouraging the use of tobacco products, which are harmful to health even when used in moderation. Columbus Consolidated Government promotes the health and wellness of its employees.

8. Who has to pay the surcharge?

- ALL Columbus Consolidated Government employees enrolled in medical coverage who use tobacco products will have to pay an additional \$50 per person per month for medical contributions beginning Jan. 1, 2018.

Columbus Consolidated Government Tobacco Cessation Program plus Q&A

9. Will the tobacco surcharge also apply to my spouse if he/she uses tobacco products?

- The tobacco surcharge will only apply to employees, not spouses, who are on the medical plan as of January 1, 2018.

10. What is considered a tobacco product?

- Tobacco products include but are not limited to: cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, electronic cigarettes, and loose tobacco smoked via pipe, hookah or hand rolled cigarettes.

11. How do I certify that I am (or am not) a tobacco user?

- During open enrollment, ALL employees covered on Columbus Consolidated Government's medical plan will have to certify whether or not they are a tobacco user. Look for specific instructions during Annual Open Enrollment.

12. I don't use tobacco and I am not making any changes to my benefits this year – do I need to do anything at Annual Open Enrollment time?

- Yes! ALL employees who are enrolled in the medical plan must complete the Tobacco Smoke Free Affidavit. If you do not complete the affidavit, the surcharge will automatically be applied to you effective 1/1/2018. Make sure you take action and complete the affidavit during Annual Open Enrollment to avoid the surcharge.

13. When will I receive my refund once I complete the tobacco cessation program, and when will the surcharge be removed from my premium?

- The surcharge will not be added to your medical premium for the 2018 calendar year, if you complete the tobacco cessation program before 12/01/2017. Allow up to 30 days for a refund. Allow for one pay period cycle for removal of the surcharge.

14. I am a tobacco user but I want to quit now so I can avoid this surcharge – what do I need to do?

Columbus Consolidated Government Tobacco Cessation Program plus Q&A

- To certify as a non-tobacco user, you must not have used any tobacco product within the last 60 days (from the time you complete your affidavit). To avoid the tobacco surcharge, tobacco users will need to complete a Columbus Consolidated Government approved tobacco cessation program and complete a new affidavit. **Columbus Consolidated Government approved Tobacco Cessation Programs are:** Georgia and/or Alabama Department of Health's Tobacco Quit Line Program and the American Cancer Society FreshStart Program.

15. What if I do stop using tobacco 60 days prior to certifying but start using tobacco some time in 2018?

- If you become a tobacco user at any time in 2018, you should notify the Human Resources Department in writing within 10 days so the surcharge can be applied to your medical premium. You can remove the tobacco surcharge by completing the Tobacco Cessation Program, Option 1 or Option 2. The surcharge will remain in place until you have provided proof of program completion (certification).

16. Must I complete an affidavit each year?

- Yes, you will need to complete an affidavit each year to certify whether you do or do not use tobacco. This will determine whether you will or will not pay the tobacco surcharge.

17. Must I complete a tobacco cessation program each year?

- If you have used tobacco products within the past six (6) months, you must complete a tobacco cessation program offered by CCG. Once you complete the program, this will last for the remainder of the calendar year.

18. How can Columbus Consolidated Government help me quit using tobacco?

- The Columbus Consolidated Government supports its employees' desire to quit; therefore, the CCG will offer tobacco cessation programs through Georgia and Alabama Department of Health's Tobacco Quit Line Program and the American Cancer Society FreshStart Program. Quit for Life provides phone counseling, online resources and nicotine replacement therapy. The Health & Wellness Center will offer tobacco cessation medications also.

Freshstart®



Designed to help employees plan a successful quit attempt by providing essential information, skills for coping with cravings, and group support with four face-to-face group support sessions.

Sessions will meet weekly
At various times and locations
Registration begins September 1, 2017
Classes begin October 1, 2017



Freshstart includes: motivational intervention activities; Practical counseling (problem solving skills; social support; education about medication and approaches to quitting

For more information about NRT medications, contact your local health department or the Georgia Tobacco Quit Line at **1-877-270-STOP (7867)**. Resources available on first come first serve basis.

To register, go to the CCG Database Directory and select "Register for Learning Center Training" select the class you wish to attend, make sure you are approved by your supervisor. When registering for classes, make sure you click on the arrow next to the class, then the arrow next to the date, click on the time (e.g. 9 am – 11 am) it will then prompt for your information.



GEORGIA TOBACCO QUIT LINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: _____

Provider Information:

CLINIC NAME:

Columbus Consolidated Government Health and Wellness Center

CLINIC ZIP CODE

31909

HEALTH CARE PROVIDER:

Erin Harris, MD

CONTACT NAME:

Hayden Sutherland, Health Coach

FAX NUMBER:

404-494-7468

PHONE NUMBER:

918-947-6626

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

YES

NO

DON'T KNOW

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER

H

W

C

SECONDARY PHONE NUMBER

H

W

C

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

ENGLISH

SPANISH

OTHER

____ I am ready to quit tobacco and request the Georgia Tobacco Quit Line contact me to help me with my quit plan.

(Initial)

____ I **DO NOT** give my permission to the Georgia Tobacco Quit Line to leave a message when contacting me.

(Initial)

**** By not initialing, you are giving your permission for the quitline to leave a message.**

PATIENT SIGNATURE: _____

DATE: _____

The Georgia Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM – 9AM

9AM – 12PM

12PM – 3PM

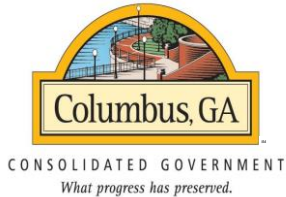
3PM – 6PM

6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

Primary #

Secondary #



Georgia Tobacco Quit Line (GTQL) Program Highlights:

1. You will receive a call from your Quit Coach within 24-48 hours of providing your referral form to the CCG Health and Wellness Center.
2. Please be sure to return any voicemail or message you receive from the Quit Coach, as they may only have one opportunity to contact you, thus leaving the responsibility up to you to contact them to enroll in program if you do not answer.
3. You must state a quit date with your Quit Coach on your first call to ensure that you become enrolled in the 5 call program to maintain compliance with the CCG tobacco cessation program.
4. Please be sure that a scheduled date and time is set for your next call prior to finishing current call with Quit Coach.
5. **AT THE END OF THE 5TH CALL, IT IS YOUR RESPONSIBILITY TO ASK FOR A LETTER OF COMPLETION. THESE WILL NOT BE AUTOMATICALLY PROVIDED TO YOU, YOU MUST REQUEST TO RECEIVE THIS REQUIRED FORM TO ENSURE COMPLIANCE WITH THE CCG TOBACCO CESSATION PROGRAM.**

FAX REFERRAL FORM -- 2017

1.800.QUITNOW

QUITNOWALABAMA.COM

1-800-784-8669

To be contacted by **Quit Now Alabama**, fax this completed form to: **1-800-692-9023**

REFERRING ORGANIZATION: Complete this section

Organization/ Practice	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone () -
City/State/Zip	
Fax () -	<i>If you do not wish to receive fax-back updates on patient referrals enter NA for fax number.</i>
Referrer Signature	Date

Are you a Medical Provider: Yes No *If Yes, please provide credentials: _____*
Please Check: Participant agreed to be referred to **Quit Now Alabama**.

PROVIDER: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions: Pregnant/Breastfeeding Recent heart attack (past 2 weeks)
 Recent stroke (past 2 weeks) Unmanaged high blood pressure Unmanaged heart arrhythmia OR Under 18 years old

If yes, please sign to authorize **Quit Now Alabama** to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, **Quit Now Alabama** cannot dispense medication.

Provider Signature	Date
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PATIENT: Complete this section

_____, Yes, I am ready to quit and ask that a coach call me. I understand that **Quit Now Alabama** may inform the referring party about my participation.

Initial

Best times to call: Morning Afternoon Evening Weekend

May we leave a message: Yes No

Date of Birth? / / Gender Male Female

Patient Name (Last) (First)

Address City State

Zip Code E-mail

Phone #1 () - Phone #2 () -

Language English Spanish Other _____

Patient Signature Date

If no patient signature available: Check to Verify Patient Consent is on File.

The Quit Now Alabama Program will call you within 24 hours of receiving this referral. The call will come from "800-784-8669." The Quitline is open 7 days a week.

FOR QUITLINE REFERRAL, PLEASE FAX COMPLETED FORM TO: **1-800-692-9023**

For additional forms visit www.adph.org/tobacco