

Tobacco* Pledge and Notice: Mid-Year Change for 2021

ALL EMPLOYEES (REGARDLESS OF TOBACCO USE) COVERED UNDER THE UNIVERSITY HEALTH PLAN MUST COMPLETE THE TOBACCO PLEDGE AND NOTICE TO AVOID THE \$50.00 PER MONTH TOBACCO SURCHARGE.

The University of Arkansas recognizes the value and importance of a tobacco-free workplace. We have created a program to encourage and assist employees in ending their use of tobacco.

Beginning in January 2021, if you are enrolled in a University Health Plan, you currently use tobacco products, and you decline to participate in a recognized tobacco cessation program, the University will deduct \$50 per month from your pay as a tobacco surcharge.

The tobacco surcharge applies to you if you use tobacco products. It does not apply to your covered spouse or child(ren).

Tobacco cessation assistance is available through UMR, the University's Health Plan administrator, at no cost to you. You may also use other formal tobacco cessation programs, including but not limited to UA Little Rock Health Services, Pat Walker Health Center, UAMS or other hospital/clinic based program, The National Cancer Institute Quitline, The American Cancer Society Quit for Life, 1-800-Quit Now, Arkansas Tobacco Quitline, The American Lung Association – Freedom from Smoking, Arkansas Stamp Out Smoking.

Chantix, patches, gum, and/or up to two office visits with your in-network primary care physician, are provided at no cost to you, through your health plan. Important: Your provider's office visit claim must be coded as a visit for tobacco cessation in order for the zero copay to apply. (Zero copay office visits for tobacco cessation are limited to two per year).

** "Tobacco" includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes); applied to the gums, chewed, or ingested (e.g., dipping or chewing leaf tobacco); and/or inhaled (e.g., snuff, vaporizers or electronic cigarettes).*

PLEASE CHECK ONE OF THE FOLLOWING THREE BOXES:

If you are a non-tobacco user and/or you quit tobacco within the past 12 months:

- I attest that I am not a tobacco user, I will continue to NOT USE tobacco products and understand that I will not be charged a \$50 per month Tobacco Surcharge.

If you are a current tobacco user:

- I attest that I am currently a tobacco user and I am willing to enroll in a formal "Tobacco Cessation Program" and begin participation in that program no later than August 2021. I will complete the program so that I will not be charged a \$50 per month Tobacco Surcharge.
- I choose not to participate in a smoking cessation program. **Therefore, I understand that I will be charged a \$50 per month tobacco surcharge beginning in January 2021.**

By signing below, I indicate that the above information is true. I also understand that if I provide false information on this Pledge and Notice, my doing so may be considered insurance fraud. Insurance fraud is generally defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made." Disciplinary action may be taken, up to and including termination, should this occur.

Employee Signature

SOC. SEC. NUMBER OR ID #

Date