Tobacco Use Notice
January 2015

Tobacco use is considered the leading preventable risk factor for illness and disease. Smoking alone kills 4,700 Mississippians each year. Almost one-quarter of Mississippi adults smoke, and approximately 18.5 percent use some form of smokeless tobacco products.

The Mississippi State and School Employees' Health Insurance Plan (Plan) is kicking off a campaign to raise awareness about the importance of quitting tobacco use and to provide you with the tools to quit. The Plan’s goal is to help you live a healthier life and reduce tobacco-related illnesses. Enclosed you will find a flyer that outlines the free services available to help you quit and the Tobacco Use Attestation Form (attestation form).

The Plan will begin charging a $50 monthly Tobacco Use Premium Surcharge (surcharge) beginning July 1, 2015. If you are a non-tobacco user, you are still required to complete the attestation form in order for the surcharge to be waived. The surcharge will only be applied if you are a regular tobacco user and decline to participate in the Plan’s sponsored tobacco cessation program, or if you do not return the enclosed attestation form. Please complete and submit the attestation form to the address indicated on the form, no later than May 1, 2015 to be processed for the July 1, 2015 surcharge effective date. The surcharge only applies to you, not to your spouse or dependent(s).

If you regularly use one or more tobacco products and want to quit, you can indicate on your attestation form that you agree to participate in the Plan’s sponsored tobacco cessation program (Program), administered by ActiveHealth Management. If you choose to participate in the Program, the surcharge will be waived for six months, pending completion of the Program. If you complete the Program, the surcharge will be waived for an additional six months. You may have the surcharge waived by participating in the Program once every twelve months. If you quit using tobacco products through a different method, you will have the opportunity to remove the surcharge once you have been tobacco free for three consecutive months.

If you have any questions about the surcharge, please visit KnowYourBenefits.dfa.ms.gov or call Blue Cross & Blue Shield of Mississippi at (800) 709.7881.

keys to living healthy

P.O. Box 24208 • Jackson, MS 39225-4208 • (601) 359.3411 • Toll-Free: 1.866.586.2781 • Fax: (601) 359.6568

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MISSISSIPPI STATE AND SCHOOL EMPLOYEES’ HEALTH INSURANCE PLAN
Tobacco Use Attestation Form

All sections of the form below must be completed in order for the form to be processed. Please print in blue or black ink.

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
<th>Mi:</th>
<th>SOCIAL SECURITY NUMBER:</th>
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<tr>
<th>HOME ADDRESS:</th>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
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<tr>
<th>PERSONAL TELEPHONE NUMBER:</th>
<th>PERSONAL EMAIL ADDRESS:</th>
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- Please initial the appropriate box below to indicate whether or not you use tobacco on a regular basis.
- If you are a regular user of tobacco, please indicate whether you agree or decline to participate in the Plan’s sponsored tobacco cessation program by checking the appropriate box.

### NON-TOBACCO USER

- I attest that I have not regularly used a tobacco product in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last three months. I attest that if this information changes at any time in the future, while I have health insurance coverage through the Mississippi State and School Employees’ Health Insurance Plan (Plan), I will complete and submit a new attestation form within thirty days.

I certify that all information provided by me on this form is complete and accurate. I understand that any misrepresentation by me may result in the Tobacco Use Premium Surcharge being retroactively applied and/or cancellation of my coverage under the Plan.

__________________________  __________________________
Signature                   Date

### TOBACCO USER

- I acknowledge that I regularly used a tobacco product in some form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last three months and therefore, am subject to the Tobacco Use Premium Surcharge. I understand that should I cease using tobacco on a regular basis for at least three consecutive months, I will have the opportunity to submit a new attestation form and no longer be subject to the surcharge.

- I agree to participate in the Plan’s sponsored tobacco cessation program. I understand that the $50 monthly Tobacco Use Premium Surcharge will be waived for an initial six months pending my completion of the program. I am also aware that I will only be able to participate in the Plan’s sponsored program once every twelve calendar months. Call ActiveHealth Management at 1.866.939.4721 to enroll.

- I decline to participate in the Plan’s sponsored tobacco cessation program and understand that I will be charged the $50 monthly Tobacco Use Premium Surcharge.

I certify that all information provided by me on this form is complete and accurate.

__________________________  __________________________
Signature                   Date

Form Submission:
- If you are an active employee, please return your form to your employer’s Human Resources Department.
- If you are a non-Medicare retiree or COBRA participant, please mail or fax your form to:
  
  Blue Cross & Blue Shield of Mississippi
  P.O. Box 23734
  Jackson, MS 39225-3734
  Fax: 601-664-5342

For more information visit KnowYourBenefits.dfa.ms.gov
MISSISSIPPI STATE AND SCHOOL EMPLOYEES’ HEALTH INSURANCE PLAN
Tobacco Resistance and Awareness Campaign – TRAC
Participant Frequently Asked Questions

Q. What is TRAC and why has it been implemented?
A. Tobacco use is considered the leading preventable risk factor for illness and disease. The Mississippi Department of Health reports that smoking costs 4,700 Mississippians their lives each year, and 280 children die from the effects of second hand smoke. In an effort to encourage healthy lifestyle choices among our participants, the Mississippi State and School Employees’ Health Insurance Plan is implementing Tobacco Resistance and Awareness Campaign (TRAC), a campaign to educate participants about the importance of quitting tobacco use while providing information about available cessation programs. TRAC includes a Plan Sponsored Program (Program) through Motivating Mississippi to help tobacco users kick the habit, as well as a fifty dollar ($50) monthly Tobacco Use Premium Surcharge (surcharge).

Q. What is considered regular tobacco use?
A. Regular tobacco use is determined as frequent and recurring tobacco use in any form such as a cigarette, pipe, cigar, or using smokeless tobacco, such as snuff or chewing tobacco, within the past three (3) months. An example of regular tobacco use would be using tobacco on a weekly basis.

Q. Are e-cigarettes considered tobacco use?
A. No, electronic cigarettes do not contain tobacco. If you use electronic cigarettes, you will not be subject to the monthly surcharge.

Q. How often do I need to certify my status as a tobacco user or non-tobacco user?
A. You will need to submit the Tobacco Use Attestation Form by May 1, 2015 in order for it to be processed for the July 1, 2015 effective date. You will be required to re-attest annually, twelve (12) calendar months from your last attestation. If you begin regular tobacco use at any time, a new attestation form should be submitted within thirty (30) days.

Q. What is the TRAC surcharge?
A. This surcharge, effective July 1, 2015, adds fifty dollars ($50) per month to the health insurance premium of an active employee, non-Medicare retiree, or COBRA participant who uses any tobacco product on a regular basis. The surcharge does not apply to spouses or dependents.

Q. If I use tobacco, what can I do to avoid the surcharge?
A. You may indicate on your attestation form that you agree to participate in the Program, provided through ActiveHealth Management, and avoid the surcharge for an initial six (6) months. If you complete the full Program within the initial five (5) months, whether or not you have successfully stopped using tobacco, the surcharge can be waived for an additional six (6) month period. If you do not complete the full Program within the initial five (5) months, you will be subject to the surcharge at the end of the initial six (6) month period. You will have the opportunity to participate in the Program once per twelve (12) month period. For more information please call ActiveHealth at (866) 939-4721 or visit KnowYourBenefits.dfa.ms.gov.

You may use other methods of tobacco cessation, however the Program is the only method that will allow the surcharge to be waived. Once you are tobacco free for three (3) months, you can apply to have the surcharge removed by submitting a new attestation form.

Q. What are the requirements of the TRAC Program?
A. The Program is available through Motivating Mississippi – Keys to Living Healthy and is administered by ActiveHealth Management. The Program includes the following proven methods to help you quit:

- **Nicotine Replacement Therapy** – Up to eight weeks of nicotine replacement therapy can be mailed directly to you after an initial phone assessment.
- **Lifestyle Coach** – This telephone coaching provides the personal guidance needed to succeed. Coaching calls can be scheduled at a time that fits your schedule.
• Digital Coaching – This interactive internet based coaching gives you the option to learn how to quit at your convenience 24/7 by logging onto www.MyActiveHealth.com/Mississippi. Heartbeat units are earned for each module completed.

In order to complete the Program, you must complete the following within five months of submitting your attestation:
• Four telephone coaching sessions with a lifestyle coach
• Earn one hundred (100) heartbeat units of digital coaching, including all tobacco cessation modules. Up to twenty five (25) heartbeat units can be earned per week.

Q. How often can I enter into the TRAC Program?
A. You will have the opportunity to participate in the Program once per twelve (12) month period. To participate in the Program and have the surcharge temporarily waived, you must indicate your intent to do so on the attestation form. Once you have submitted your attestation form, please call ActiveHealth at (866) 939-4721 to enroll.

Q. Can I participate in any program and have the surcharge waived?
A. No, only participating in the Program will waive the monthly surcharge. If you participate in a program not offered through TRAC and are tobacco free for three (3) consecutive months, you may have the surcharge removed.

Q. I want to quit using tobacco but need help doing it. What should I do?
A. The following are a few free tobacco cessation resources are available to you:

ActiveHealth Management – Administrator of the Plan Sponsored Program
Call (866) 939-4721
Or visit KnowYourBenefits.dfa.ms.gov

Mississippi Tobacco Quitline
Call (800) QUITNOW (800-784-8669)
Or go to www.quitlinems.com

ACT Center for Tobacco Treatment, Education and Research
Call (601) 815-1180
Or visit www.act2quit.com

Q. What if I regularly use tobacco but complete the attestation form to indicate I am a non-tobacco user? What are the penalties if this is discovered?
A. If it is determined that you have regularly used tobacco products within the last three (3) months or if you start using tobacco products and do not submit a new attestation form within thirty (30) days, you may be subject to penalties. These penalties may include, but are not limited to, the surcharge being retroactively applied and/or possible termination of coverage in the Plan due to insurance fraud, or both.

Q. What happens if I do not complete the form?
A. You will be charged the surcharge if you do not to complete and submit the attestation form.

Q. Where do I send my completed form?
A. If you are an active employee, return the completed form to your employer.

If you are a retiree or COBRA participant, you can mail or fax your completed form to:
Blue Cross & Blue Shield of Mississippi
P. O. Box 23734
Jackson, MS 39225-3734
Fax: (601) 664-5342
STOP SMOKING
START REPAIRING

Every cigarette you don’t smoke is doing you good.

- Just one week after you quit smoking your sense of taste and smell improve.
- In 3 months your lung function increases by 30%.
- In 12 months your risk of heart disease is cut in half.
- In 5 years your risk of a stroke has dramatically decreased.

We want to help you live a healthier life by kicking the tobacco habit.

Smoking is the leading cause of preventable death in the United States. Save your life, don’t smoke.

- 8 to 10 dips a day equals 30 to 40 cigarettes a day.

Dates to Remember:

February 1 = QUIT DAY!
Must be tobacco free going forward to be a non-tobacco user by May 1.

May 1 = Deadline to submit Tobacco Use Assessment Form

July 1 = Tobacco Use Premium Surcharge Begins