

## **Benefits Summary: Fayette County Smoking Cessation Reimbursement**

This is a County provided benefit for the employee with an option for dependent coverage unless employee coverage is waived. Actual out of pocket expenses incurred for smoking cessation procedures by a licensed physician or accredited organization will be directly reimbursed to the employee. The employee and the County share in the cost of dependent coverage.

<b>General Provisions</b>
<b>GENERAL PROVISIONS - Benefits</b>
<b>DEDUCTIBLE - None</b>
<b>MAXIMUM LIFETIME BENEFIT - \$100</b>
<b>REIMBURSEMENT BENEFITS - Plan pays 100% - Smoking Cessation treatment under a program provider such as American Red Cross, American Lung Association, American Cancer Society, Hospitals, and Physicians</b>

**EXCEPTIONS - Employees will NOT be reimbursed for the following expenses:**

Expenses incurred before coverage was effective or after such coverage terminates;

Expenses indemnified or reimbursed by insurance contract(s) or other reimbursement plan(s), or any state or federal government plan(s);

Expenses paid for injuries or conditions, to the extent reimbursed by Worker's Compensation or any other employer sponsored and provided medical plan;

Miscellaneous:

\*Charges for Physician or Hospital's stand-by service;

\*Charges for holiday or overtime rates;

\*Charges for failure to keep a scheduled visit;

\*Charges for completion of claim forms;

\*Advice or consultation given by any form of telecommunication;

\*Any item, service, supply or care not specifically listed as a benefit under this Plan;

Out of Country: Services received while outside the United States and Canada, except for services received during the first 60 days of such absence;

Experimental: Treatment that is considered to be in research experimental or investigational by the Food and Drug Administration (FDA) or American Medical Association (AMA) and not considered to be standard medical practice;

Expenses for over the counter drugs, patches, devices etc. used in the treatment of weight loss or smoker cessation.

Vitamins or food supplements, educational materials, filters or other stop-smoking devices.

War: Injury or sickness caused or contributed to by war, any act of war, whether declared or not; or any act of international conflict.

The Fayette County Board of Commissioners reserves the right to verify all reimbursement requests. A fraudulent claim is grounds for termination of benefits and other disciplinary actions (including termination of employment to the extent authorized by law) or as determined within the discretion of the Fayette County Board of Commissioners.

## **FAQ's: Fayette County Smoking Cessation Reimbursement**

### **How does my plan work?**

Each person covered by the plan is eligible to be reimbursed for expenses in accordance with the Summary Plan Description. You may use any qualified doctor. Your doctor bills you directly and you file claim forms to be reimbursed.

### **Who is eligible for reimbursement benefits?**

The plan is available to all full-time employees of Fayette County working at least 30 hours per week and their qualified dependents covered under the employee health benefit plan. Eligible dependents include:

An employee's spouse;  
Unmarried natural or legally adopted children under the age of 19;  
Unmarried natural or legally adopted children between the ages of 19 and 25 if such children are full time students. Proof of full time student status is required;  
An unmarried child with a mental, physical, or development disability who can not support himself/herself may remain eligible for dependent coverage beyond the plans age limitations.

### **How do I file a claim?**

You may obtain a reimbursement claim form from your department representative or you Human Resources. Most doctors require you to pay the bill in full. Obtain an itemized receipt with each service performed and the date of service and file it with a claim form to be reimbursed.

### **What is the deductible?**

There is no deductible.

### **What happens in an emergency or while traveling?**

Eligible expenses for emergency care or out of the area are covered the same as other eligible expenses.

### **Are there any expenses that are not covered?**

The following expenses are not covered under the plan:

Expenses incurred before the coverage was effective or after such coverage terminates;

Expenses indemnified or reimbursed by insurance contract(s) or other reimbursement plan(s), or any state or federal government plan(s);

Expenses paid for injuries or conditions to the extent of Workers Compensation or any other employer sponsored and provided medical plan.

Miscellaneous:

Charges for the physician or hospital stand by service;  
Charges for holiday or overtime rates;  
Charges for failure to keep schedule visit;  
Charges for completion of claim forms;  
Advice or consultation given by any form of telecommunication;  
Any item, service, supply or care not specifically listed as a benefit under this plan;

Out of County: Services received while outside of United States and Canada, except for services rendered during the first 60 days of absence;

Experimental: Treatment that is considered to be in research experimental or investigational by the Food and Drug Administration (FDA) or American Medical Association (AMA) and not considered to be standard medical practice;

War – Injury or sickness caused or contributed to by war, any act of war, whether declared or not; or any act of international conflict.

**If a claim is denied, can I appeal it?**

An employee may initiate a review of a claim by contacting the Claims Administrator for further explanation or clarification.

**What is the Appeals/Review process?**

Under the review procedure, the employee has the right to:

Request a review of the claim  
Request a re-evaluation in writing to obtain a written review of the claim  
Review pertinent Plan documents and  
Submit issues or comments in writing support of his/her claim

The employee will be notified in writing of the results of the claim review

**If I terminate coverage or employment, when will my coverage end?**

The employee's coverage as well as that of dependents, ends on the earliest of the following dates:

The last day of employment;  
The date of employee's death  
The date the employee is no longer in an eligible class of employees, or with respect to a dependents coverage, the date the dependent is no longer an eligible dependent; or the date of termination