

State of Michigan Active Employee Tobacco Cessation Benefits

Category	OTC and Pharmacy Benefit							Cessation Programs			
Provider	OTC Nicotine Replacement Patch	OTC Nicotine Replacement Gum	OTC Nicotine Replacement Lozenge	Rx Nicotrol Inhaler	Rx Nicotrol Nasal Spray	Rx Bupropion/ Zyban or Wellbutrin	Rx Chantix/ Varenicline	Counseling	Telephone Resource	Online Program or Resource	Website
Departmental Reimbursement	Must enroll in cessation counseling program; Rx; QL; \$2 copay applies; One-time only reimbursement; Check union contract for eligibility.							One-time reimbursement up to \$50 for Smoking Cessation/ Abatement Assistance (receipt and completion certificate required). See union contract for details. Employees shall not be entitled to be reimbursed if such program is covered by the employee's health plan or HMO.			
Blue Cross Blue Shield of Michigan PPO									Quit the Nic 1-800-775-2583		http://www.bcbsm.com/index/health-insurance-help/faqs/topics/other-topics/how-do-i-get-help-quitting-tobacco.html
Blue Care Network									Quit the Nic 1-800-811-1764	http://www.bcbsm.com/content/dam/public/Consumer/Documents/help/faqs/quit-the-nic.pdf	www.mibcn.com/member/your-health/healthProgramsResources/readytoQuitSmoking.shtml
C.O.P.S. Trust				Covered: Rx copay's apply; QL apply	Covered under Medical						
Health Alliance Plan	Rx; copay applies	Rx; copay applies	Rx; copay applies	Rx; copay applies	Rx; copay applies	Rx; copay applies	Rx; copay applies	Group Support: Tobacco Free for Life (313) 874-1885 or email TobaccoFree@ hfhfs.org	Smoking Intervention Program 1 888 427-7587 or email TobaccoFree@ hfhfs.org	iStrive Breathe online @ www.hap.org	http://www.hap.org/health/submit/index.php
HealthPlus	Highly encourage enrollment in phone coach through HealthPlus Quit Line 866-280-8493; Rx; QL; generic copay applies	Not covered	Not covered	Highly encourage enrollment in phone coach through HealthPlus Quit Line 866-280-8493; Rx; generic copay applies	Highly encourage enrollment in phone coach through HealthPlus Quit Line 866-280-8493; Rx; generic copay applies	Highly encourage enrollment in phone coach through HealthPlus Quit Line 866-280-8493; Rx; generic copay applies	Highly encourage enrollment in phone coach through HealthPlus Quit Line 866-280-8493; Rx; QL; generic copay applies	Reimburse with original receipt & certificate of completion Call 1-800-345-9956 ext. 1943	HealthPlus Quit Line 866-280-8493	Tobacco cessation online programs at healthplus.org/Health-and-Wellness	https://www.healthplus.org/Health-and-Wellness/Health-and-Lifestyle-Programs/Tobacco-Cessation-Program/

McLaren Health Plan	Rx copay applies, Quantity Limit applies					Rx copay applies, Quantity Limit applies	Rx copay applies, Quantity Limit applies				www.mclarenhealthplan.org/McLarenHealthPlan/StopSmokingmhp.aspx
Physicians Health Plan	After 1st 12-week cycle, must get PA and participate in telephonic or online program. Generic patch covered at 100%. Must be 18.	After 1st 12-week cycle, must get PA and participate in telephonic or online program. Generic gum covered at 100%. Must be 18.	not covered	not covered	not covered	After 1st 12-week cycle, must get PA and participate in telephonic or online program. Generic covered at Tier 1 copay, brand at Tier 3 copay. Must be 18 except for bupropion SR.	After 1st 12-week cycle, must get PA and participate in telephonic or online program. Covered at 100%. Must be 18.		Healthyroads Call (877) 330-2746 to enroll. Covered 100%	Healthyroads Call (877) 330-2746 to enroll. Covered 100%	http://www.phpmichigan.com/Members/Take-Charge-of-Your-Health
Priority Health	OTC; generic; QL	OTC; generic; QL	OTC; generic; QL	Rx; QL; copay applies	Rx; QL; copay applies	Generic Rx; QL; copay applies for Wellbutrin	Rx; QL; copay applies			WebMD Smoking Cessation @ https://www.priorityhealth.com/webmd/start.aspx?toolid=1254	www.priorityhealth.com/member/health-wellness/managing-conditions/tobacco
Michigan Department of Community Health									Tobacco Program. 800-784-8669	Quit Tobacco Tools & Resources @ www.michigan.gov/mdch/0,1607,7-132-2940_2955_2973_53244--,00.html	http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2973_53244--,00.html

Key:
Rx= Prescription required for coverage
PA=Prior Authorization
QL=Quantity Limit
ST=Step Therapy Program

Note:
- Check your insurer to confirm coverage eligibility and requirements.
- In some cases, the member may obtain the brand name drug, but may incur an additional charge (higher copay).
- Benefits are subject to change.