

Kentucky Tobacco Health Plan Survey
(Adapted from the Colorado and Rhode Island Health Departments)

Name of Person Responding:

Title:

Business:

Address:

Phone:

E-Mail:

Health Plan Carrier:

Purchasing Group or Union:

of Employers

of Employees

Background: Please tell us about your health plan's smoking cessation benefit coverage:

How many members does your plan serve in Kentucky _____.

How many are fully insured accounts _____.

How many are self-insured accounts _____.

All employees are asked if they use tobacco and have their tobacco use documented annually.
_____yes, _____no

Communication Strategy: Please tell us how members become aware of and access your benefits:

How does your health plan communicate the cessation benefit to members?

Yes, through the following: _____Plan website, _____Employer mailing, _____Health Plan mailing, _____In-person, _____Member Services call center, _____ Other

No, we do not communicate the cessation benefit to members _____.

How do members access the cessation benefit for pharmacy and counseling services?

Pharmacy: _____mail order pharmacy, _____prescription needed for all medications, _____other, please describe: _____

Are there restrictions to your medication benefit: ____yes, ____no
describe _____

Counseling: ____In network physician, ____ Identification of HMO/PPO, ____ other, please
describe: _____

Is benefit information available: ____during enrollment to member, ____during enrollment to
employer, ____during renewal to member, ____during renewal of employer

Collaboration Plan: Has the plan referred members to Quit Now Kentucky Telephone Quitline or
www.QuitNowKentucky.org program to support its members? ____ yes, ____no.

Has the plan made additional tobacco cessation counseling services available to its members beyond
that provided by Quit Now Kentucky? ____yes, ____ no

If yes, please indicate which services are provided: ____in person counseling, ____ telephone
counseling, ____web-based information, ____web-based interactive cessation, ____texting,
____self- help materials, ____ cessation services are provided in KY, ____cessation services are
provided outside of KY

Are incentives available to your members for any of the following: ____using services,
____completing a cessation program, ____ quitting tobacco use

Please describe: _____

Tobacco Cessation Member Benefit:

Do you include tobacco cessation as a covered benefit in your health care coverage for employees?
____ yes, ____no

Has your plan made tobacco cessation counseling services available to its members? ____yes,
____no

Do you cover at least four counseling sessions? ____ yes, ____no, how many _____

Has your plan made additional tobacco cessation pharmacotherapy options available to its
members? ____yes, ____no What is covered: _____

Do you provide medication coverage for at least two cessation attempts per year? ____yes,
____no, how many _____

Do you eliminate co-pays or deductibles for counseling and medication? ____yes, ____no
____\$5-\$10, ____\$11-\$15, ____ \$16-\$20, ____\$21-\$25, ____\$26-\$30

Do you have annual lifetime limits for your benefit package? ____yes, ____no

What percentage of members have used the benefit from time period (XXXX to XXXX) _____

Prescription Service	Covered	Subject to deductible	Subject to coinsurance	Annual limits	Quantity limits	Age limits	Risk-based limits
Varenicline/Chantix							
Bupropion SR/ Wellbutrin, Zyban							
Nicotine Inhaler							
Nicotine nasal spray							
Comments							

Over the counter coverage	All fully insured	Fully insured as a buy-up	All individual	Individual as a buy-up	Member cost sharing required
Nicotine Patch					
Nicotine Gum					
Nicotine Lozenge					
Prescription required					
Length of treatment					
Comments					

Counseling Support	
Counseling support covered	
What is covered	
Length of treatment	
Co-pay	
Deductible required	
Comments	

Please sign if willing for its name to be released in association with specific results of this survey: _____