Tobacco Cessation Reimbursement/Override Form

Updated: May, 2011

If you are covered under the University of Idaho medical plan as an active employee, retiree or eligible dependent, you are eligible to participate in the Tobacco Cessation program. Tobacco Cessation medication and/or prescriptions will be made available to you at no cost while you are actively participating in the approved Tobacco Cessation programs.

Please complete this form and return it to Benefit Services:
Campus Zip: 4332 / Email: benefits@uidaho.edu / Fax: 208-885-3330

Employee Name:	**Vandal Number or Social Security Number:**

Contact Information: Phone #: Email:	**Program Begin Date:**	**Program End Date:**

Name of person using program if other than employee:	**Blue Cross of Idaho ID #:**

Payment Options:

- Reimbursement: Reimbursement is available if you want to purchase your prescription while participating in an approved Tobacco Cessation program. The University can reimburse you for the costs of the approved medication.

- Override: An override is available if you want 100% of the cost covered at the retail pharmacy at the point of purchase. However, Blue Cross can take up to five business days to process the established benefit override. Once the override has been approved, you will be notified to fill your prescription.

Please provide a copy of your physician's prescription (not to exceed a 30-day supply) to initiate the override process. If opting for reimbursement option, please provide a copy of the receipt in which you purchased the medication.

Desired Payment Option:

☐ Reimbursement

☐ Override

Employee Signature: _____ **Date:** _____

If using the approved "in person" or "telephone" program, please obtain a signature from an authorized signer. If an approved internet program was used, please provide a copy of the email confirmation.

Authorized Signature: _____

Human Resource Services Only	
Date Received:	Documentation Received: ☐ Yes ☐ Prescription ☐ No ☐ Receipt
Date Completed:	Completed By: