

SEAFARERS HEALTH AND BENEFITS PLAN

5201 Auth Way
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

September 27, 2016

Dear Plan Participant:

Tobacco Cessation Benefits

The Seafarers Health and Benefits Plan ("SHBP" or "Plan") sent a letter to you on July 15, 2016 about a new benefit that the Plan is offering to assist participants who would like to stop smoking. Participants in the mainland U.S. receive these benefits from CIGNA, however CIGNA is unable to provide these benefits in Puerto Rico. **Instead, the Plan will directly reimburse participants in Puerto Rico for certain over-the-counter nicotine replacement products that are used to help with nicotine withdrawal symptoms.** This benefit is free of charge, and is available to employees, spouses, and children over age 18 who are eligible for health benefits from the Plan.

The Plan will reimburse you **up to a maximum of \$175** which should provide you with a 12 week supply of nicotine gum or an 8 week supply of nicotine patches. It must be purchased for you or an eligible member of your family, and will be reimbursable for each attempt to quit smoking. **Please be advised that nicotine replacement products purchased at Walmart or Sam's Club are not eligible for reimbursement.**

If you wish to take advantage of this benefit, please mail the enclosed form, along with the receipts for the nicotine replacement products that you have purchased, to the Plan at the following address:

**Seafarers Health and Benefits Plan
P.O. Box 380
Piney Point, MD 20674.**

The form is also available at: www.seafarers.org under the Member Benefits tab. You may also duplicate this form, or request one from the Plan's Claims Department.

There are many benefits of quitting smoking, including reduced risk of cancer, stroke and heart disease, increased energy, improved sense of taste and smell, improved circulation and better overall health. If you or a member of your family is trying to stop smoking, we encourage you to take advantage of this new benefit. In addition, there are many free resources available online to support you in your efforts, such as www.smokefree.gov, www.betobaccofree.gov, and www.espanol.smokefree.gov.

We wish you good health!

Sincerely,

Margaret R. Bowen
Administrator



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NICOTINE REPLACEMENT THERAPY REIMBURSEMENT FORM

For Participants Who Reside in Puerto Rico

Participant's Name: _____

Last 4 digits of SSN: _____ Date of Birth: _____

Address: _____

If this claim is for a covered dependent, complete the section below:

Dependent's Name: _____ Date of Birth: _____

I certify that I am requesting reimbursement in the amount of \$ _____ from Seafarers Health and Benefits Plan for the Nicotine Replacement Therapy shown below that was purchased for my use or my covered dependent's use. (Note: Maximum reimbursable is \$175.00 per attempt to stop smoking).

Nicotine Patch

Nicotine Gum

Participant's Signature

Date Signed

Please attach original receipt below:

***Please mail completed form and receipt to:
Seafarers Health and Benefits Plan; Attn: Claims; PO Box 75; Piney Point, MD 20674***

Note: Nicotine replacement products purchased at Walmart or Sam's Club are not eligible for reimbursement.
HBP 055-9/16

