

2018 REQUIREMENTS FOR WELLNESS PROGRAM

To All Active Participants & Retirees NOT on Medicare (Except Class 11):

The procedures for wellness program compliance are changing as shown below:

- Participants and their spouses (only if we are primary for the spouse) will be required to obtain a comprehensive laboratory screening through a doctor of choice. The Fund no longer provides screenings at the IBEW Local 701 Union Hall.
- **Retirees on Medicare are not required to participate.**
- **THE FUND DOES NOT NEED YOUR LAB RESULTS!** All you have to do is submit written verification from your doctor, that the screening was performed.
- The due date for submitting the verification is December 1, 2018.

The lower benefit schedule will remain in place for participants who do not comply with the wellness program procedures. The rules will determine which benefit schedule you will be covered under starting January 1, 2019.

YOU NEED TO COMPLY IN 2018 TO QUALIFY FOR THE HIGHER BENEFITS IN 2019

The Fund remains committed to promoting wellness and healthy lifestyles! We believe that participants will benefit more by working with the doctors who know their medical histories and risk factors the best, instead of with third-party health coaches.

Q&A ABOUT THE NEW PROCEDURES

1. What do I need to send to the Fund Office?

No specific form is required. You can submit any type of written verification provided to you by the doctor or laboratory, as long as it shows:

- Patient's name & date of birth
- Type of test(s) performed (codes or descriptions)
- Date of the test

OR

You can either download the form from the IBEW Local 701 Benefit Funds website (www.IBEW701fbo.com) or you can use the enclosed form.

2. What are the required tests?

You and your spouse (only if we are primary for the spouse) are required to obtain the following blood tests:

1. Cholesterol/lipid panel (code 80061); AND Either:
 - Comprehensive metabolic panel
 - (code 80053)
 - OR**
 - General health panel
 - (procedure code 80050)

Your test results must be reviewed and signed by a doctor in order to meet the wellness requirement.

3. Are my tests covered by the Welfare Fund?

Your lab tests will be covered by the Welfare Fund as long as you are eligible at the time they are performed and if you use an in-network provider. The same applies to your spouse's tests.

- The amount payable by the Plan for your lab work depends on the diagnosis codes on the claims. If the expenses are billed as routine/preventive, they will be paid in full. Otherwise, they will be paid as major medical claims, subject to the deductible and coinsurance. **(Use Blue Cross Blue Shield of IL in-network providers (which may be found at www.bcbsil.com) to lower your coinsurance.)**
- Similarly, if you have a doctor's exam and the diagnosis is routine/preventive, it will be paid in full. Otherwise, the \$25 office visit co-pay will apply to in-network visits, and out-of-network visits will be subject to the deductible and out-of-network coinsurance.

Having the tests performed at a free-standing in-network clinical laboratory is almost always less expensive than having it performed at a hospital. Many medical practices have lab facilities in or near their offices.

4. What if I don't have a primary care physician?

Although you are strongly encouraged to have a primary care physician and to have periodic physical exams, the Fund only requires that you have the lab tests. If you have no regular doctor, you could call one of the local medical clinics in the Blue Cross Blue Shield of IL network **(may be found at www.bcbsil.com)** and ask for a laboratory order from one of their doctors. However, your test results must be reviewed and signed by a doctor in order to meet the wellness requirement.

5. What if the 701 Plan is my spouse's secondary health plan?

As before, spouses who have their own health care coverage through their employers do not have to comply with the wellness requirements. **Persons for whom Medicare is the primary plan are also exempt.**

- **DON'T WAIT UNTIL THE LAST MINUTE TO HAVE YOUR TESTS PERFORMED!**
Doctors' appointments for non-urgent services are often scheduled months in advance.
- **TO ENSURE THAT YOU GET PROPER CREDIT, YOU SHOULD SEND THE VERIFICATION YOURSELF.**
VERIFICATION IS SEPARATE FROM THE CLAIM THE PROVIDERS WILL SUBMIT FOR PAYMENT

Sincerely,
IBEW Local 701 Welfare Fund Board of Trustees

THIS NOTICE IS A SUMMARY OF MATERIAL MODIFICATIONS THAT MODIFIES THE TERMS OF THE FUNDS' SUMMARY PLAN DESCRIPTION. PLEASE KEEP A COPY OF THIS NOTICE WITH YOUR COPY OF THE SUMMARY PLAN DESCRIPTION.

Electrical Workers Administration and Claims Office

General Welfare, Vacation, Pension & Retirement Savings Funds



28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555-1600

Phone (630) 393-1701
Fax (630) 393-3615

WELLNESS COMPLIANCE VERIFICATION FORM

The IBEW Local 701 Welfare Fund includes a wellness program. We ask that our participants provide verification that they have completed the blood tests listed below in order to be eligible for a higher benefit level. Please complete this form and return it to your patient for submission to the Fund Office. OR fax to: (630) 393-3615

Printed Member Name: _____

Member Last 4 SSN: _____

Printed Patient Name: _____

Patient Date of Birth: _____

The lab work required is a cholesterol/lipid panel (80061). In addition, either a comprehensive metabolic panel (CPT 80053) or a general health panel (80050) is required.

Test Performed

Date

80061 Cholesterol/lipid panel _____

AND

80050 General health panel _____

OR

80053 Comprehensive metabolic panel _____

Authorized Signature: _____

Facility/Office Name: _____

Date: _____

SUBMIT