

UFCW Local One Health Care Fund
Living Well PCP Biometric and Preventive Exam Wellness Program
2017

Members and Eligible Spouses: For the second year, the Trustees of the UFCW Local One Health Care Fund are offering you the **Living Well PCP Biometric and Preventative Exam Wellness Program**. If you decide to participate, the timeframe for completing the required actions listed below is **October 1, 2016 through September 30, 2017**.

How it Works:

Members and Spouses eligible in the Health Care Fund under **Plans R, RD, UU & U** are eligible to participate by completing **Actions 1, 2 and 3** listed below. If your spouse is covered under the plan, **BOTH** you and your spouse must complete the actions listed below to be considered compliant. By not participating in the program, you will undoubtedly incur more out of pocket costs in 2018 than you would have otherwise.

(The “Buy-Up” program, from Plan U to Plan R, will only be available to those members and eligible spouses who comply with this wellness program.)

If you need assistance in determining which plan you are in, please contact the Fund Office at **(800)959-9497**.

ACTION 1: Register on the “Living Well” Portal

Go to the <https://ufcwonelivingwell.hmhealthworkscs.com> website. Register (log in or create a username and password), provide/update or confirm your current contact information, and provide/update or confirm your primary physician’s contact information. **After you complete your registration, the system will walk you through printing a Living Well Screening Form needed for Action 2.**

(If you do not have online access, please call 1-877-739-3956)

What if I don’t have a physician? You can use any doctor you like. But if you use an Excellus PPO network doctor, your out-of-pocket cost will be lower. You may want to use a doctor who is in the Excellus PPO network so that you pay the lowest out of pocket amount.

To Locate a Provider near you: Go to www.excellusbcbcs.com/ufcwone and enter prefix **UFU** to find an Excellus UFCW Local One Health Plan PPO Physician. You can also call the Health Fund office at **800-959-9497** for assistance in locating an in-network PPO physician near you.

ACTION 2: Get a Physical, Biometric Screening, and Preventive Care Tests

Eligible Members and their Eligible Spouses must have their physician complete a Living Well Screening Form in each year of the program to remain compliant. Living Well Screening Forms must always reflect different dates of service from the previously submitted one **(you cannot use the same exam or test date on two consecutive screening forms.)** Take this form to your physician and ask your physician to complete the form and mail or fax it to the address on the form. **HMC HealthWorks must receive your form no later than September 30, 2017.**

(If you do not have online access to print, please call 1-877-739-3956)

If you have any questions about your current benefit coverage, please review the benefit summary for your plan located at www.ufcwone.org – **Select: Your Health Care Benefits/ Health and Welfare/ Plan Summaries**. **You may also request a Plan Summary from the Health Fund office at 1-800-959-9497.**

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IMPORTANT: Requirements for a Completed Living Well Screening Form

Date of Exam (Exam date between 10/1/2016 and 9/30/2017)

The following must be noted by your Physician:

- ✓ **Blood Pressure**
- ✓ **Height**
- ✓ **Weight**
- ✓ **Lipid Panel**
- ✓ **Glucose Level**

AND Your Physician must also indicate whether the following screenings and lab tests were administered or were not medically necessary

(It is up to your physician to determine if any of the following are medically necessary)

- ✓ **Mammogram** (women beginning at age 40, every 1 -2 years)
- ✓ **PAP Smear** (women over 21, every 3 years)
- ✓ **Prostate Cancer Screening** (men age 45 or older with family history)
- ✓ **Colorectal Screening** (Adults over 50, fecal occult blood test or colonoscopy)
- ✓ **Thyroid Stimulating Hormone (TSH)**
- ✓ **Complete blood count with differential (CBC)**

After completing and signing your Living Well Screening Form, your Physician will need to submit your completed form to the Program. Instructions for submission are noted on the form.

ACTION 3: Engage & Complete the Health Management Education (HME) Program

(Only Required if you are diagnosed with one of the conditions below or have been identified with out-of-range biometric results). The HME Program identifies and supports individuals with one or more of the chronic conditions listed below:

Diabetes	Coronary Artery Disease (CAD)
Asthma/COPD	Hypertension (High Blood Pressure)
Low Back Pain	Hyperlipidemia (High Cholesterol)
Congestive Heart Failure (CHF)	Out-of-Range Lab Results

If you have one or more of the conditions listed or have out-of-range lab results, in order to be considered compliant with Action 3, a HME Participant must cooperate with the Nurse Management Educator or Wellness Coach. This cooperation may require accepting a regular call with a Nurse Management Educator and/or agreeing to receive regular educational mailings. Requirements for each HME Participant are determined on a case-by-case basis. Also, as an added benefit, when you remain compliant in the HME Program under the Living Well PCP Biometric and Preventive Exam Wellness Program, you become eligible to receive a \$50 quarterly pharmacy copayment credit. This credit will be available at UFCW Local One Health Plan in-network pharmacies. **If you have one of the conditions above, call the Living Well program to enroll today. The number is 877-739-3956.**

Remember the Deadline to submit your screening form is September 30, 2017