

UFCW Local One Health Care Fund

Living Well PCP Biometric and Preventive Exam Wellness Program

2021

Employees and Spouses: For the sixth year, the Trustees of the UFCW Local One Health Care Fund are offering you the **Living Well PCP Biometric and Preventive Exam Wellness Program**. If you decide to participate, the deadline for completing the required actions list below is **December 31, 2021**.

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 2022 than you would have otherwise.

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.hmchealthworksco.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.excellusbcbs.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 December 31, 2021.**

(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 and Date of Lab Collection (the deadline for completion is 12/31/2021)

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, within 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 Living Well Health and Wellness Program

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

Diabetes	Coronary Artery Disease (CAD)
Asthma/COPD	Hypertension (High Blood Pressure)
Low Back Pain	Hyperlipidemia (High Cholesterol)
Heart Failure (HF)	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, an HW Participant must cooperate with the Nurse Health Advocate or Wellness Coach. This cooperation may require accepting a regular call with a Nurse Health Advocate and/or agreeing to receive regular educational mailings. Requirements for each HW Participant are determined on a case-by-case basis. Also, as an added benefit, when you remain compliant in the HW 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. The first copayment credit for 2021, will be applied by February 15, 2022. **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 December 31, 2021