Roofers Local No. 20 Health and Welfare Fund and Pension Trust Fund

6321 Blue Ridge Blvd., Suite 101
Raytown, Missouri 64133
816-313-9427
Fax 816-313-0004

Dear Valued Member:

The health of our members and their families continues to be an important focus of the Roofers Local No. 20 Health and Welfare Fund. In 2018, all members (and their spouse) are once again encouraged to receive an annual wellness physical to qualify for lower deductible amounts in 2019.*

The overall goal of program participation at Roofers Local No. 20 Health and Welfare Fund is to encourage and enable members to consistently manage their health. This program is designed to arm members with the information needed to become more aware of personal risk factors and maximize health. Protecting and improving the overall health of our population through preventive health program(s) is a significant factor in the Health and Welfare Fund's ability to continue providing a strong and cost-effective benefits package for our members.

As a means to promote prevention, an incentive has been developed to allow members to lower their annual deductible.

In order to be eligible to receive the reduced deductibles, both members and their spouses (if covering your spouse on the plan), will need to receive an annual physical before November 15, 2018**. The deductible amounts you will be rewarded with during 2019 are:

- **Receives a physical: $250 Member Only/$500 Family Deductible**

- **Does not receive a physical: $2,000 Member Only/$4,000 Family Deductible**

To remove a barrier to members and their spouses, annual wellness physicals will be covered at 100% (no Co-Pay). The wellness physical policy included with this letter explains the program in further detail and provides the form for your respective primary care physicians to certify that both you and your spouse (if applicable) have received a wellness physical.

Sincerely,

Health and Welfare Fund Administrator

*The Roofers Local No. 20 Health and Welfare Fund Trustees reserve the right to make benefit plan changes at any time.
**Return to the Fund Administrator, Michelle Ross. Late, misdirected and/or unreceived mail to the funds office may void a member's eligibility for reduced deductibles.

Roofers Local No. 20 Health and Welfare Fund
Incentive Plan
Requirements for Medical Plan Deductible Credit

Roofers Local No. 20 Health and Welfare Fund is providing a deductible credit beginning January 1, 2019 through December 31, 2019*. This credit will be awarded to members enrolled in the Medical Plan if they and their spouses complete an annual physical exam. Additional details of the program and eligibility are outlined below.

- To qualify for this credit, eligible members and their covered spouse enrolled in the Medical Plan must complete an annual physical exam no later than November 15, 2018 **(exams that are completed beginning November 16, 2017, and up until the deadline will qualify).

- To receive this credit by completing an annual physical exam, bring the attached **Incentive Verification Form** with you to your doctor's office and have your provider complete it at your visit to confirm you had your annual physical exam.

  - This form must be completed by each member and his or her spouse and returned to the Fund Administrator no later than **November 15, 2018**.

    - It is recommended to visit your Primary Care Physician for this visit instead of a clinic.

    - Recommended testing for the annual physical incentive includes:
      - Routine physical assessments
        - Blood pressure
        - Height/weight

      - Metabolic screening
        - Total cholesterol
        - HDL cholesterol
        - LDL cholesterol
        - Blood glucose levels

      - Age- and gender-specific screenings
        - Colonoscopy
        - Pap smear
        - Mammogram
    - **<u>There are no specific requirements regarding the tests that must be completed. Your physician will determine the appropriate tests. Please review the enclosed chart for more information.</u>**

- Providing inaccurate or false information to receive the incentive will result in removal of the deductible credit for the remainder of the year, as well the immediate withdrawal of incentive eligibility, permanently.

*The Roofers Local No. 20 Health and Welfare Fund Trustees reserve the right to make benefit plan changes at any time.
**Return to the Fund Administrator, Michelle Ross. Late, misdirected and/or unreceived mail to the funds office may void a member's eligibility for reduced deductibles.

Roofers Local No. 20 Health and Welfare Fund and Pension Trust Fund

6321 Blue Ridge Blvd., Suite 101
Raytown, Missouri 64133
816-313-9427
Fax 816-313-0004

Preventive Benefit	Roofers Local No. 20 Health and Welfare Fund
Mammograms	No age limit or frequency limit- preventative or diagnostic
Pap Smears/Well-Woman Exam	No age limit; once per year
PSA	Ages 50 and above; once per year
Well-Baby/Well-Child	Covered up to age 6
Adult Routine Physical	Covered beginning at age 6
Immunizations	No age limit; frequency varies by immunization.
Flu Shots	No age limit: once per year
Colorectal Screening	No age limit or frequency limit- preventative or diagnostic
Bone Density Screening	Ages 50 and above (woman) and ages 70 and above (men) with no risk factors; once per year

Roofers Local No. 20 Health and Welfare Fund and Pension Trust Fund

6321 Blue Ridge Blvd., Suite 101
Raytown, Missouri 64133
816-313-9427
Fax 816-313-0004

GINA AUTHORIZATION FORM

*(Authorization to be completed by **SPOUSE** prior to the collection, in exchange for an incentive, of information regarding the spouse's health history or current health status.)*

Roofers Local No. 20 Health and Welfare Fund offers a wellness program to certain of our employees and their dependents. As part of the wellness program, spouses are invited to complete a *voluntary* Physical examination through which the spouse will provide information about his or her health history, health status or both. We may provide financial or other incentives to employees whose spouses participate in the physical examination.

We'll use the health information you provide to help you. Findings gathered from the physical examination will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer health-related services to you.

Your health information is confidential. We are required by law to maintain the privacy and security of your personally identifiable health information. The medical information collected will not be available to us in a way that allows us to identify you or the employee. However, we may use aggregate or summary (e.g., de-identified) information from the physical examination to design or provide additional health services. Any individually identifiable medical information we obtain through the wellness program will be maintained separate from personnel records, information stored electronically will be encrypted, and no information you provide will be used in making employment decisions. Appropriate precautions will be taken to avoid a data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you promptly after learning of the breach.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program (including the health plan which it is a part of), and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or our provision of an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program is required to abide by the same confidentiality requirements. In addition to you, the only individuals who will receive your personally identifiable health information will be licensed health care professions and board certified genetic counselors in order to provide you with health or genetic services under the wellness program. We may disclose your information as necessary to respond to a request from you for a reasonable accommodation to allow you to participate in the wellness program, or as expressly permitted by law.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Michelle Ross at 816-313-9427.

____ ACCEPT: I wish to participate in the voluntary physical examination

____ DECLINE: I do not wish to participate in the physical examination, and understand that by not participating neither I nor my spouse (the employee) will receive the incentive offered in exchange for my participation.

Name: _____

Signature: _____ Date: _____

Roofers Local No. 20 Health and Welfare Fund and Pension Trust Fund

6321 Blue Ridge Blvd., Suite 101
Raytown, Missouri 64133
816-313-9427
Fax 816-313-0004

Annual Physical Examination Incentive Verification

There is no co-pay to be collected/required for a screening that is 100% preventive

This is to verify, that I, _____(Name) have

completed my Annual Physical Examination on _____(date).

Covered Adult Name:	Covered Adult Signature:	Date:
Physician Name:	Physician Signature:	Date:

Please print the following information:	
Member	
Work Phone	
Email Address	

Please keep a copy of this certificate for your records and provide the original to the Fund Administrator, Michelle Ross, by no later than **November 15, 2018**.

If you have any questions, please contact Michelle Ross at (816) 313-9427 or fax (816) 313-0004 or 6321 Blue Ridge Blvd., Suite 101, Raytown, MO 64133.

---------- **CUT HERE** ----------

Annual Physical Examination Incentive Verification

This is to verify, that I, _____(Name) have

completed my Annual Physical Examination on _____(date).

Covered Adult Name:	Covered Adult Signature:	Date:
Physician Name:	Physician Signature:	Date:

Please print the following information:	
Member	
Work Phone	
Email Address	

Please keep a copy of this certificate for your records and provide the original to the Fund Administrator, Michelle Ross, by no later than **November 15, 2018**.
If you have any questions, please contact Michelle Ross at (816) 313-9427 or fax (816) 313-0004 or 6321 Blue Ridge Blvd., Suite 101, Raytown, MO 64133.