



2021 BIOMETRIC SCREENING PROGRAM

Dear **ANCILLARY** Plan Participant:

This packet includes important details regarding the 2021 Biometric Screening program.

PLEASE NOTE THAT PROGRAM REQUIREMENTS HAVE CHANGED FROM LAST YEAR

WHO

You are included in this year's screening program because, even though you were eligible for ancillary only benefits as of June 1st, you may have the potential to qualify for medical coverage for 2022 depending on your hire date and your average hours worked.

WHAT

You should obtain a Biometric Screening to **qualify for a waiver of the Fund's \$15 per week wellness program surcharge for 2022 medical coverage.**

WHEN

Your Biometric Screening must be completed by November 30, 2021 and screening results must be received by the Fund Office no later than December 10, 2021.

If you have already had a routine physical in 2021 that includes the screening for blood pressure, cholesterol, blood glucose, and body mass index, and you do not want to repeat the screenings, you should send a copy of your screening results from 2021 to the Fund Office or check with the provider to see if they will complete and return the attached Biometric Screening Results Form based on your results.

WHERE

Screenings can be obtained at no cost through Kroger Pharmacy or The Little Clinic. Be sure to identify yourself as a Kroger employee and let them know you are receiving this screening for your health plan coverage. If you receive your screening through Kroger Pharmacy or The Little Clinic your completion status and results will be automatically provided to the Fund Office.

You can also receive a screening from a provider of your choice. Please note you will be responsible for any costs associated with the screening and you will also be responsible for submitting the results to the Fund Office.

WHY

Biometric screenings can help alert you to potential health risks and medical issues that can be proactively addressed through early detection.

IF YOU DO NOT COMPLETE YOUR BIOMETRIC SCREENING BY NOVEMBER 30, 2021, YOU WILL BE CHARGED AN ADDITIONAL \$15 PER WEEK FOR YOUR 2022 MEDICAL BENEFIT COVERAGE.

Please note that if you remain eligible for the Ancillary Plan or choose to opt down to Ancillary Only coverage for 2022, the additional \$15 per week will not apply. **If you think you may qualify for and enroll in medical coverage in 2022, we encourage you to get your screening done to qualify for the lowest co-premium amount.**

PLEASE SEE THE FOLLOWING PAGES FOR ADDITIONAL INFORMATION AND INSTRUCTIONS

Have questions or need help? Contact the Fund Office at 770-997-9910 or toll-free at 1-800-241-3473.

WHAT IS A BIOMETRIC SCREENING?

A Biometric Screening is a short health exam that includes bloodwork (usually done through a finger prick) and measurements, such as height, weight and waist circumference. The screening is used to collect common vital statistics that can be compared to standard ranges as well as your own prior results to give you a snapshot of your health and alert you to any concerns or changes in your health status.

The results of your biometric screening and/or your health questionnaire will not be shared with your employer. Your results are confidential and are to be used by you and your provider to determine your health care needs and will be used by the Health and Welfare Fund to identify benefits and programs to better serve your needs.

WHAT HAPPENS IF I DON'T COMPLETE MY BIOMETRIC SCREENING?

Failure to complete the biometric screening by the deadline will result in a \$15.00 per week wellness program surcharge being added to your regular weekly employee co-premiums for your 2022 coverage. *Please note that this wellness program surcharge is not charged to anyone who does not enroll or who chooses Ancillary Plan coverage for the 2022 benefit year.*

If you have a medical condition that prohibits you from being able to get a biometric screening, please contact the Fund Office to obtain a waiver form.

INSTRUCTIONS FOR OBTAINING YOUR BIOMETRIC SCREENING

WHERE TO GET A BIOMETRIC SCREENING

- **At a Kroger Pharmacy or The Little Clinic located in a Kroger store.** To schedule your screening at a Kroger Pharmacy call 1-877-444-9689 or go to www.krogerscreenings.com – **AN APPOINTMENT IS REQUIRED!** To find The Little Clinic near you visit www.thelittleclinic.com.
- **With your primary care provider.** If you are not enrolled for medical coverage and use your own provider, you will be responsible for any costs associated with the screening.

HOW TO REPORT BIOMETRIC SCREENING RESULTS

- **If you use a Kroger Pharmacy or The Little Clinic,** your completion status and results will be sent electronically to the Health and Welfare Fund Office, and you don't need to do anything.
- **If you use another provider,** you will need to provide the screening results to the Fund Office. You may submit a printout of the screening results, or you can ask the provider to complete and sign the attached Biometric Screening Results Form. The provider can fax it to the number on the Form, or you can send the form to the Health and Welfare Fund Office.

NOTE: The **Biometric Screening & Wellness Program** is for eligible employees only. While we encourage your dependents to obtain their routine preventive care, they do not need to complete a screening. If you have a medical condition that prohibits you from being able to get a biometric screening, please contact the Fund Office to obtain a waiver form.

Have questions or need help? Contact the Fund Office at 770-997-9910 or toll-free at 1-800-241-3473.



2021 BIOMETRIC SCREENING PROGRAM BASICS

Even though you are currently eligible for the Ancillary Plan, you should still consider participating in this year's Biometric Screening Program.

- If there is a chance you will qualify for and enroll in medical coverage for 2022, you should complete a biometric screening to receive a waiver of the \$15.00 per week wellness program surcharge.
- Screenings must be completed by November 30th and screening results must be received by the Fund Office by December 10th.
- An eligible employee can obtain a Biometric Screenings AT NO CHARGE through the Kroger Pharmacy or The Little Clinic – even if you are not enrolled for coverage. Be sure to let them know that you are a Kroger employee obtaining your annual screening for the UFCW Unions & Employers Health & Welfare Fund – Atlanta.
- If you do not participate in the Wellness Program, the \$15.00 per week surcharge will only apply if you qualify for and choose to enroll in medical coverage (Plan One, Two or Three) for 2022.

For employees who want to obtain a free screening at the Kroger Pharmacy: Appointments will be required for all screenings this year. No walk-ins will be accepted. You can call 1-877-444-9689 or go to www.krogerscreenings.com to schedule a screening appointment.

BIOMETRIC SCREENING FORM INSTRUCTIONS

DO NOT USE THIS FORM IF YOU ARE OBTAINING YOUR BIOMETRIC SCREENING AT A KROGER PHARMACY, THE LITTLE CLINIC, OR IF YOU ENROLLED IN KAISER AND YOU USE A KAISER MEDICAL CENTER.

Completion Instructions for Participant:

Complete the *Participant Information Section* of the *2021 Biometric Screening Result Form*. Print legibly and make sure you complete ALL fields in this section.

Completion Instructions for Provider:

Complete all requested items in the section labeled *Biometric Measurements and Physician Information*.

1. Biometric Measurements

Provide the numeric value of patient's biometric measurements and blood test. The results should be collected between January 1, 2021 and November 30, 2021 and received by the Fund Office on or before December 10, 2021.

2. Physician Information

Complete this section, sign and date the form in the areas provided.

Office visits for Biometric Screenings should be coded as preventive care physical exam/health screenings to be covered at 100% under the Fund's preventive care benefits.

Submission Instructions:

Once all sections of the form have been completed, follow the instructions below to ensure receipt of your *Biometric Screening Result Form* for processing. If you have any questions regarding the process, please contact the Fund Office at 770-997-9910 or toll-free at 1-800-241-3473.

1. Ensure all fields are completed on the Form.

Once all items are completed, make a copy for your records.

2. Return the completed "Biometric Screening Results" page by fax (preferred) or mail:

FAX: 770-909-6596 Attn: Biometric Screening - ATL

UFCW Unions & Employers H&W Fund - Atlanta
THE FUND OFFICE
1740 Phoenix Parkway
Atlanta, Georgia 30349

NOTE: The **Biometric Screening & Wellness Program** is for eligible employees only. While we encourage your dependents to obtain their routine preventive care, they do not need to complete a screening.

Have questions or need help? Contact the Fund Office at 770-997-9910 or toll-free at 1-800-241-3473.

2021 BIOMETRIC SCREENING RESULT FORM

PARTICIPANT INFORMATION SECTION *(To be completed by you.)*

AUTHORIZATION & RELEASE OF INFORMATION - By providing the information below and submitting this Biometric Screening Result Form, I acknowledge and agree to the following Terms and Conditions. This form must be **fully completed and legible** to be processed. Date of screening should be between January 1, 2021 and November 30, 2021 and must be received by The Fund Office by December 10, 2021. I hereby authorize the medical health care provider and/or medical facility listed below to release the following health data to the United Food and Commercial Workers Unions and Employers Health and Welfare Fund – Atlanta. The Fund shall protect this health data in the same manner as it protects other health data it receives.

SIGNATURE: **DATE:**

M	M	D	D	Y	Y	Y	Y
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PLEASE USE ALL CAPS – ONE LETTER/NUMBER PER BOX

FIRST NAME:

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LAST NAME:

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SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY):

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DATE OF BIRTH:

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GENDER (M/F):

BIOMETRIC MEASUREMENTS AND PHYSICIAN INFORMATION *(To be completed by your doctor.)*

BMI (kg/m²):

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Ex: 28.1
Decimal must be included
BLOOD PRESSURE:

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Systolic/diastolic
Ex: 125/080
Enter zero to left if 2 digits

BLOOD GLUCOSE (mg/dL):

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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Ex: 100
FASTING? (Y/N):

LDL CHOLESTEROL (mg/dL):

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Ex: 120
DATE OF SCREENING:

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PCP FIRST NAME:

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PCP LAST NAME:

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PCP TITLE/LICENSURE:

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PCP PHONE #:

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PCP SIGNATURE:

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FAX THIS FORM TO 770-909-6596 OR MAIL TO:
UFCW UNIONS & EMPLOYERS H&W FUND – ATLANTA, 1740 Phoenix Parkway, Atlanta, Georgia 30349

Please be sure to retain a copy of your completed form for your records.

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