



2021 BIOMETRIC SCREENING & WELLNESS PROGRAM

Dear Standard or Basic Level 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 you were eligible for benefits as of June 1st – even if you aren't currently enrolled for those benefits.

WHAT

You should obtain a Biometric Screening **in order to qualify for any potential benefit enhancements to your 2022 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. 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, your completion status and results will be automatically provided to the Fund Office.

You can also use an in-network primary care provider of your choice. Please note that you may be charged for an office visit if you obtain your screening during an appointment for an unrelated reason and you will be responsible for submitting your biometric screening results to the Fund Office. If you are not enrolled for coverage and you use your own provider, you will be responsible for any costs associated with the screening.

WHY

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

BY COMPLETING YOUR BIOMETRIC SCREENING, YOU CAN ALSO QUALIFY FOR STANDARD LEVEL BENEFIT ENHANCEMENTS IF:

- You qualify for Full-Time coverage for 2022 AND
- You have at least 60 months of participation in the Health & Welfare Fund (36 months if hired on or before 8/11/13)

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?

There is no penalty for not completing your biometric screening, but certain full-time participants can qualify for benefit enhancements with a completed screening.

If you qualify for full-time coverage for 2022 and you have more than 60 months of participation in the Plan (36 months if hired on or before August 11, 2013) and you complete your biometric screening by the deadline, **you will qualify for the Standard Level benefit enhancements which will reduce your out-of-pocket costs for your medical care.**

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 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!**
- **With an in-network primary care provider.** If you choose to have your screening with an in-network primary care provider, you may be charged for an office visit if you obtain your screening during an appointment for an unrelated reason. If you are not enrolled for 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,** 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 Health and Welfare 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.



2022 BENEFIT SUMMARY

WELLNESS PROGRAM

The UFCW Unions & Employers Health & Welfare Fund - Atlanta encourages all participants to participate in the annual wellness program campaign. Not only does this program help you become more aware of significant health indicators, if you qualify as Full-Time and you have participated in the Plan for a specific time period, completing the program requirements can qualify you for certain benefit enhancements.

Everyone who meets the minimum hours requirements qualifies for Basic Level benefits.

But if you qualify as Full-Time and you:

1) Have more than 60 months participation in the Plan (36 months if hired on or before August 11, 2013)

AND

2) You complete your Biometric Screening by the stated deadline, you will qualify for these Standard Level enhancements.

BASIC LEVEL

STANDARD LEVEL Enhancement

MEDICAL BENEFITS	In-Network	Non-Network	In-Network	Non-Network
MEDICAL BENEFITS PROVIDED THROUGH ANTHEM BCBS – BLUECARD PPO NETWORK				
CALENDAR YEAR DEDUCTIBLE				
Individual	\$1,150	\$3,000	\$900	\$2,500
Family	\$2,300	\$6,000	\$1,800	\$4,500
MAXIMUM OUT OF POCKET (Both Medical and Prescription Drug Benefit expenses apply to these limits)				
Individual	\$7,500	None	\$7,500	None
Family	\$15,000	None	\$15,000	None
PREVENTIVE CARE SERVICES (some gender, age and frequency limits apply)				
Preventive Care	No Charge	You pay 50%*	No Charge	You pay 50%*
OFFICE VISIT COPAYMENTS (applies only to professional service charge)				
Retail Convenience Care Clinics	You pay \$15 Copay	You pay 50%*	You pay \$15 Copay	You pay 50%*
Primary Care Office Visit Charge	You pay \$30 Copay	You pay 50%*	You pay \$30 Copay	You pay 50%*
Mental Health Office Visit Charge	You pay \$30 Copay	You pay 50%*	You pay \$30 Copay	You pay 50%*
Specialist Office Visit Charge	You pay \$40 Copay	You pay 50%*	You pay \$40 Copay	You pay 50%*
Urgent Care Facility Charge	You pay \$75 Copay	You pay 50%*	You pay \$75 Copay	You pay 50%*
OTHER MEDICAL SERVICES (includes services billed at time of office visit, other than professional service charge)				
Preventive Care Services	You pay \$0	Not Covered	You pay \$0	Not Covered
Diagnostic Lab, Testing, X-rays	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Surgical and Other Services	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Chiropractic Care (up to 24 visits/year)	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Podiatric Care (up to 12 visits/year)	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
HOSPITAL SERVICES (applies to medical and mental/behavioral health)				
Inpatient Care	You pay \$150 Hospital Deductible per confinement, then 30%*	You pay \$150 Hospital Deductible per confinement, then 50%*	You pay \$150 Hospital Deductible per confinement, then 20%*	You pay \$150 Hospital Deductible per confinement, then 50%*
Diagnostic Lab, Testing, X-rays	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Outpatient Surgery or Non-Surgical Care	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Emergency Room Services (ER Deductible waived if admitted to hospital from Emergency Room)	You pay \$200 ER Deductible per visit, then 30%*	You pay \$200 ER Deductible per visit, then 30%*	You pay \$200 ER Deductible per visit, then 20%*	You pay \$200 ER Deductible per visit, then 20%*

* After Calendar Year Deductible is Satisfied

OTHER MEDICAL SERVICES	BASIC LEVEL		STANDARD LEVEL Enhancement	
	In-Network	Non-Network	In-Network	Non-Network
Ambulance	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Skilled Nursing Facility	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Hospice Services	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Durable Medical Equipment	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Home Health Care	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*
Rehabilitative Therapy	You pay 30%*	You pay 50%*	You pay 20%*	You pay 50%*

PRESCRIPTION DRUG BENEFITS

PRESCRIPTION DRUG BENEFITS PROVIDED THROUGH KPP (KROGER PRESCRIPTION PLANS)

Your prescription drug benefits are provided through a separate plan sponsored by The Kroger Company. Please refer to your Summary of Benefits and Coverage (SBC) or information from The Kroger Company for details on your drug coverage. Prescription drug benefits are the same under both the Basic Level and the Standard Level Enhancement.

DENTAL BENEFITS (Dental benefits become effective on the first day of your 6th continuous month of enrollment)

INSURED DENTAL BENEFITS ARE PROVIDED THROUGH CIGNA HEALTHCARE

CALENDAR YEAR DEDUCTIBLE

Individual	\$50	\$50
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MAXIMUM ANNUAL BENEFIT PAYABLE (does not apply to dependent children under age 19)

Individual	\$500	\$1,500
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MAXIMUM ORTHODONTIC BENEFIT PAYABLE PER LIFETIME

Individual	Not Covered	\$1,000
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PAYMENT PERCENTAGE

Preventive Care	You pay 30%	You pay 25%
Minor Restorative	You pay 30%*	You pay 25%*
Major Restorative	You pay 50%*	You pay 50%*
Orthodontic	Not Covered	You pay 50%*

VISION BENEFITS (Vision benefits become effective on the first day of the 13th continuous month of enrollment)

INSURED VISION BENEFITS PROVIDED THROUGH GROUP VISION SERVICES

Your vision benefits cover an in-network vision exam, lenses and frames (up to \$100 retail value) at 100% once every 12 months, as well as discounts on additional services, lens options and frame upgrades. The benefits will reimburse you up to specific allowances for services obtained through a non-network provider.

INCOME PROTECTION BENEFITS (Employee Only)

DEATH BENEFIT

Full-Time & Regular ACA Full-Time	\$15,000	\$22,500
Part-Time & ACA Full-Time	\$2,500	

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (Full-Time & Regular ACA Full-Time Only)

Full-Time & Regular ACA Full-Time	\$15,000	\$22,500
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WEEKLY DISABILITY BENEFIT (Full-Time & Regular ACA Full-Time Only)

Weekly Benefit Amount	50% of basic weekly earnings	2/3 of basic weekly earnings
Maximum Benefit - Weeks 1-4	Up to \$100 per week	Up to \$150 per week
Maximum Benefit - Weeks 5-13	Up to \$175 per week	Up to \$175 per week
Maximum Benefit - Weeks 14-26	Maximum 13 weeks benefit	Up to \$175 per week

For BASIC LEVEL

For STANDARD LEVEL Enhancement

WEEKLY EMPLOYEE CONTRIBUTIONS

FULL-TIME AND REGULAR ACA FULL-TIME

EE Only	\$9.50 per week	\$15.50 per week
EE + Child(ren)	\$26.50 per week	\$32.50 per week
Spousal Coverage - (Dental/Vision Only)	\$4.00 per week	\$4.00 per week

PART-TIME AND ACA FULL-TIME

EE Only	\$9.50 per week	
EE + Child(ren) (ACA Full-Time Only)	\$26.50 per week	

*After Calendar Year Deductible is Satisfied



BIOMETRIC SCREENING FORM INSTRUCTIONS

IF YOU ARE OBTAINING A BIOMETRIC SCREENING AT A KROGER PHARMACY YOU DO NOT NEED TO USE THIS FORM

Completion Instructions for Participant:

Complete the *Participant Information Section* of the *2022 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.

2022 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

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:

M	M	D	D	Y	Y	Y	Y

GENDER (M/F):

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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*

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BLOOD PRESSURE:

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Systolic/diastolic

Ex: 125/080

Enter zero to left if 2 digits

BLOOD GLUCOSE (mg/dL):

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Ex: 100

FASTING? (Y/N):

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LDL CHOLESTEROL (mg/dL):

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Ex: 120

DATE OF SCREENING:

M	M	D	D	Y	Y	Y	Y

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.