

# Enhanced Benefit Level Plan 2017

**Improve your health and earn enhanced benefits!**



**September, 2016**

## **Dear Member:**

Teamsters Local 251 Health Services and Insurance Plan is pleased to present the Enhanced Benefit Level (EBL) 2017 program. Participation in predetermined wellness activities may allow members and eligible dependents to receive the Enhanced Benefit Level Plan, which reduces medical and pharmacy out-of-pocket expenses and increases the annual dental benefits. For a complete list of the EBL Plan see the information on the following pages.

To participate in the EBL program members and spouses must obtain a routine annual physical or prenatal exam with their Primary Care Physician (PCP) from 1/1/2016 to 11/30/2016. Remember, routine annual physicals and preventive services are covered at 100% for all of the Fund's benefit plans!

Members and eligible dependents over age 4 obtain a preventive dental cleaning and oral exam from 1/1/2016 to 11/30/2016. If you have dentures, obtain an oral exam.

You may have already satisfied 2 of the 3 requirements by having a routine annual physical or prenatal exam and a dental cleaning and oral exam on or after January 1, 2016.

This brochure provides a calendar of program requirements and the dates of completion. It also includes Frequently Asked Questions and the 2017 COB (Coordination of Benefits) Form that you need to complete and return to the Fund Office by **November 30, 2016**. Of course, this brochure only summarizes the program.

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# The Enhanced Benefit Level Plan

## Required Activities

Complete the following requirements by November 30, 2016 and earn the Enhanced Benefit Level Plan effective January 1, 2017.

Healthy Activity	Activity Description	Participants	Time to complete
	1. Complete and return the enclosed COB (Coordination of Benefits) Form.	Member and Spouse	11/30/2016
	2. Obtain a routine annual physical or prenatal exam with your Primary Care Physician (PCP).	Member and Spouse	11/30/2016
	3. Obtain a preventive dental cleaning and oral exam. If you have dentures, obtain an oral exam.	Member and Eligible Dependents over age 4	11/30/2016

The EBL Plan will further reduce your out-of-pocket expenses by eliminating or lowering your deductible and decreasing your medical copayments and pharmacy coinsurance. Your dental benefit will cover the second oral exam performed by a dentist associated with your second dental cleaning. The Weight Watchers and gym reimbursements will be increased.

Benefits	Non-EBL Plan	2017 EBL Plan
Co-payment for well-visit to primary care physician*	\$0	\$0
In-network deductible for Level 1 member/family	\$100/\$200	\$0/\$0
In-network deductible for Level 2 member/family	\$500/\$1,000	\$250/\$500
Additional exam by Dentist	\$2,000 maximum and 1 oral exam by your Dentist	\$2500 maximum and 2 oral exams by your Dentist
Co-insurance for generic prescriptions (mail order & retail)	20%	5%
Annual benefit maximum for gym memberships	Up to \$150, 1 per family per year	Up to \$200, 1 per family per year
Annual benefit maximum for Weight Watchers	Up to \$100, 2 per family per year	Up to \$150, 2 per family per year

\*As a result of the MA MCC requirements, PCP well-visits covered at 100% effective 7/1/2014

You may have already satisfied 2 of the 3 requirements by having a routine annual physical or prenatal exam and a dental cleaning and oral exam. Need help finding a PCP? You can call the customer service number on the back of your UnitedHealthcare Card or contact the Fund Office Monday – Friday, 7:30am to 4:30pm at 401-467-3323.

## Enhanced Benefit Level (EBL) Plan

### Questions & Answers

- 1. Who is eligible to participate?** All eligible Teamsters Local 251 Health Services and Insurance Plan members and eligible dependents can participate.
- 2. When do I qualify for the EBL Plan?** If all of the requirements are completed by 11/30/2016 you will qualify for the EBL Plan effective January 1, 2017. **Please note, you must meet all the requirements for this benefit each year.**

- 3. How will the Fund know I had a routine annual physical and a dental cleaning and oral exam?** UnitedHealthcare and Delta Dental will use claims data to determine members and their eligible dependents that receive a routine annual physical and dental cleaning and oral exam between 1/1/2016 and 11/30/2016. Only the name of the participants will be shared with the Fund Office; claims data will not be shared.
- 4. Is the routine annual physical exam once every 12 months or one per calendar year?** If you had your routine annual physical on December 1, 2015 you will be eligible to have this year's routine annual physical on or after January 1, 2016. **A routine annual physical can be obtained once per calendar year (January 1 – December 31); it does not need to be every 12 months.**
- 5. Will I have to attend an onsite screening or submit a physical tracking form?** No. These requirements are no longer necessary.
- 6. Will my personal information be protected?** Yes. Your personal health information will be protected in accordance with HIPAA and will not be shared with your employer.
- 7. Will I receive the EBL Plan if I complete an activity after the specified time frame?** To receive the EBL Plan, members and eligible dependents must complete all activities by November 30, 2016. To make sure that you have met all of the requirements, contact the Fund Office Monday – Friday, 7:30am to 4:30pm at 401-467-3323.
- 8. Do I have to complete all activities to receive the EBL Plan?** Yes. You and your eligible dependents must complete all required activities described in the chart in order to receive the Enhanced Benefits Level Plan.
- 9. My spouse and I are separated; does he or she have to complete the EBL requirements?** Yes. If you are separated from your spouse and he or she is still on the coverage, the requirements must also be met by him or her to qualify for the Enhanced Benefit Level Plan.
- 10. What is an oral exam?** An evaluation performed on a patient to determine any changes in the patient's dental and medical health status since a previous evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may also require additional diagnostic procedures.
- 11. How does the gym reimbursement work under the EBL plan?** The member is the primary recipient. The 12 month gym membership must be paid in full before submitting to the Fund office for reimbursement. Attach a legible copy of your fitness center contract. If there is no contract, you must submit a letter on the fitness center's letterhead stating the cost of your one year membership and when it was paid in full. You must provide proof of payment in full (i.e. credit card receipt, both sides of cancelled check, copy of bank check, money order, etc.). If you pay by bank draft or monthly installments of any kind, you must wait until you have paid for 12 full months and provide proof of payment in full. **No cash receipts will be accepted.** The member will receive the reimbursement of up to \$200 within 6-8 weeks. **Please note, one reimbursement per family per year may be received.**
- 12. How does the Weight Watchers reimbursement work under the EBL plan?** Obtain the Weight Watchers Reimbursement Application from the Fund office and bring the form to your first meeting at a Weight Watchers center of your choice. Set a 12-week weight loss goal with your Weight Watchers Leader and record this on the form. You must finish the 12-week program and meet your weight loss goal to qualify for the reimbursement. After satisfying these requirements, send the completed Weight Watchers Reimbursement Application and the filled-in Weight Watchers Weigh-in Book to the Fund Office. The member will receive the \$150 reimbursement within 6-8 weeks. **Please note, up to two reimbursements per family per year may be received.**
- 13. Do I have to participate?** The program is strictly voluntary. Members and eligible dependents are under no obligation to participate.