

IMPORTANT INFORMATION REGARDING THE ANNUALLY REQUIRED PHYSICAL FOR THE WELLNESS TIER

Effective January 1, 2021, an updated plan design with two tiers of coverage for In-Network care was implemented. To be enrolled in the Wellness Tier, with lower deductibles, coinsurance rates, and out of pocket maximums, *for the 2023 Benefit year*, you must have an **annual physical** completed by **November 15, 2022**. Participants who choose not to complete an annual physical will be enrolled in the Non-Wellness Tier with higher deductibles, coinsurance rates and out-of-pocket maximums. **Your prescription drug, dental, and vision benefits remain the same.**

PHYSICAL DEADLINE 11/15/2022!

Physicals completed between **01/01/2022 – 11/15/2022** are eligible.

SEND FORM TO THE FUND OFFICE BY: November 15, 2022

Email: Tammy@ibew38-benefits.com or Fax: 216-431-7719

Physicals completed *at Union Trades Medical Center only* do not require a completed physical form to be sent in.

IF YOU HAVE ANY QUESTIONS CALL THE FUND OFFICE @ 216-431-7738

IMPORTANT REMINDERS

Both the Local 38 Member and Spouse (if applicable) must have a physical and a form completed.

Once the Local 38 member and spouse complete their annual physical, the member, spouse, and their dependent children will all qualify for the Wellness Tier. Local 38 members who choose not to complete an annual physical will be enrolled in the Non-Wellness Tier.

A physical can be scheduled any time after January 1st regardless of the date that the annual physical was completed in the prior year with no limitations.

The medical and dental benefits operate on a Calendar Year basis. Calendar-year deductibles, out of pocket maximums, and benefit limitations reset every January 1st.

Get an **Annual Physical** at Union Trades Medical Center or with an In-Network/Out-of-Network doctor. (Out-of-Network doctor subject to co-insurance)

Scheduling Tip!

Schedule your **Annual Physical** to be completed in your **Birthday Month!**

UNION TRADES MEDICAL CENTER

To schedule a convenient appointment call the Beachwood Center or the Brooklyn Center or schedule online at <https://member.ourhealth.org>

WEST LOCATION

7575 Northcliff Ave.
Suite 403
Brooklyn, OH 44144
216-539-2702
Mon/Tue/Thu 8am-5pm
Wed 8am-7pm
Fri 8am-3pm

EAST LOCATION

3609 Park East Dr.
Suite 210
Beachwood, OH 44122
216-245-5680
Mon/Wed/Thu 8am-5pm
Tue 8am-7pm
Fri 8am-3pm

**PROOF OF PHYSICAL FORM
DEADLINE: NOVEMBER 15, 2022**

This form must be completed and signed by the participant and his or her physician, and received and accepted by the Fund Office by November 15 of each year for it to be processed in time for the participant to be included in the Wellness Tier coverage on the following January 1.

Dear Doctor or Health Care Provider,

The I.B.E.W Local No. 38 Health and Welfare Fund has coverage tier designed to encourage participants to get annual physical exams. I am voluntarily participating in this program. I am required to provide verification that I executed an annual physical examination with my primary care provider. Please send the completed form to the I.B.E.W Local No. 38 Health and Welfare Fund as indicated below.

SECTION 1. TO BE COMPLETED BY THE PARTICIPANT

By signing this form, you agree to voluntarily authorize your physician to verify your physical examination in order to qualify for Wellness Tier coverage.

DATE: _____

DATE OF BIRTH: _____

PARTICIPANT'S NAME: _____

PARTICIPANT'S SIGNATURE: _____

SECTION 2. TO BE COMPLETED BY THE EXAMINING PHYSICIAN

By signing this form you acknowledge that you completed an annual physical examination of the Fund participant.

DATE OF THE PHYSICAL EXAM: _____

EXAMINING PHYSICIAN'S NAME: _____

EXAMINING PHYSICIAN'S OFFICE ADDRESS: _____

EXAMINING PHYSICIAN'S OFFICE PHONE NUMBER: _____

EXAMINING PHYSICIAN'S SIGNATURE: _____

DATE: _____

RETURN THIS COMPLETED FORM BY MAIL, FAX OR EMAIL TO:

I.B.E.W Local No. 38 Fringe Benefits
P.O. Box 6326
Cleveland, OH 44101-1326
Fax: 216-431-7719
Email: tammy@ibew38-benefits.com