

2017

# Operating Engineers Local 66 Welfare Fund Participants of Plan One or Plan Two Only

## ANNUAL PHYSICAL EXAM PREVENTIVE SERVICES VERIFICATION FORM

Dear Physician/Participant:

The Operating Engineers local 66 Welfare Fund is promoting a voluntary Wellness Initiative for members and their spouses. We encourage our participants to take advantage of their Annual Physical Exam available through their medical benefits. The Wellness Initiative endorses healthy life-style changes for the membership and includes an incentive for participation. Members, and if married, spouses must complete an annual physical examination to qualify for the wellness incentive. The incentive is a reduction of the Annual Medical Deductible from \$250 per individual/\$500 per family to \$150/\$300. Medicare and Freedom Blue retirees are not eligible for this incentive.

This form is proof of completion of a physical examination by a legally qualified medical practitioner. Please complete the Physician Use section and return this form to the participant. The Welfare Fund is required by law to maintain the privacy and security of personally identifiable health information. However, the Welfare Fund receives no personally identifiable health information resulting from your participation in the Wellness Initiative. If you have any questions please feel free to contact our office at (412) 968-9750.

Medical providers, Routine Adult Physical Exams are covered at 100% and are not subject to co-pays or deductibles if performed in network. **Only specific preventive tests are covered, such as a Lipid Panel or Blood Glucose Screening, on the reverse of this letter is the 2017 Adult Preventative Schedule.** Please make certain when you are submitting claims that "preventive" codes are used to ensure the services are reimbursed properly. If you have any questions on coding or billing for preventive services please refer to your in-network Highmark contract or contact Highmark directly at 1-866-975-5054.

**FOR PHYSICIAN USE:** Please complete this section and return the form to the patient.

<p><b>ANNUAL PHYSICAL EXAMINATION COMPLETED</b></p> <p>Date of physical examination _____</p> <p>Physician Name (Printed) _____</p> <p>Physician Signature _____</p> <p>Patient Name (Printed): _____</p>
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**PARTICIPANTS:** When this form is completed, please mail to: Operating Engineers Welfare Fund,  
PO Box 38682, Pittsburgh PA 15238

<p>MEMBER Name (Printed): _____ Member Social _____</p> <p>Patient Name (Printed): _____ Date of birth _____</p> <p>Patient Signature: _____</p> <p>Select year to apply reduction of annual deductible, check only one.*</p> <p>APPLY TO <u>BALANCE OF 2017</u> <input type="checkbox"/>                      APPLY TO 2018 <input type="checkbox"/></p> <p><small>*If no selection is made, both years are checked, or the spouse and member forms have conflicting selections then the reduction will be made in 2018.</small></p>
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## 2017 Preventive Schedule

### Adult (age 19+) Preventive Schedule

General Health Care	
Physical Exams/Health Guidance	Every 1-2 years for adults 19-49 years of age. Every year for adults 50 years of age and older.
Pelvic Exam	Annually
Breast Exam by Practitioner	Annually
Screenings/Procedures	
Abdominal Aortic Aneurysm Screening	One-time screening by ultrasonography for men between age 65 and 75 who previously smoked.
BRCA Mutation	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk.
Bone Mineral Density Screening	Age 60 and older: Once every 2 years.
Chlamydia, Gonorrhea, HIV and Syphilis Screenings	All sexually active males and females, as recommended by doctor.
Colorectal Cancer Screening and Certain Colonoscopy Preps With Prescription	Age 50 and older, once a year. High risk, earlier and more frequently as recommended by your doctor.
Diabetes Screening	For high risk patients, screenings should start at age 40 at 3 year intervals.
Hepatitis B and C Screening	For high risk patients: As recommended by your doctor.
<b>Lung Cancer Screening</b> <i>(requires use of authorized facility)</i>	Annually for adults age 55-80 years with 30 pack/year smoking history and currently smokes or quit within the past 15 years
Cholesterol Screening	Routine Screening every 5 years beginning at age 20. More frequent testing of those at risk for cardiovascular disease.
Mammogram	Starting at age 40: Once a year including 3-D <i>(If you have/had cancer or your mammogram is positive, annual MRI's follow your diagnostic benefits)</i>
Pap Test	Age 21-65: Every 3 years or annually as recommended by your doctor. Age 30-65: Every 5 years if combined Pap and HPV are negative. Over 65: As recommended by your doctor.
Immunizations	
Diphtheria, Tetanus	One time Tdap. Booster every 10 years for all adults.
MMR	One or two doses as recommended by your doctor.
Pneumococcal	For individuals 65 and older: One or two doses, per lifetime.
Influenza B (HIB)	Based on individual risk or physician recommendation.
Influenza	Annually <i>(Call Member Services to verify your vaccination provider is in network)</i>
Chicken Pox	One series of 2 doses at least 1 month apart for adults with no history of chicken pox.
Hepatitis A	Based on individual risk or physician recommendation: One two-dose series.
Hepatitis B	Based on individual risk or physician recommendation: One three-dose series.
Meninogococcal	Based on individual risk or physician recommendation: One or two doses per lifetime.
HPV	For females age 9-26, one 3 dose series. Dose 2 at 2 months from dose 1. Dose 3 at 6 months from dose 1.
Shingles (Zoster)	One dose age 60 and older.