

2026

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 Diabetes Screening, on the reverse of this letter is the 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>ANNUAL PHYSICAL EXAMINATION COMPLETED</p> <p>Date of physical examination _____</p> <p>Physician Name (Printed) _____</p> <p>Physician Signature _____</p> <p>Patient Name (Printed): _____</p>

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 2026</u> <input type="checkbox"/> APPLY TO 2027 <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 2026.</small></p>

Preventive Schedule (Summary, call Funds Office for entire list.)

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, Breast Exam	Annually
Depression Screening	Annually
Illicit Drug Use Screening	Annually
Screenings/Procedures	
Abdominal Aortic Aneurysm Screening	One-time screening, for age 65 and 75 who ever smoked.
Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment.
BRCA Mutation (requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk.
Bone Mineral Density Screening	Age 65 and older: Once every 2 years, or younger if at risk, under physician direction.
Chlamydia, Gonorrhea, HIV and Syphilis Screenings	All sexually active males and females, as recommended by doctor. HIV screening for adults to age 65 and those at risk, screening over age 65 with risk factors.
Colon Cancer Screening/Colonoscopy	Age 45 and older, every 1 to 10 years, depending on screening test. High risk, earlier and more frequently.
Diabetes Screening	For high risk patients, screenings should start at age 40 at 3 year intervals.
Hepatitis B Screening	High risk
Hepatitis C Screening	Age 18-79
Lung Cancer Screening (requires use of authorized facility)	Annually for adults age 55-80 years with 20 pack/year smoking history. Once a year for current smokers, or smokers who quit within the past 15 years
Cholesterol (lipid) 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
Cervical Cancer Screening	Age 21-65: Every 3 years or annually as recommended by your doctor. Age 30-65: Every 5 years if HPV only or combined Pap and HPV are negative. Over 65: As recommended by your doctor.
Latent Tuberculosis Screening	High Risk
Immunizations	
Diphtheria, Tetanus	One dose Tdap, then Td or Tdap booster every 10 years.
MMR	One or two doses as recommended by your doctor.
Pneumonia	High risk or individuals 65 and older: One or two doses, per lifetime.
Influenzae Type B (HIB)	For adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections; this does not replace the annual flu vaccine.
Influenza	Annually (Call Member Services to verify your vaccination provider is in network)
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: 1, 2 or 3 dose series.
Hepatitis B	Based on individual risk or physician recommendation: 1, 2 or 3 dose series.
Meningitis	Based on individual risk or physician recommendation:
HPV	To age 26, one 3 dose series. Ages 27-45, at risk or per doctor's advice.
Shingles	Shingrix – Age 50 and older: Two doses.