



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

*Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds*

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CHANGES TO THE WELLNESS REQUIREMENTS PROGRAM

As of January 1, 2024 we **no longer will require the RealAge Test (RAT)**
as part of our wellness requirements program.

**YOU AND YOUR SPOUSE (IF APPLICABLE) MUST STILL BOTH VOLUNTARILY COMPLETE A
ROUTINE EXAM WITH THE APPROPRIATE DIAGNOSTIC HEALTH SCREENINGS
EVERY CALENDAR YEAR BY SEPTEMBER 30TH.**

If you do not meet the wellness requirements by September 30th, you will be responsible for the in-network deductible effective 1-1-25. If the wellness requirements are met after the September 30th deadline, the in-network deductible will be waived or reduced for you and your eligible dependents the first day of the following month. If you fail to meet the September 30th deadline, the earliest the in-network deductible could be waived or reduced would be February 1st of the following year.

A minimum of **ONE** of the following diagnostic health screenings is needed **in conjunction** with your physical exam to meet the wellness requirements to qualify for and maintain eligibility in the in-network no deductible &/or reduced in-network deductible plan of benefits:

- Lipid Profile
- Fasting Blood Glucose
- Routine Cholesterol Screening

Urinalysis, Prostate Specific Antigen (PSA), Comprehensive Metabolic Panel and Complete Blood Count (CBC) are **NOT required as part of your preventative exam and are **NOT** covered as routine services.*

Please see your health plan benefit for information about covered services.

If your spouse's preventive exam and diagnostic screenings are covered by another insurance company, you must submit a copy of the explanation of benefits for the preventive exam and appropriate diagnostic health screenings to the Fund Office, so they can be considered to satisfy your spouse's requirements to qualify your family for the Premier Plan (in-network no deductible or reduced in-network deductible) benefit coverage.

There could be a \$50 COPAYMENT when you are NOT hospitalized and receive lab work or imaging services

You can **avoid this copay** by using **in-network MEMBERS SAVINGS SITES**. If the services you receive are billed as an **outpatient** hospital service, **you will be charged a \$50 copay**. It matters where the lab work and imaging services are **processed**. Even if you have testing done in your doctors' office, a clinic, etc., **lab work and imaging services that are processed and billed as an outpatient hospital service will result in a \$50 copay that you will be responsible to pay.**

It is YOUR RESPONSIBILITY to use IN-NETWORK MEMBER SAVINGS SITES

To get information on Highmark PPO participating Member Savings Sites near you do one of the following:

- Visit Highmark's website at www.MyHighmark.com
- Contact Highmark Customer Service at 1-866-594-1732
- Contact Highmark's MyCare Navigator at 1-888-258-3428 (1-888-BLUE-428)

**For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538
FAX NUMBERS: Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084**