

WELLNESS PROGRAM

The Board of Trustees has retained CHC Wellbeing to to administer the Wellness Program. CHC Wellbeing will also perform the blood work at the Health Fairs.

The objective of the Wellness Program is as follows:

- Provide an educational resource for all members and their families so they may obtain information on becoming and remaining healthy.
- Identify those members and spouses that may be at risk for a serious unhealthy episode.
- Provide support to those identified to be at risk with a Wellness Coach.

Educational Resources available through the Wellness Program website include topics such as:

- Heart Health & Prevention
- Diabetes and Meal Planning
- Managing Cholesterol
- Smoking Cessation
- Mindful Eating
- Depression
- Sleep Disorders
- The Impact of Stress

IDENTIFYING PLAN PARTICIPANTS THAT MAY BE AT HIGH RISK

TIP: These resources are available to you through the portal at app.chcw.com or by contacting them at 1(866) 373-4242.

The Wellness Program utilizes biometric screenings to identify those with high-risk health conditions.

The purpose is to reach out to these individuals to ensure they are getting the support and education they need to provide them with the highest quality of life possible.

Health risk conditions can include, but are not limited to diabetes, high cholesterol, high blood pressure and metabolic syndrome.

TIP: The Wellness Program is voluntary at no cost to the member and family.

If you or your spouse is identified with a high-risk health condition or any conditions or circumstances that may lead to an unhealthy episode, a Health Coach will reach out to you, either by phone or by mail.

TIP: The Wellness Program may reach out to you to discuss your health conditions. All information is kept strictly confidential.

NOTE: The Wellness Program is a “work-in-progress” to promote healthy lifestyles and identify those that may have or are heading for serious health conditions.

Each year, the Trustees review the Wellness Program plan design and may adjust it at periodic intervals. Please check the Fund website or be sure to read any materials sent to you in the mail or through the app.

WELLNESS INCENTIVE

The Trustees, from time to time, may provide an incentive to encourage you to participate in getting information to the Wellness Program.

Any incentive you receive will be tax-free, in the form of a reimbursement for eligible health care expenses. As a tax-free benefit by the Plan, the Fund must adhere to all applicable IRS guidelines and regulations.

TIP: The incentives and other plan design concepts are reviewed by the Trustees each year and are expected to be reviewed whenever appropriate. You will be informed of any changes.

Please check the website, www.ibt731funds.org or contact the Fund Office at 630-887-4150 for the current wellness incentive arrangement.

OBTAINING REIMBURSEMENT FROM THE HEALTH SPENDING ACCOUNT INCENTIVE:

Health care expenses must be incurred on or after January 1, 2013. You must be an eligible Participant at the time the expense is incurred. The expense must be for you, or on behalf of your eligible Dependents. This means if you qualify for the incentive and one of your eligible Children incurs an out-of-pocket health care expense, said expense on behalf of your Child is eligible for reimbursement. The Fund office will forward you the reimbursement automatically. You will need to file a claim form for other Covered Expenses, as explained below.

- **Reimbursement for medical expenses that the Benefit Fund Office administers:**

The Benefit Fund Office operates as a self-administered Fund that processes and provides payment of covered health claims in-house utilizing the extensive discount network of Blue Cross Blue Shield of Illinois. The Fund utilizes the preferred providers that are contracted with Blue Cross Blue Shield of Illinois to receive the discounted medical rates, but understand; the claims are actually processed and paid by our own staff at the Local 731 Benefit Fund Office.

The types of medical expenses that the Local 731 Benefit Fund Department processes in-house include Doctor’s visits, hospitalizations, diagnostic tests, out-patient facility expenses, emergency room expenses, home health care, Durable Medical Equipment, hearing aids, and physical therapy expenses.

Since we process and pay these claims, the Benefit Fund Office has a complete record of the medical claim expense, the date the service was rendered, who the claim is for and a full verification of the eligible out-of-pocket expenses. The Fund automatically processes your reimbursement from your Health Spending Account regarding any eligible out-of-pocket expenses. This includes amounts applicable to your Deductible, Co-Insurance, Co-Payment and amounts you may owe that are greater than a Plan limitation. For example, if you incur an expense of \$75.00 that is applicable to your Deductible, then your reimbursement shall be \$75.00.

The timing regarding automatic reimbursement is that any expense incurred in a month will be paid to the Participant the following month. For example, any expense incurred in January will be reimbursed in February.

- **Reimbursement for other covered expenses:**

You will have to file for other expenses the Fund does not administer on premises. These expenses would include dental claims (which are administered by Delta Dental), vision care expenses (which are administered by Vision Service Plan), and prescription drug expenses (administered by EmpiRx). For expenses administered by these other vendors, kindly obtain and complete the necessary claim form available on our website or by contacting the Benefit Fund Office directly.

Other expenses include mileage to and from a doctor's office or to and from a pharmacy. The mileage rate for 2020 is \$0.17 per mile and \$0.16 per mile in 2021. Please note, the IRS dictates the allowable amount concerning mileage expenses. The amount changes each year.

THE CLAIM FORM IS SELF-EXPLANATORY, LISTED BELOW ARE ADDITIONAL INSTRUCTIONS:

- Identify the date the expense is incurred (i.e. the date of your Doctor's visit or the date your prescription was filled).
- The full name of the person who incurred said expense (you, your Spouse, your Dependent Child).
- The miles driven to and from the Doctor's visit, medical facility or pharmacy.

Only expenses that are not covered by the Local 731 Teamsters Health and Welfare Plan or by any other health plan (such as your Spouse's health insurance) will be considered. You cannot obtain reimbursement from another Plan in addition to the Health Spending Account reimbursement from the Local 731 sponsored Plans.

TIMING OF FILINGS FOR REIMBURSEMENT FROM THE HEALTH SPENDING ACCOUNT INCENTIVE:

You have sixty (60) days following the end of the year to file. For example, expenses incurred on or after January 1, 2020 through December 31, 2020 must be filed no later than February, 2021.

EXAMPLES OF EXPENSES THAT ARE ELIGIBLE FOR REIMBURSEMENT FROM THE HEALTH SPENDING ACCOUNT:

Items listed as an eligible expense directly from IRS Publication 502 such as:

- Deductible from your health plan
- Co-Insurance from your health plan
- Dental expenses covered in part by your health plan
- Vision expenses covered in part by your health plan
- Prescription Sunglasses
- Acupuncture
- Artificial Teeth
- Contact Lenses
- Hearing Aids
- Orthopedic Shoes
- Therapy (must be prescribed to treat a diagnosed condition)
- Vaccines
- Vasectomy

EXAMPLES OF EXPENSES THAT ARE NOT REIMBURSABLE FROM THE HEALTH SPENDING ACCOUNT:

- Babysitting Expenses

- Bandages
- Cosmetic Supplies or Surgery
- Dance Lessons, even if prescribed by a Doctor
- Diapers
- Diet foods and Related Supplies
- Funeral Expenses
- Health Club Membership Dues or Fees
- Maternity Clothing