



LOCAL 295-IBT

- EMPLOYER GROUP PENSION TRUST FUND
- EMPLOYER GROUP WELFARE FUND

655 THIRD AVENUE, 12TH FLOOR • NEW YORK, NY 10017 • (212) 308-4200

October 7, 2021

Dear Welfare Fund Participant:

As part of the Welfare Fund's *Wellness Program*, we are encouraging annual physicals. The Trustees of the Welfare Fund have waived the co-payments for the annual physical examination by an **IN-NETWORK PROVIDER**. There will be no co-payment for this examination.

If you use an **OUT OF NETWORK PROVIDER**, you will be responsible for an **OUT-OF-POCKET EXPENSE**. However, the examination is not subject to the annual deductible.

There is no longer a maximum benefit payable for an Out of Network annual physical examination. All separate testing procedures are covered up to the Permissible Plan Charges of the Welfare Fund.

An annual physical usually consists of an examination, chest x-ray, EKG, blood work, urine analysis, blood pressure check & TB test. It can also include a hearing and vision test as well. Any testing that takes place outside of your In-Network Provider's office such as an x-ray, etc. would be subject to the plans co-payments.

Well Women Care, require no co-payment for **annual exams** by a gynecologist, including a pap smear if performed by an In-Network Provider. Important reminder, **non- routine exams** by a gynecologist are subject to a \$20.00 copay.

You can bring this notice to your **IN-NETWORK PROVIDER** as proof that the co-payment for an annual physical is currently waived. Should your provider need to verify this information please have them call the Fund Office at (212) 308-4200.

Board of Trustees
Local 295/Local 851 IBT Employer Group Welfare Fund