

East Central Illinois Pipe Trades Health & Welfare Fund

Personal Wellness Program Requirements

In order to qualify for the deductible reduction program, participants must be eligible for benefits through the East Central Illinois Pipe Trades Health & Welfare Fund at the time services are rendered, and have **all** of the following exams and tests conducted:

Males

Service	CPT Code	ICD-9 Code
Preventative Exam & Medical History	99385,99386,99387 99395,99396, or 99397	V70, V70.0, V70.9, V72, V72.9
Comprehensive Metabolic Panel	80053	
Lipid Panel	80061	
Occult Blood (over age 35)	82270	
Total Cholesterol	82465	
Blood Glucose	82962	
Complete Blood Count with Differential WBC	85025	
Urinalysis	81001	
PSA (over age 40)	84153	

Females

Service	CPT Code	ICD-9 Code	
Preventative Exam & Medical History	99385,99386,99387 99395,99396, or 99397	V70, V70.0, V70.9, V72, V72.9	
Comprehensive Metabolic Panel	80053		
Lipid Panel	80061		
Occult Blood (over age 35)	82270		
Total Cholesterol	82465		
Blood Glucose	82962		
Complete Blood Count with Differential WBC	85025		
Urinalysis	81001		
Mammogram (over age 40)	76092		V76.10, V76.12

Preventative and Wellness Benefits are subject to a \$10 copayment per visit, for In-Network Providers, and a \$20 copayment per visit for an out-of-network provider. Benefits are paid at 100% of the next \$800. Additional charges are subject to deductible and coinsurance provisions.

Participant Name: _____ **Participant ID #:** _____
(Please note that a separate form needs to be completed for each member and spouse.)

Physician Verification:

I, _____ (name of Physician) verify that the above required exams and test were completed for _____ (name of participant), on _____ (date of service).

 Signature of Physician

 Date

Physician: Please file claims with Blue Cross and Blue Shield of Illinois.

Participant: Please return this completed form **NO LATER THEN DECEMBER 7, 2019** to:
 HealthSCOPE Benefits
 PO Box 50440
 Indianapolis, IN 46250