



Mail Forms to:
 Steelworkers Health and Welfare Fund
 60 Blvd of the Allies, Suite 700
 Pittsburgh, PA 15222
 Fax to: 412-562-2276
 Email to: arcelormittalhai@gmail.com



**VERIFICATION FORM FOR THE 2020 USW-ARCELORMITTAL
 HEALTH AWARENESS INITIATIVE (REVISED JUNE 2020)**

- Form to be filled out by your healthcare provider to verify that you or your spouse, if applicable, completed the Wellness Examination from 10/1/2019 – 12/31/2020. Separate forms are required for you and your spouse, if applicable.
- In order to meet the 2020 Health Awareness Initiative requirement:
 (1) It is mandatory that you and your spouse, if applicable, submit a completed verification form, and
 (2) The completed form must be submitted by 1/15/2021.

Section 1: Completed by Employee, Retiree or Surviving Spouse

Check One: Active Employee Non-Medicare Retiree, Medicare Retiree for Non-Medicare Spouse, or Surviving Spouse

Employee/: _____

Retiree Last Name _____ First Name _____ M.I. _____ Date of Birth (mm/dd/yyyy) _____

Email: _____ Phone # (____) _____

Insurance Card ID# (Numeric Portion Only)

Home Address: _____

Street _____ City _____ State _____ Zip _____

Verification is for: Employee, Retiree or Surviving Spouse Spouse covered through my ArcelorMittal Healthcare Plan

If Verification Form is for your Spouse, complete:

Spouse: _____

Last Name _____ First Name _____ M.I. _____ Date of Birth (mm/dd/yyyy) _____

Employee/Retiree Signature _____ Date _____

Spouse Signature (only if spouse verification) _____ Date _____

Section 2: Completed by Healthcare Provider*

Date of Service _____

The above named patient was seen in my office on the date of service listed. I completed the examinations check marked below.
 (Do not provide examination results.)

Check the box if completed on Date of Service

- Height
- Weight
- Blood Pressure
- Discussion of appropriate recommended exams, screenings and procedures

Provider is not liable if patient does not follow recommendations.

Healthcare Provider Name _____ Phone # _____

Healthcare Provider Signature _____

Date Signed _____ If you have an office stamp, please apply here:

***Attention Provider**

Work Physicals: A Work Physical does not qualify as a wellness exam.

Preventive testing: When ordering preventive testing for your patient, please refer to the Highmark BCBS Preventative Schedule for covered testing when tests are ordered and coded as preventive/screening. Tests not included within this schedule will not be covered without a diagnosis code other than "routine", and patient could be responsible for the entire charge. Tests ordered and coded for diagnostic purposes will be processed under the diagnostic benefit, and medical policy guidelines will be used in determining benefit and payment.

REVISED JUNE 2020



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June 10, 2020

RE: NOTICE OF CHANGES FOR THE 2020 and 2021 USW-ARCELORMITTAL HEALTH AWARENESS INITIATIVE

Dear Employee, Non-Medicare Retiree, Spouse or Surviving Spouse:

Due to the COVID-19 pandemic, the USW and ArcelorMittal have agreed to make some changes to the Health Awareness Initiative (HAI) for both 2020 and 2021. In order to qualify for HRA funding in plan year 2021, you, and your spouse when applicable, must complete the required wellness exam during the period of October 1, 2019 through **December 31, 2020** and submit the attached verification form, completed by your healthcare provider, no later than **January 15, 2021**. **The completed verification form is the only way to qualify for the credit and forms will not be accepted after January 15, 2021.**

There will be two HRA funding files processed for the 2020 HAI. If your form is received by November 15, 2020, your HRA funding will be included on the first funding file and funding will be in place in January, 2021. If your form is received between November 16, 2020 and January 15, 2021, your HRA funding will be included on the second HRA funding file that will be processed in April, 2021. Although the HRA funding from the second file will not be in place until April, the funding will be retroactive back to January 1, 2021 so that you can seek reimbursement from the HRA for claims incurred during the full calendar year.

If you have already submitted your 2020 HAI verification form with a valid date of service, no further action is required. The original 2020 HAI verification form is acceptable and does not have to be replaced with the revised form.

As a result of the extension of the wellness exam period for the 2020 HAI, the qualified wellness exam period for the **2021 HAI** for funding in January 2022 will be **January 1, 2021 through September 30, 2021**. Wellness exams with dates of service during the period of October 1, 2020 through December 31, 2020 will only be valid for the 2020 HAI.

All other provisions of the HAI not addressed above remain unchanged.

You can find more information about your HRA account by going to Highmark's website and logging on at www.highmarkbcbs.com or by calling Highmark Customer Service at 1-866-267-3280.

Sincerely,

Steelworkers Health and Welfare Fund