



## JOURNEYMEN & APPRENTICES OF LOCAL 188 HEALTH & WELFARE FUND

# BENEFIT GUIDE

This Benefits Guide is designed to provide select information about the benefit plans and programs offered by the Journeymen & Apprentices of Local 188 Health & Welfare Fund. The booklet does not detail all the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document the Plan Document, the SPD, and/or the Summary of Benefits and Coverage (SBC), the Plan Document will prevail.





The Board of Trustees of the Journeymen & Apprentices of Local 188 Health & Welfare Fund, strives to provide you with a comprehensive benefits program.

This guide was put together to help you understand your benefits and to help you get the most out of them.

If you have questions about your benefits, contact My Benefits Administrator by calling (912)503-9008.

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# CONTACT INFORMATION



Carrier / Vendor	Phone / Email	Website
Anthem Customer Service	(855) 397-9267	<a href="http://www.anthem.com">www.anthem.com</a>
Drexel Customer Service	Customer Service: (844) 728-3479	<a href="http://www.Drexel.com">www.Drexel.com</a>
Drexel International & PAP	Advocacy Team: (877) 688-5461	<a href="http://www.Drexel.com">www.Drexel.com</a>
My Benefit Administrator	(912)503-9008	<a href="http://www.myballc.com">www.myballc.com</a>
AIMM	(877) 269-6877	
The Hartford	Life Insurance: (800) 523-2233	<a href="http://www.thehartford.com">www.thehartford.com</a>
AudioNet America	(586) 840-1360	<a href="http://www.audionetamerica.com">www.audionetamerica.com</a>
Grail (Galleri Early Cancer Detection Screening)	(833) 694-2553 <a href="mailto:customerservice@grail.com">customerservice@grail.com</a>	<a href="http://www.galleri.com/ua188">www.galleri.com/ua188</a>
Hinge Health	(855) 902-2777	<a href="http://hinge.health/plumberslocal188-oe">hinge.health/plumberslocal188-oe</a>

Contact MY BA if you have questions about the benefits prior to enrolling or if you have issues with claims once enrolled.

# MEDICAL BENEFIT



## SOME INSURANCE TERMS

**Copay** – a fixed amount you pay when seeking care for certain services.

**Deductible** – the amount you pay for certain health care services in a calendar year before the plan begins paying any portion of those services.

**Coinsurance** – the percentage you pay for certain services after meeting your deductible and before you meet your Out of Pocket Maximum.

**Out of Pocket Maximum** – the most you will pay in a calendar year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out of Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that calendar year.

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## **Anthem Blue Cross and Blue Shield**

**What Provider Network do I use?**

Anthem Blue Cross and Blue Shield POS

**Do I need to choose a Primary Care Physician (PCP)?**

No

**Do I need a referral to see a Specialist?**

No

**Can I go Out-of-Network?**

No

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# MEDICAL & PHARMACY BENEFIT



## Anthem Blue Cross and Blue Shield & Drex

In-Network Coverage	
Deductible	Medical: \$1,000 Individual   3,000 Family Prescription Drugs: \$200 Individual   \$600 Family
Coinsurance	20% after Deductible
Out of Pocket Maximum	Medical: \$5,600 Individual   \$11,200 Family Prescription Drugs: \$1,000 Individual   \$2,000 Family
Preventive Care	No Charge
Office Visit	Telemedicine: \$0 Copay, Primary Care \$25 Copay, Specialist \$50 Copay
Diagnostic Testing at an Independent Facility	Bloodwork: Primary Physician: \$25 copay Specialist: \$50 Copay Free Standing Lab: 20% after Deductible X-ray: Primary Physician: \$25 copay Specialist: \$50 Copay Free Standing Lab: 20% after Deductible MRI / CT / PET: 20% after Deductible
Urgent Care Center	\$60 Copay
Emergency Room	\$150 Copay
Inpatient Hospitalization	20% after Deductible
Outpatient Hospital Services	20% after Deductible
Prescription Drug	Pharmacy Deductible for Brand Name Medication: \$200 Generic: \$15 Copay Brand Name: \$40 Copay after Pharmacy Deductible Specialty Medication: Member must call Drex, your specialty drug concierge service 844-728-3479 to get approval for coverage.
Out-of-Network Coverage	No Coverage Unless of an Emergency

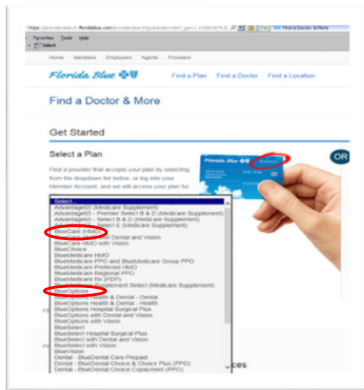
# MEDICAL BENEFITS

## A Note about Anthem Blue Cross and Blue Shield's Provider Networks

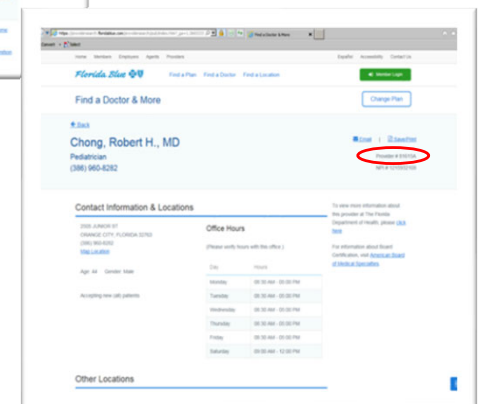
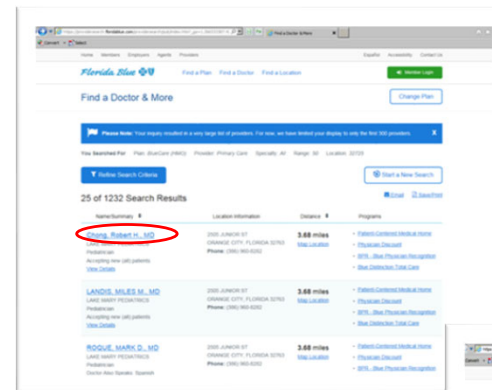
Verify that your provider is In-Network BEFORE your visit. The Anthem BCBS plan only provides coverage if your provider is in the Anthem BCBS POS Network. There are NO BENEFITS paid for non-network services unless services are the result of an emergency.

### To find an In-Network Provider or Register as a Member

- Go to [www.anthem.com](http://www.anthem.com)
- Click 'Find a Doctor/Find Care' at the top of the screen
- Look for 'Find Care' Select 'Members'
- Log in.
- Follow the prompts.



**Tip:** When looking for specific providers, less data often returns better results. Start with the location and type of provider. When searching by name, enter only the first few letters of the provider's last name.



- **To Register as a Member:** click the Login/Register button in the Middle of Anthem find-care page and follow the prompts.

# PHARMACY BENEFIT



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Manage your pharmacy benefits through our secure online member portal [www.Drexix.com](http://www.Drexix.com)

Your pharmacy benefit manager is Drexix. You will need to present your Drexix ID card to your pharmacist for any prescriptions you need to have filled. If you wish to receive a 90-day supply of maintenance medications, Drexix in partnership with Albertson's/Safeway can help you set up a new mail order medication by contacting their team at 734-762-6600.

**Locate pharmacies:** You have access to a network of over 65,000 pharmacies, Nationwide – choose the one that BEST fits your needs! You also have the flexibility to receive up to 90 days of medication through your local retail pharmacy if you prefer.

**Register at [Drexix.com](http://Drexix.com)** Access prescription pricing comparisons between pharmacies, your prescription history, wellness-related insights for better choice, and on demand, secure access to your member ID card.

**Drexix App** Use the Drexix App to review plans and pricing details, switch to cost-effective clinically approved alternatives, and effortlessly locate nearby participating pharmacies.

**Update your profile:** Add or change payment information, set your communication preference (email or phone), change contact information, and more.

**Specialty Pharmacy** If your doctor prescribes a high-cost specialty medication for you or a covered family member, you must call Drexix at 877-688-5461 to go through an approval process before you will be able to receive your medication.

**International Pharmacy** For high-cost medications exceeding \$1,000, connect with your dedicated Drexix advocacy team member at 877-688-5461 or email at [drexiaadvocacy@amps.com](mailto:drexiaadvocacy@amps.com) for personalized options and guidance.

**Generics** When you choose a generic prescription versus a brand name prescription, you can save on your out-of-pocket cost as well as savings to the plan. Think of it like getting the drug store brand of ibuprofen instead of the name brand of Motrin. Same pain relief without the expensive label. You still have the option of a brand name prescription – you must pay the difference in cost.

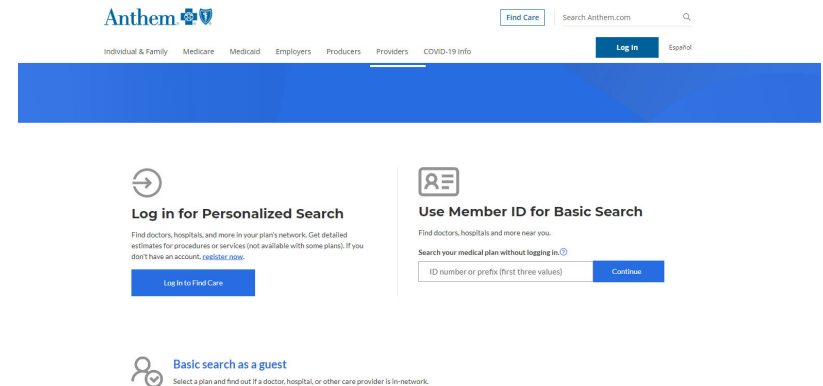
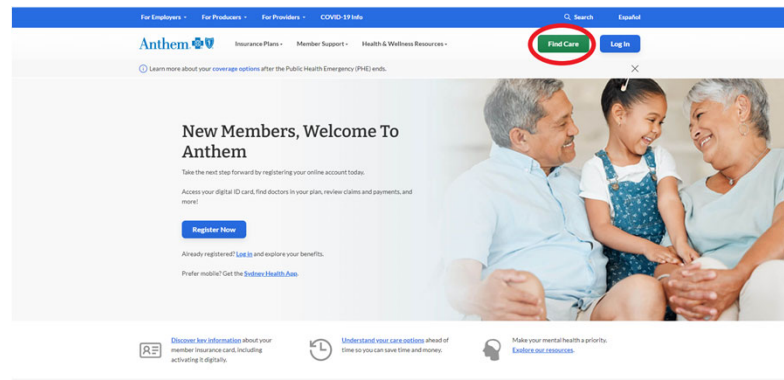
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# MEDICAL BENEFITS: TRANSPARENCY TOOL

The Find Care & Cost feature in the **Sydney Health app** and at [www.anthem.com](http://www.anthem.com) is available to help you check cost estimates ahead of time. The Find Care and Cost feature will include information for 500 specific services and procedures.

## To Find Care & Cost:

- Online: Go to [www.anthem.com](http://www.anthem.com)
- Mobile: Download the **Sydney Health App** from the App Store or Google Play.
- Click 'Find Care' at the top of the screen.
- Click 'Log in to Find Care'.
- Follow the prompts to search for in-network providers and facilities.



Tip: For best result, click 'Log in for Personalized Search'. This will show detailed estimates for procedures or services.



# VIRTUAL OFFICE VISIT BENEFIT BY LIVEHEALTH

Using LiveHealth Online, You can connect to a doctor or therapist or psychiatrist through high-definition video. It's an easy and convenient way to get the care you need from the comfort and privacy of home. All you have to do is sign up to use it.

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## To get started with LiveHealth:

### Step 1

#### Set up your Live Health Account using one of these methods:

- Online: Go to [www.livehealthonline.com](http://www.livehealthonline.com) and click on Sign up.
- By phone: Call 1-888-548-3432
- Mobile App: Download the LiveHealth app from the App Store or Google Play

### Step 2

#### Request a visit with a doctor.

- Log into your account
- Choose Video or Phone and follow the prompts.
- Sit back and wait for the doctor to contact you. The average response time is 10 minutes.
- Visits are no charge.

Telemedicine doesn't replace your primary care physician, but it is an affordable option for quality care:

- When you need care now.
- If you are considering the Emergency Room or Urgent Care center for a non-emergency issue.
- On Vacation, on a business trip, or away from home.

**LiveHealth** physicians can treat you for common illnesses such as allergies, bronchitis, earache, pink eye, sinusitis, strep throat, upper respiratory infections, Psychology, Psychiatry and more! If a prescription is required, they will send it to the local pharmacy of your choice, and you will use your MC-Rx plan and pay the required amount.



# MEDICAL BENEFIT: AIMM



With AIMM, you have a team of nurses and doctors to help you with any health or insurance related issues.



## How AIMM Helps:

- **AIMM** provides information to you and your family about diagnosis, treatment options, and possible complications.
- **AIMM** ensures that you receive timely information about the results of diagnostic assessments.
- **AIMM** provides information regarding available resources. They ensure that you received care in the most cost-effective way possible and health you navigate the insurance system to be informed on what your financial responsibility could be.



CALL THE NURSES AT AIMM FOR HELP WITH  
ANY QUESTIONS ABOUT HEALTH OR INSURANCE

**877-269-6877**

# Medical Benefit: Hinge Health

Local Union 188 Health & Welfare Fund is offering Hinge Health to Members and eligible dependents 18+ at no cost.

Hinge Health is a physical therapy program you can access virtually to get help with any acute or chronic joint or muscle pain you are experiencing.

Join Hinge Health to get back to the active life you love with:



Guided sessions,  
real-time feedback



Personalized  
exercise program



Expert care team with  
a physical therapist

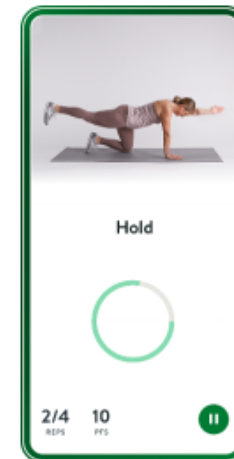


Educational  
articles and videos

If you're struggling with joint or muscle pain, Hinge Health can help. The virtual programs combine gentle exercise with 1-on-1 support to improve your condition, reduce your pain, and help you move with confidence.

Whether your goal is to go hiking more, spend time in your garden, or take the stairs (or all three), you can get pain relief with exercises that can be done in as little as 15 minutes — anytime, anywhere you're comfortable.

Questions? Call (855) 902-2777 or email [hello@hingehealth.com](mailto:hello@hingehealth.com)



Scan the QR code to join or visit:

[hinge.health/plumberslocal188-oe](https://hinge.health/plumberslocal188-oe)

Questions? Call (855) 902-2777

## Learn more about Regenexx and your benefits

For an in-depth overview, Regenexx hosts weekly informational sessions where you can learn about Regenexx and how our procedures may be able to help treat your orthopedic pain. You'll also have the opportunity to ask questions about your benefits. Follow the QR code or visit the address below to register for a webinar. Scheduled dates and times are updated regularly.

[regenexxbenefits.com/webinar?card](https://regenexxbenefits.com/webinar?card)



866-986-3604  
[regenexxbenefits.com/local188](https://regenexxbenefits.com/local188)

## WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced orthobiologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

### THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

### YOUR REGENEXX BENEFIT

**Regenexx is covered as an in-network benefit within the Journeymen and Apprentices of Local 188 Health and Welfare Fund health plan. Evaluations and related services are covered at 100% with no member responsibility on applicable plans. Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network.**

Regenexx

### CONDITIONS TREATED

#### Ankle/Foot

- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

#### Hand/Wrist/Elbow

- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

#### Hip

- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

#### Knee

- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

#### Shoulder

- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

#### Spine

- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

### LEARN MORE

To find out more about your Regenexx benefit and to find a provider near you, contact our education center.

To register for one of our weekly webinars, visit [regenexxbenefits.com/webinar?mailer](https://regenexxbenefits.com/webinar?mailer).

Call us today at 866-986-3604 or visit [regenexxbenefits.com/local188](https://regenexxbenefits.com/local188) to learn more.



## Sample ID card

Regenexx



treating orthopedic injuries non-surgically  
covered benefit

[name of person covered]

Questions about your benefits or treatment options?  
Call your dedicated Regenexx Patient Liaison.

866-986-3604

regenexxbenefits.com/local188

Contact us at 866-986-3604

www.regenexxbenefits.com/local188



Regenexx  
regenexxbenefits.com/local188

## Journeyman and Apprentices of Local 188 Health and Welfare Fund covers Regenexx services

### Regenexx treatment for orthopedic injuries

Regenexx provides patients with an alternative to orthopedic surgery by using your body's own healing agents. We've been using regenerative medicine to treat common orthopedic conditions since 2005 and are the world leaders in the field. We're able to replace up to 70 percent of orthopedic surgeries with our minimally invasive, needle-based procedures that offer lower risk and faster recovery times.

### Regenexx evaluations

Regenexx patients start with a thorough evaluation with one of our expert physicians so we're confident that we're not just treating a symptom but are addressing the root cause of your pain. This evaluation includes a review of the injury under ultrasound imaging, which allows us to see your tissue in motion. We also review static imaging to get a full picture of your condition. During this evaluation, we'll determine whether you're a good candidate for a Regenexx procedure, and if so, we'll recommend the appropriate treatment.

### Your Regenexx benefit

Regenexx is covered as an in-network benefit within the Journeyman and Apprentices of Local 188 Health and Welfare Fund health plan. Evaluations and related services are covered at 100% with no member responsibility on applicable plans. Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network.

### Our procedures

Regenexx procedures are same-day, outpatient services. In the morning, we'll draw blood or harvest bone marrow from the iliac crest of the hip. Most patients report that this draw is no more than three on a pain scale from one to ten.

Our on-site lab technician will create orthobiologics by concentrating down to the cells responsible for helping your body repair damage to bone, muscle, tendon, ligament, and cartilage. We run a count of relevant healing cells to ensure that we're delivering a sufficient and effective dose. Our physician uses extremely accurate ultrasound guidance to inject those cells into the precise areas of your injury.

Concentrations, amounts, and choice of orthobiologics depends on your customized treatment plan. Following your Regenexx procedure, you'll be asked to refrain from heavy activity for at least six weeks while the new tissue grows and begins to mature. Most patients see continued improvement for six months or more.

Regenexx

regenexxbenefits.com/local188

**SPINE**  
-bulging, collapsed, or herniated disc  
-ruptured or torn disc  
-degenerative disc disease  
-disc extrusion  
-disc protrusion  
-back or neck nerve pain

**KNEE**  
-arthritis  
-meniscus tear  
-sprain or tear of ACL/PCL  
-sprain or tear of the MCL/PLC  
-tendonitis  
-joint replacement

**SHOULDER**  
-arthritis  
-rotator cuff tears  
-labral tear  
-rotator cuff  
-tendonitis  
-joint replacement

#### HAND/WRIST/ELBOW

-arthritis  
-tenosynovitis  
-nerve entrapment  
-CMC joint arthritis (thumbs)  
-carpal tunnel  
-trigger finger

Regenexx

regenexxbenefits.com/local188

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Contact us at 866-986-3604 or visit [regenexxbenefits.com/local188](http://regenexxbenefits.com/local188).

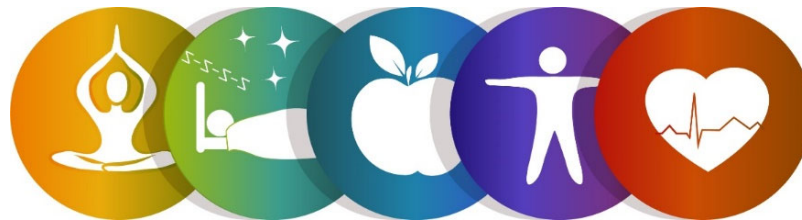
# Wellness Program



Every calendar year that you and your spouse (if applicable) are enrolled as a participant in the Fund, you and your spouse will be required to provide proof that both of you have obtained an annual routine checkup to include diagnostic testing based on your age, gender, and health conditions.

**EFFECTIVE JANUARY 1 of each year, if you and your spouse (if applicable) have not complied with this requirement, you and your family will be responsible to meet a higher Deductible and Out-of-Pocket maximum. The calendar year deductible will increase to \$5,000 Per Person, 3x Family Maximum, and the Out-of-Pocket Maximum will increase to \$7,700 Per Person, with a Family Maximum of \$15,400.**

The Wellness Form that your physician must complete is included in this packet. Remember, it is your responsibility to make sure that the completed Wellness Form is returned to My Benefits Administrator no later than December 31 of each year. Please do not wait until the last minute.



## **NOTICE REGARDING THE WELLNESS PROGRAM**

The wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to participate in a blood test or other medical examinations. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting NEBA at (888) 396-5899.

# DENTAL BENEFIT: Anthem Dental



Calendar Year Deductible	<b>\$50 Per Person 3X Family Maximum</b>		<b>Deductible Does Not Apply to Class I Preventive Services and Class IV Orthodontic Services</b>
	In Network	Out of Network	
<b>Class I: Preventative Services</b> (Oral exams, routine cleanings, bitewing x-rays, Panoramic x-rays, fluoride treatments, sealants, space maintainers)	No Charge	No Charge	
<b>Class II: Basic Services</b> (Fillings, oral surgery, endodontic treatments, periodontic treatments)	80%	50%	
<b>Class III: Major Services</b> (Crowns, bridges, onlays, partials and dentures)	50%	50%	
<b>Class IV: Orthodontic Services</b> (Children to age 19)	50%	50%	
<b>Calendar Year Maximum (Per Person)</b>			\$1,000
<b>Lifetime Orthodontic Maximum (Per Person)</b>			\$1,000

To Find an Anthem Contracted Network Dental Provider go to [anthem.com](https://www.anthem.com). Click on the “Find Care” link. You may log in to your member account or continue as a guest. Select “Dental Plan or Network” and the state where you live. You will need to use the *Dental Complete* Network option.

# VISION BENEFIT



The Fund provides a vision care benefit outlined below to all Active Participants, subject to a maximum benefit payable per 12-month period per Covered Person of \$350.

This vision care benefit is self-insured by the Fund; not Anthem.

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## Covered Services

### Examinations

Clear single, bifocal or trifocal lenses

Frames Including Fittings and Adjustments

Contact Lenses

Safety Glasses

Repair of frames and replacement of lenses

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No Vision Care Benefits will be paid for cosmetic glasses or lenses, tinted lenses, sunglasses, glasses without lenses, or glasses which are not designed to correct a vision abnormality of the patient.



# SHORT TERM DISABILITY BENEFIT

The Short-Term Disability benefit is intended to provide you with temporary income replacement if you are unable to work due to a non work-related accident or illness, and you are under the care of a doctor.

Benefits Begin	On the first day you are disabled due to an accident and on the 8 <sup>th</sup> day you are disabled due to an illness
Benefit Amount	The plan pays you \$150 per week.
Payment Lasts	The plan will continue to pay you for up to 13 weeks if you remain disabled
Hour Bank	Adds 40 Hours a week to your insurance bank.



- Taxable Benefits** - Since the cost for this coverage is paid for by the fund, the benefit is subject to income taxes.
- Maternity Benefits** - Benefits for a normal delivery are limited to a six week benefit period. Benefits for a normal C-Section delivery are limited to an eight-week benefit period.

# BASIC LIFE AND AD&D BENEFIT

The Fund provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance. This benefit is fully-insured through The Hartford.

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## Basic Life and AD&D

<b>Basic Life Benefit-</b>	\$15,000
<b>AD&amp;D Benefit-Active</b>	\$15,000
<b>Spouse Life Benefit-</b>	\$5,000 The amount of Spouse Basic coverage may never exceed 50% of the Basic Amount of Life Insurance in force for the Member.
<b>Child (ren) Life Benefit to age 26</b>	\$2,500
<b>Benefit Reduction if actively at work</b>	The benefit amounts shown above will reduce by 35% of original amount at age 65, by 50% of original amount at age 70, and by 75% of original amount at age 75.
<b>Conversion</b>	Upon termination from the plan this policy may be converted to an individual policy. Please contact Hartford to begin the process. You must apply and pay the required premium to Hartford within 30 days of your termination to exercise the conversion option.

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**Primary Beneficiary** - The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time.

**Secondary Beneficiary or Contingent Beneficiary** - The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.



# HEARING AID BENEFIT


**Journeyman & Apprentices of Local 188 Health & Welfare Fund  
has partnered with AudioNet America to offer a  
Hearing Aid Program with fixed out-of-pocket costs.**

**FIXED OUT OF POCKET COST:**

**Member pays a maximum of: one (monaural / two (binaural) ears**

Essential Level	Mid Level	Advanced Level	Flagship Level	Premium Level
<ul style="list-style-type: none"><li>• \$50 monaural</li><li>• \$1,050 binaural</li></ul>	<ul style="list-style-type: none"><li>• \$330 monaural</li><li>• \$1,610 binaural</li></ul>	<ul style="list-style-type: none"><li>• \$610 monaural</li><li>• \$2,170 binaural</li></ul>	<ul style="list-style-type: none"><li>• \$880 monaural</li><li>• \$2,710 binaural</li></ul>	<ul style="list-style-type: none"><li>• \$1,230 monaural</li><li>• \$3,410 binaural</li></ul>

**Call AudioNet Customer Service for assistance**

 **(586) 840-1360**

**or**

**Visit the website for a participating provider today!**



**[www.audionetamerica.com](http://www.audionetamerica.com)**



Active Members, Retirees and Spouses, age 50 and older are eligible to obtain the Galleri® multi-cancer early detection test. If you have elevated risk factors you will be eligible at age 35 and older.

This is a simple blood test that screens for a “fingerprint” of more than 50 types of cancer —including many that are not commonly screened for today. There is no cost to you or your eligible family members.



## How to request a Galleri Test:

- 1) Enter your member ID found on your insurance card and click ‘continue to health questionnaire’.
- 2) Enter your email address and confirm it.
- 3) In the How will you be paying for the test? Section, enter your first and last name, date of birth, and enter your access ID. Click Continue.

**\*Hint: Your Member ID is your access ID.**

- 4) Follow the prompts to answer the basic questions, fill in your healthcare provider information, clinical questions, then review and submit.

### You are now leaving the Galleri website

You will need to create an account using your Access ID.

For Access ID, please use your Member ID found on your insurance card.

Member ID: \*

Member ID

This field is required

Continue to health questionnaire

### Start your request

Please note the Galleri® test is only commercially available in the US at this time.

#### Email Address

Your personal email address - This will be your username

Confirm personal email address

Email address

Email address

Please make sure to use your **PERSONAL EMAIL ADDRESS**. This will ensure that you receive our emails, test results, and always have access to your account.

### How will you be paying for the test?

#### ☒ I have an Access ID

Your Access ID is an ID provided by your employer or other Galleri partner organization. Check your Galleri test program webpage for details.

First name

First Name

Last name

Last Name

Date of birth (MM/DD/YYYY)

MM/DD/YYYY

Access ID

123456

CONTINUE >

Visit [galleri.com/ua188](https://galleri.com/ua188) to check your eligibility and learn how to request the Galleri test. For questions about the Galleri test, please contact GRAIL Customer Service at (833) 694-2553 or email [customerservice@grail.com](mailto:customerservice@grail.com).

# Journeyman & Apprentices of Local 188 Health & Welfare Fund

c/o My Benefits Administrator, LLC

PO Box 10132 • Fleming Island, FL 32006

Phone: (912) 503-9008 • Fax: (334) 591-1050 • Email: admin@myballc.com

## 2025 WELLNESS INITIATIVE

Directions: Provide this form to your treating physician for completion. Beginning January 1, 2026, in order for your Annual Medical Deductible to remain at \$1,000 (single) or \$3,000 (family), this form must be completed in its entirety by your treating physician and returned to the Fund Office by fax or secure email (see above for fax number or email address). **Note, for those members with family coverage, in order for your Annual Medical Deductible to decrease to or remain at the \$3,000 (family) level beginning January 1, 2026 (for your entire family), a wellness form must be completed in its entirety and submitted to the Fund Office for both the member and his/her spouse, if any. Note, the deadline for the Fund Office to receive this form is December 31, 2025. Retroactive changes will not be made.**

**THIS FORM MUST BE COMPLETED EVERY YEAR AND SUBMITTED TO THE FUND OFFICE BY THE DEADLINE IN ORDER TO MAINTAIN OR INITIATE THE LOWER SINGLE/FAMILY DEDUCTIBLE.** If you have any questions/concerns, contact the Fund Office by calling (912) 503-9008.

Member Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If this completed form is for the Member's Spouse, provide the following information:**

Spouse's Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### To Be Completed by Physician

On \_\_\_\_\_ (date cannot be before January 1, 2025 to qualify),

\_\_\_\_\_ (Member or Spouse's name), had an annual routine examination performed in my office. Based on the results of the examination, I have referred him/her for appropriate diagnostic testing based on his/her age, sex, and health condition (if necessary).

Physician Name\*: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician's Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Physician\* Included Nurse Practitioner or Physician's Assistant.