

# AUTOMATIC SPRINKLER

LOCAL 281, U.A.

## WELFARE FUND



#### TRUSTEES

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### SUMMARY OF MATERIAL MODIFICATIONS #19

July 2021

#### 2021 Early Detection and Prevention Biometric Health Screening Program

Dear Plan Participants:

As you may recall, the Automatic Sprinkler Local 281, U.A. Welfare Fund (The Fund) has not had a Biometric Health Screening Program since 2019, due to COVID-19, and the bankruptcy of Interactive Health Solutions, our previous Biometric Health Screening Program provider.

The Fund is pleased to announce you, your spouse, and your eligible dependent children who are at least age 18, will have the opportunity to participate in the 2021 Early Detection and Preventative Biometric Health Screening Program. **Empower Health Services (EHS) will provide, at zero out-of-pocket cost**, blood testing, disease management, health coaching and medical reports. **EHS** will offer eligible Health & Welfare Fund participants the option of scheduling their testing at any Lab Corp facility throughout the country, at a date and time convenient for them.

The tests you choose to have done are not meant to replace your physician but are meant to improve communication with your physician at your next appointment. The Fund would like to do our part to ensure you have the necessary resources to live a healthy life. This process will give you:

- A thorough preventative health evaluation
- On-line and printable health education materials
- Comprehensive 37-panel test
- Full lab analysis report with the ability to send it to your primary care physician
- TSH & PSA testing based on age and gender
- A1c “Smart Testing” (Runs the A1c test on those that trigger one of the following criteria: Self-reported Diabetic on the health assessment, Glucose over 100, or Metabolic Syndrome), plus 3 additional A1c re-checks are available throughout the year
- Immediate Intervention and Targeted Outreach coaching

We assure you this program is completely confidential and is administered by an independent service provider, **EHS**. No one at the Fund will have access to your personal health information. To get the best results from this initiative, we need your support and participation.

**How to Register for your Lab Health Evaluation:**

Included is a flyer about the various aspects of the preventative health program and how to register online, either by uploading the consent/registration form via the **EHS** website, at [www.empowerhealthservices.info](http://www.empowerhealthservices.info), or by faxing or mailing the included consent/registration form to **EHS**. Just follow the steps included in the flyer to get started! The client code for all eligible Fund Participants is **sprinkler281**. Eligible Plan Participants can also call **EHS** at 1-866-367-6974 or email at [www.individualprogram@empowerhealthservices.com](mailto:www.individualprogram@empowerhealthservices.com).

You may recall the past Biometric Health Screening Program benefits were only available from September through December. **The Trustees of the Fund have now decided to include this as a year-round benefit based on each calendar year.** This year's benefit starts in July 2021 and will be available through December 15, 2021, provided you register before December 1, 2021, and get your screening completed by December 15, 2021. The following year, your Biometric Health Screening Program benefit will begin January 1, 2022, and be available up to December 15, 2022, provided you register before December 1, 2022, and get your screening completed by December 15, 2022. Each following year will have the same timelines for screening within the calendar year.

If you have any questions or concerns regarding this Early Detection and Prevention Biometric Health Screening Program, please contact the Fund Office at (708) 597-1832 or Empower Health Solutions at (866) 367-6974.

Sincerely,



Tim Morrin  
Fund Administrator  
On behalf of the Board of Trustees

**Automatic Sprinkler Local 281, U.A. Welfare Fund & Empower Health Services are pleased to offer the Individual Screening Program for your convenience.**

Early detection of illness is key to staying healthy. Participating in a screening allows you to identify potential health risks or diseases and better understand your overall wellness.

**The EHS Individual Screening Includes:**

**Panel C** – Your test panel will include a profile containing 37 different tests, including Total Cholesterol, HDL, LDL, Cholesterol/HDL Ratio, Triglycerides and Glucose. In addition to heart disease and diabetes, other tests in the panel are designed to identify early warning signs of liver function, kidney function, blood counts, thyroid and nutrition.

**Empowerhealthservices.info** – 12 months of unlimited access to your results online and a personalized health portal with accredited content.

**Empower Health Assessment™** – An online questionnaire used to generate a personal report, summarizing how your lifestyle choices are influencing your ability to stay healthy and prevent problems. It includes useful tips for making positive changes to improve your health. (REQUIRED)

**Self-Reported Blood Pressure Evaluation** – Please provide your most recent blood pressure reading on the Consent/Registration form. Blood pressure is expressed by a systolic (top number) and diastolic (bottom number) measure (Example: 120/80; 120 = systolic and 80 = diastolic). Please note: Blood pressure can be taken at any local drugstore or pharmacy such as Wal-Mart, Walgreens or CVS or with your own equipment.

**Body Mass Index** – A numerical value of your weight in relation to your height. BMI is a good indicator of healthy weights for adult men and women, regardless of body frame size. Self-Reported Height & Weight must be provided on your Consent/Registration Form in order to calculate BMI.

**Reflex to Hemoglobin A1c** – This test is for those with a glucose of 100+. Hemoglobin A1c measures the average amount of glucose in the blood over the past 90 days. High levels can suggest diabetes or problems managing the glucose level of a person who may have diabetes. *(Included at no cost for those with glucose of 100+)*

**PSA (Prostate Specific Antigen)** – Screening for benign or cancerous growth of the prostate in men. *(Included at no cost for men age 50+)*

**Advanced Thyroid Profile** – Determines thyroid function, including TSH and the Free T4, which is recommended by the American College of Endocrinologists. *(Included at no cost for women age 40+)*

**ELIGIBLE PARTICIPANTS**

Members, Spouses & Dependents age 18+ on the Automatic Sprinkler Local 281 medical plan

**SCREENING FEES**

No cost to you, covered by The Fund

**REGISTRATION DEADLINE IS 12/01/21**

**SCREENING DEADLINE IS 12/15/21**

# Follow These Steps To Participate

## 1. Set up an account and complete the REQUIRED Empower Health Assessment™.

Note: You must complete the REQUIRED Empower Health Assessment™ to register for a lab.

- a. Go to [empowerhealthservices.info](http://empowerhealthservices.info)
- b. Enter client code **sprinkler281** on the right side under "New Program Registration"
- c. Complete account set up
- d. On the home page, click "Take The Empower Assessment" (REQUIRED)

## 2. Complete the Consent/Registration form (page 3 of this document).

## 3. Upload, Fax, or Mail your completed Consent/Registration form to EHS by 12/01/21.

### Registration Options:

**Upload** completed form to [ehsupload.com](http://ehsupload.com)

**Fax** completed form to **630.385.0156** • Attn: Individual Program

**Mail** completed form to: EHS Individual Program • 4205 Westbrook Dr., Aurora, IL 60504

If you have not received your confirmation email within 7 business days of submission, please contact the Individual Program Department. **NOTE:** Please allow 7 business days for processing before contacting EHS.

## 4. Verification/Receipt of LabCorp appointment.

- Once we receive your Consent/Registration form and verify that you have completed the Empower Health Assessment™, EHS will create the lab requisition for your LabCorp PSC visit.
- EHS will send your LabCorp COR Order Number via email. We recommend that you bring your order number to the lab.

## 5. Go to [www.labcorp.com/labs-and-appointments](http://www.labcorp.com/labs-and-appointments) to search for a LabCorp location.

- a. On the menu bar choose "Lab & Appointments"
- b. Enter your address or zip code (work or home)
- c. Under Service choose "Routine Labwork"
- d. Under Radius choose the distance
- e. Search

## 6. Visit the lab by 12/15/21.

## 7. After your visit to the lab:

You can expect to receive an email letting you know that your personalized screening results are completed and ready for review approximately 5-7 business days from your lab visit.

Please contact the Local 281 Welfare Fund with questions regarding the EHS Individual Program and your Fund's benefits plan. With questions about participating in the EHS Individual Program, please contact EHS:

- Phone: 866.367.6974
- Email: [individualprogram@empowerhealthservices.com](mailto:individualprogram@empowerhealthservices.com)

**THIS IS NOT A REQUISITION FOR LAB WORK**

Please **PRINT LEGIBLY**

DAYTIME AREA CODE & PHONE NUMBER

\_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PROVIDE THE LAST 4 OF YOUR SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ Male  Female  VALUES LEFT BLANK WILL BE RECORDED AS DECLINED  
Self Reported HEIGHT FT \_\_\_\_\_ IN \_\_\_\_\_ Self Reported WEIGHT LBS \_\_\_\_\_ Self Reported BLOOD PRESSURE \_\_\_\_\_ / \_\_\_\_\_

**Informed Consent for Administration of Wellness Screening Tests:**

I hereby consent to have Empower Health Services, LLC (EHS), and its assigned screening partners, complete and obtain the following items that may be included in the Wellness Screening Program: a blood sample; blood pressure; height and weight; BMI and/or body composition calculation.

I consent to have a sample of my blood taken via venipuncture and I understand that there are possible risks associated with taking a blood sample by venipuncture including, but not limited to, the risk of discomfort, bruising, fainting, or infection. I consent to and authorize the drawing of my blood for lab analysis as indicated above.

I authorize EHS and its assigned screening partners to disclose my screening results to my employer's group health plan for the purpose of administering any incentive awards, or for payment, treatment, or health care operations as permitted by applicable law. I understand that my participation in this Wellness Screening Program is voluntary.

EHS's Notice of Privacy Practices (NPP) has been made available to me in connection with this Wellness Screening Program. A current copy of the NPP is also available at [www.empowerhealthservices.com/privacypolicy](http://www.empowerhealthservices.com/privacypolicy). My signature below acknowledges receipt and acceptance of the NPP.

I understand the information provided in this Wellness Screening Program is not intended as a substitute for the professional advice and care of my personal physician and in no way provides a medical diagnosis. If I have any questions or concerns about my results, or obtain an abnormal screening result, I will consult my physician.

I release and discharge EHS and any other organization(s) associated with this Wellness Screening Program and their respective shareholders, parents, subsidiaries, officers, directors, employees, affiliates, successors, or assigns, and the program sponsors, the owners/operators of this facility, my insurer, and/or administrative service provider/wellness program provider associated with this program from any and all liability, damages, claims or causes of action that may arise from or are in any way connected with my participation in this Wellness Screening Program. This release shall be binding upon my heirs, assigns, executors, administrators, and representatives.

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

- 247252** Panel C + Reflex to Hemoglobin A1c
- 010322** PSA - Prostate Specific Antigen (men age 50+ only)
- 224576** Advanced Thyroid Profile (women age 40+ only)



**Registration Options**

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