



Complete your 2026 Health Screening Form to earn incentives!

Participants currently enrolled in medical benefits with the **Heartland Health & Wellness Fund** may be eligible to participate in the **2026 Health Screening Program** to earn incentives toward their 2027 benefits. Watch out for your 2026 health screening form in the mail! Your packet will contain instructions on how to complete the form and details about your 2027 incentives (*if applicable*)*.

Completing a yearly health screening not only gives you valuable information about your overall health, but it could also save you money! Please review your health screening packet to see what incentives you're eligible for in 2027.

How to complete your Health Screening Form:

1. Make an appointment for a health screening with your in-network primary care physician, with your Kroger Pharmacy (Kroger Pharmacy online scheduler - <https://shorturl.at/NSl2W>), or walk into a Kroger Little Clinic.
2. Bring your health screening form with you and your Anthem Medical ID Card to your appointment. The form needs to be completed in its entirety by you and your healthcare provider.
3. It is **YOUR** responsibility to email, mail or fax the completed form to the following by your required deadline to be eligible for your 2027 incentive:
 - a. **Email:** wellness@ucfwbenefitplan.com
 - b. **Mail:** Heartland Health & Wellness Fund, 7250 Poe Ave., Ste. 300, Dayton, OH 45414
 - c. **Fax:** (937) 910-0600

**Incentives available to participants for participating in the Heartland Health & Wellness Fund's wellness program in accordance with your Collective Bargaining Agreement (CBA). Incentives are also available to participants with disabilities who are unable to participate in the health screening. Contact Heartland at (937) 665-1900 Monday-Friday 8am-5pm Eastern to learn more about your incentive or to determine eligibility to participate in an alternative wellness program with the same incentives.*

2026 HEALTH SCREENING FORM

Heartland
HEALTH & WELLNESS FUND

I am (select one): a member enrolled spouse of a member **Questions? Call Heartland at 937.665.1900.**

HEALTH SCREENING

First Name _____

Last Name _____

Medical ID# _____

Last 4 digits of SS# _____

Email _____

Telephone _____

Street Address _____

City _____ State _____ Zip _____

I understand this form must be fully completed and legible to be processed. Results must be from a 2026 health screening to be eligible. Please remember to fast 12 hours in advance. By signing this form, I agree with the health screening results provided. I hereby authorize the medical health care provider and/or medical facility to release the health data to the Fund's wellness and claims analysis providers and the Heartland Health & Wellness Fund.

SCREENING TEST	RESULTS	SCREENING TEST	RESULTS	SCREENING TEST	RESULTS
BMI		Blood Pressure		Total Cholesterol	
HDL Cholesterol		LDL Cholesterol		Triglycerides	
Blood Glucose		<small>Notes:</small>			

(Signature of person screened) _____ Date of Screening _____

(Print name of in-network provider) _____ (Signature of in-network provider) _____

You are responsible for returning this completed and signed form to the Fund office.

EMAIL	MAIL	FAX
wellness@ucfwbenefitplan.com	Attn: The Wellness Department Heartland Health & Wellness Fund 7250 Poe Avenue, Suite 300 Dayton, OH 45414	937.910.0600

Generic Rev. 02/16/2026

Did you know about the additional perks that come with your Life Insurance benefit?

Whether you're managing a loved one's final affairs, are in need of assistance while traveling, or looking for guidance on how to resolve identity theft, **Symetra SupportSM** services offered through your group coverage provide direct assistance when you need it most, 24 hours a day 7 days a week. Some of the many perks offered through this benefit are as follows:

- ➔ Travel Assistance
 - Peace of mind while you travel in over 180 countries.
- ➔ Identity Theft Assistance
 - Security for your finances with timely fraud resolution.
- ➔ Beneficiary Assistance
 - Relief and support during a difficult and stressful time.
- ➔ Estate Guidance
 - Simplify your estate planning and reduce costs.



To connect with Symetra Support to take advantage of this benefit, call **Symetra at (833) 808-0253** 24 hours a day 7 days a week for assistance.

HIPAA and NOTICE of PRIVACY PRACTICES


All enrolled participants should have received an important mailing from Heartland regarding your privacy rights and how your medical information about you may be used and disclosed. Access and disclosure of your medical information is protected by federal law. Heartland will only give access to your medical records to those you designate on your HIPAA form. Also, designating a beneficiary ensures that whoever you want to inherit your benefit gets the benefit in a timely fashion without the trouble of going through probate court and family disputes. It's important that you review the packet in its entirety to understand your rights to privacy and to whom you wish grant access to your medical history on the HIPAA form, and to whom you wish to designate as a beneficiary on the Beneficiary form.

To ensure that the privacy of your medical history is protected and that your loved ones receive your life insurance payout in a timely manner, please return the completed HIPAA Authorization and Beneficiary forms using one of the following methods:

- ➔ Mail
 - Use the enclosed return envelope.
- ➔ Email
 - admin@ufcwbenefitplan.com
- ➔ Fax
 - (937) 665-0900

HIPAA Authorization and Beneficiary forms are available to download at <https://www.heartlandwellnessfund.com/documents-forms/>. You can also email the above to request a copy or call **Heartland at (937) 665-1900** Monday – Friday, 8am – 5pm EST to request a form.

Phone: 937.665.1900
 Fax: 937.665.0900
 heartlandwellnessfund.com



Heartland
HEALTH & WELLNESS FUND
7250 Pitt Ave. • Ste. 300 • Dayton, OH 45424

AUTHORIZATION FORM TO DISCLOSE PROTECTED HEALTH INFORMATION TO FAMILY MEMBERS

Federal privacy law limits the ability of the Heartland Health & Wellness Fund (the "Plan") to disclose your health information to others, including to your family members. The privacy law requires that every adult covered person must give a written authorization before we may disclose your health or medical information to another person, including to family members such as a spouse. If an authorization is not on file, the Plan can disclose such information only to the covered adult person to whom the information relates.

If you would like to authorize the Plan to disclose your health and medical information to your family members, then please complete and return this form to the Plan. This will authorize the Plan to disclose information regarding your medical treatment and health benefits coverage to your family members. To obtain additional copies of this form, contact the Plan.


Employee-Participant Information

Employee Name	Social Security Number	Health Plan Number
Address	City	State
Home Phone #	Cell or Work Phone #	Date of Birth

ATTENTION! ALL PERSONS 18 YEARS OR OLDER COVERED UNDER THE PLAN. If you would like the Plan to be able to disclose your health and medical information to your family members, please read this Authorization Form carefully and then check all below that apply and sign after each statement you check.

I am the Employee-Participant and I authorize you to disclose to my spouse.

Phone: 937.665.1900
 Fax: 937.665.0900
 heartlandwellnessfund.com



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BENEFICIARY FORM

Please complete, sign and return this form to the Plan Office. Please print all information.

Employee Information (Please Print):

Employee Full Name: _____ Employee SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail address (if applicable): _____


Home Phone #: _____ Cell or Work Phone #: _____ Date of Birth: _____

Sex: Female Male Marital Status: Single Married Divorced Widowed

Current Employer: _____ Employer Phone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Phone: 937.665.1900
 Fax: 937.665.0900
 heartlandwellnessfund.com



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of Notice
February 16, 2026

The Heartland Health & Wellness Fund (the "Plan") is required by law to take reasonable steps to ensure the privacy of your medical information (also called protected health information or "PHI") and to inform you about:

1. the Plan's uses and disclosures of PHI;
2. your privacy rights with respect to your PHI;
3. the Plan's duties with respect to your PHI;
4. your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
5. the person or office to contact for further information about the Plan's privacy practices.

The term PHI under the Health Insurance Portability and Accountability Act ("HIPAA") and its privacy regulations includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

**Section 1.
Uses and Disclosures of PHI**

Required Uses and Disclosures of PHI

As described below in "Right to Inspect and Copy PHI" upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

Uses and disclosures of PHI to carry out treatment, payment, and health care operations.

The Plan and its business associates may use and disclose PHI without your authorization to carry out treatment, payment, and health care operations. Business associates may use and disclose PHI only after they agree in writing to implement appropriate safeguards regarding your PHI. The Plan and its business associates (and any health insurers providing benefits to Plan participants) may also disclose the following to the Plan's Board of Trustees: (1) PHI for purposes related to Plan administration (generally payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Plan; and (3) enrollment information (whether an individual is eligible for benefits under the Plan). The Trustees have amended the Plan to protect your PHI as required by federal law.

Delta Dental of Ohio



Did You Know?

92% of adults ages 20 to 64 have had cavities in their permanent teeth.* Untreated dental disease can lead to serious health problems like infection, bone or nerve damage, and tooth loss, so make sure to brush twice a day for two minutes each time, floss daily, and rinse with mouthwash.

Delta Dental offers 100% coverage for preventive dental services, including exams and cleanings when seeing an in-network provider. Seeing your dentist regularly can help prevent oral health problems as you age, saving you time, money and potential discomfort by avoiding serious dental disease. To find an in-network dentist, schedule an exam, estimate the cost of care and more, visit <https://www.deltadentaloh.com/> or scan the QR code to activate your benefit:



*Source - <https://www.deltadentaloh.com/>

vsp vision care



Did You Know?

You could save up to \$300 when you connect with [eyeconic.through](https://www.eyeconic.com/) your **VSP** insurance.** You can use your discount toward glasses, sunglasses and contacts. As an added perk, shipping and returns are free when you purchase your frames through Eyeconic with your vision benefit. Along with the discounts, an annual eye exam is included with your benefit. Even if you don't wear prescription eyeglasses or contacts, your eye doctor can detect signs of more than 270 health conditions, such as diabetes and high blood pressure during a routine annual eye exam*.

To find an in-network provider, schedule an exam and/or take advantage of the savings through your benefit, visit <https://www.vsp.com/> or scan the QR code to take advantage of the savings:



*Full Picture of Eye Health, American Optometric Association, 2020.
 **Limitations, promotional savings, and restrictions may vary on brand, type of lenses, and member eligibility. Promotional savings and offers cannot be redeemed for cash, applied to previous purchases, or combined with other promotions, discounts or coupons. Out-of-network insurance reimbursement is at the discretion of that insurance provider.



Beth Duff, *Wellness Coordinator*
for Kroger West Virginia Local 400

Beth Duff recently joined the **Heartland Health & Wellness Fund** as the **Wellness Coordinator** for **Kroger West Virginia Local 400**. Beth is a native of West Virginia and has worked with Local 400 for over 24 years. Beth knows her community and the members she has served over the years. She is excited to be in a position to continue to assist her members in a new capacity.

Misty Kessler, *Wellness Coordinator*
for Kroger Louisville Local 227



Misty had the pleasure of meeting **Kevin Thomas**, Fuel Lead at **Kroger Store #327** in Louisville (West Broadway). The store celebrated **Martin Luther King Jr Day** with coffee, cupcakes, face painting, a live DJ and a balloon artist. Kevin has been with Kroger for 27 years at the same store since he was 16. He is very involved with his community and actively participates in local events within his home town. When asked what his health goals were for 2026, he stated "I want to be a better person and become more aware of my personal goals and growth".



**Geneva McCloud, Wellness Coordinator
for Kroger Michigan Local 876**

Geneva met **David Pardee** at the **Kroger Store #515** in Port Huron, Michigan. He is very appreciative for the health insurance he receives as a participant of the **Heartland Health & Wellness Fund**.

He also expressed how pleased he is with the transition from receiving paper checks for wellness incentives to incentives being loaded on a **Benefits Prepaid Mastercard**, noting that the new process has been far more convenient. David can now use his prepaid card to pay for qualified medical expenses instead of going through the hassle of cashing a paper check.



**Tracey Ikenberry, Wellness Coordinator
for Kroger Virginia - Richmond/Roanoke Local 400**

Tracey had the pleasure of meeting **Donnial Durant**, at **Kroger Store #533** in Virginia Beach. She is more than grateful for the support she received from **Heartland's Disability Department** before and after her absence from work. She was concerned about having to miss work and if she would receive her disability pay on time. She expressed how blessed she felt to have the Heartland staff guide her through the sick pay process addressing all her questions and concerns. By completing the required steps, Donnial was able to receive her sick-pay on time and has made a full recovery.



**Krista Broshears, Wellness Coordinator
for Kroger Indiana Local 700**

Courtney Hopson has been with **Kroger** for 24 years. She currently works in Customer Service and has held various roles throughout the years with Kroger. She is particularly pleased with **Preventative Screenings** at no additional cost through her **Delta Dental** benefit. Preventative maintenance and good oral hygiene are a family tradition for Courtney. She is proud to state that she and her dependents covered under her dental benefit have never had a cavity or any other procedure other than 6-month checkups and cleanings. Thanks to her benefit, Courtney shares her healthy smile with her Kroger patrons.



As a participant of the
Heartland Health &
Wellness Fund,
 *Heartland*
HEALTH & WELLNESS FUND
you have 24/7 access
to your benefits
at your fingertips!



Virtual physical therapy

Hinge is customizable convenient approach to treating ongoing joint and muscle pain. Through the app, you'll have **24/7** access to your treatment plan designed by a licensed physical therapist, a dedicated personal health coach and more with no copay or coinsurance for those who qualify.

To start your customized plan toward pain relief, visit <https://shorturl.at/kFljS>, call **(855) 902-2777** or scan the QR Code to get started:



Don't manage metabolic disease. Reverse it.

Virta is a customized nutrition program that can help you lose weight, lower your blood sugar, supply the tools and provide the support you need at no cost or copay for those who qualify. Through the app, you'll have **24/7** access to your nutrition plan, goals and a dedicated health coach who knows your goals.

To start your journey toward a healthier you, visit <https://shorturl.at/zHVCb> or scan the QR Code to get started:



Healthy Bites from virta

Quick Healthy Meal Low Carb Chicken Salad

Ingredients

- 1 cup of chicken breast (roasted and cubed)
- 1 tablespoon of lemon juice
- 4 teaspoons of Dijon mustard
- ½ cup of jalapeno pepper (diced)
- ½ cup of celery stalk (chopped)
- 1 dash of black pepper
- 1 cup of baby spinach
- 1 tablespoon of olive oil



Directions:

1. Combine and mix the first 6 ingredients into a bowl.
2. Serve on a bed of spinach with a drizzle of olive oil.

Nutritional Analysis	Per Serving
Serving Size	½ cup
Carbohydrate.....	1 gram
Protein	14 grams
Fat	8 grams
Calories	136

*Source - <http://www.virtahealth.com>



If you're interested in other healthy meals, weight loss management, type 2 diabetes reversal, dedicated health coaching and more, visit <https://www.virtahealth.com/join/heartlandfund> or scan the QR code to get started:





Heartland

HEALTH & WELLNESS FUND

7250 Poe Avenue, Suite 300
Dayton, OH 45414
Phone: (937) 665-1900
heartlandwellnessfund.com

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As a participant of the Heartland Health & Wellness Fund you have 24/7 access to your benefits at your fingertips!



Sydney Health App



Preventive care visits, including yearly checkups, are at no extra cost to you, when you see a doctor in your Plan's network. Having a **Primary Care Physician** who knows your history is your best defense for long-term health.

Finding the right **PCP** in your area under your Plan's network is easy! Visit <https://www.anthem.com/>, <https://sydneyhealth.com/>, call **(833) 862-0748** or scan the QR Code to download the **Sydney Health App** for **24/7** access to your benefits:



Delta Dental of Ohio



Your **6-month regular checkup** is a no additional cost benefit when you see an in-network dentist. Your dentist can help treat swollen or bleeding gums and provide expert tips for long-term oral health.

To schedule your 6-month regular checkup, find an in-network dentist in your area, print ID cards and/or set up a member profile for **24/7** access to your benefits, visit <https://www.deltadentaloh.com>, call **(800) 824-0149** or scan the QR Code to get started:



vsp vision care

Your **annual eye exam** is a no additional cost benefit when you use a **VSP** in-network doctor. Even if you don't need glasses, yearly checkups are essential for detecting early signs of non-vision health issues such as diabetes and high blood pressure.

Visit <https://www.vsp.com> to set up a profile for **24/7** access to your benefits, call **(800) 877-7195** or scan the QR Code to find an in-network doctor to schedule your annual eye exam:



**Available to participants of the Heartland Health & Wellness Fund who are currently enrolled in a medical plan. If you have any questions about your benefits, please contact Heartland at 937-665-1900.*