2023 OPEN ENROLLMENT

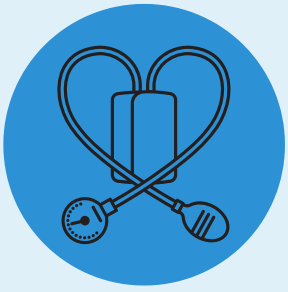
COMPLETING WELLNESS STEPS AS A BLUE SHIELD PPO PARTICIPANT

blue california

For Currently Enrolled Blue Shield PPO Members and Spouses/Domestic Partners Who Wish to Participate in the Wellness Program (which is sometimes referred to as “Health Care Partnership” or “HCP”) in 2023. Both the Member and the enrolled Spouse or Domestic Partner, individually must complete their Biometric Screenings.

The Wellness Program (HCP) has reduced dependent premiums and out-of-pocket costs for doctor visits, hospital stays, etc. If you would like to be eligible to participate in the Wellness Program (HCP) for 2023, you and your Spouse/Domestic Partner must complete Wellness Steps individually, including a Biometric Screening. All eligible Members and currently enrolled Spouses/Domestic Partners must complete their own Biometric Screening and other requirements for enrollment in the Wellness Program (HCP) in 2023; these other requirements will be detailed in Open Enrollment materials to be mailed in **September.**

You do not have to wait until Open Enrollment to complete your Biometric Screening. If you are planning an annual physical with your Primary Care Physician, you can simply take the Bio23 form on the last page and have your physician complete. ***(You can also download the Bio23 form by logging into ufcwtrust.com, selecting the "Open Enrollment" tab and going to the "Bio23 Form" section.)*** Submit the form by logging into your Participant Account and selecting "Enrollment" and clicking the "Upload Documents" button before November 18, 2022.



Alternatively, Members can go to Quest Diagnostics to complete Biometrics instead of their primary care doctor, without cost.

Once Open Enrollment begins, alternative options to complete and submit your Biometric Screening (and other requirements for participants who wish to be eligible for the Wellness Program (HCP) will be available. Information regarding Open Enrollment will be mailed or emailed to Members in **September**.

NOTE: It is the responsibility of the member to ensure that you and your enrolled Spouse or Domestic Partner's Biometric Screening requirements are submitted to the Trust Fund Office on or before November 18, 2022. A Member may upload their Spouse's proof of biometrics from their own Member Participant Account.

BIOMETRIC SCREENING INSTRUCTIONS

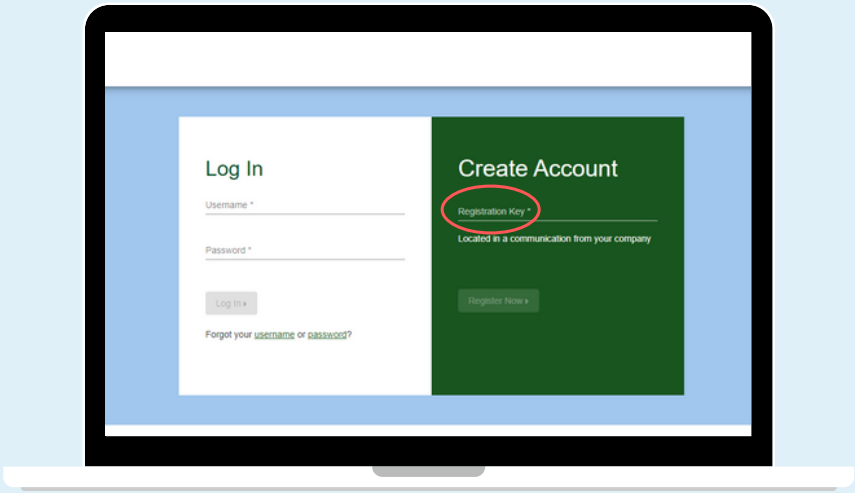
If you are a current Kaiser HMO Member: PLEASE DO NOT USE THESE INSTRUCTIONS. Use the Kaiser HMO Biometric Instructions available beginning September 19, 2022.

QUEST DIAGNOSTICS INSTRUCTIONS

Alternatively, Members can go to Quest Diagnostics to complete Biometrics instead of their primary care doctor, without cost.

1

Go to my.questforhealth.com, and Log In or Create an Account.



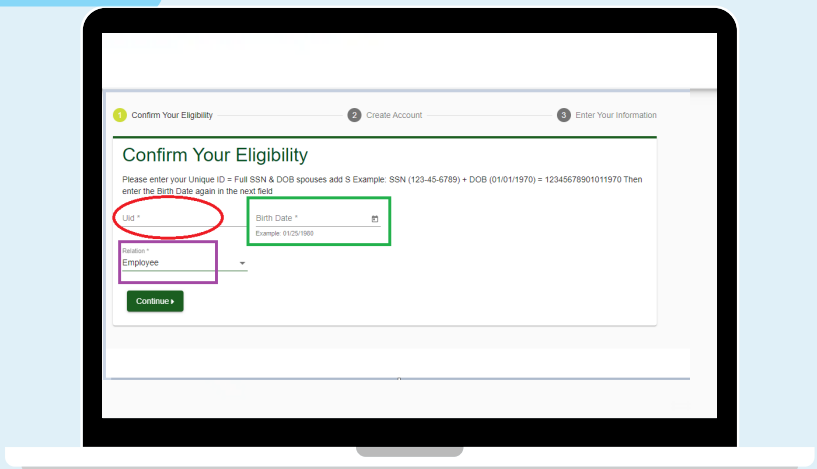
If you are creating an account, for the Registration Key please enter "UFCW23". You will then be prompted to accept the Terms and Conditions.

2

If you are creating an account you will see the Confirm your Eligibility page.

For Members: the "UID" will be the 9 digits of your SSN + 8 digit Date of Birth. (EXAMPLE: 123456789**01011970**) Next, you will select **your Birth Date** from the calendar field, then select **"Employee"** under Relation.

For Spouses. the "UID" will be the Member's SSN + Member's 8 digit DOB **(NOT your own)** with an "S" (EXAMPLE: 123456789**01011970S**) Next, you will select ***your own*** **Birth Date** from the calendar field, then select **"Non-Employee"** under Relation.



Continue to fill out your information. Once your account is created, you will be prompted to make an appointment.

BIOMETRIC SCREENING INSTRUCTIONS

If you are a current Kaiser HMO Member: PLEASE DO NOT USE THESE INSTRUCTIONS. Use the Kaiser HMO Biometric Instructions available beginning September 19, 2022.

Your physician biometric screening form will allow your doctor to perform your biometric wellness screening for the 2023 Plan Year.

To use this screening option, laboratory work must be done after January 1, 2022, and results must be received on or before November 18, 2022. Please be aware, your physician may send you to an outside laboratory for biometric testing.

You are responsible for ensuring your completed form is directly uploaded to your TFO Participant Account, complete with all screening values and signatures. Results received in any other format will not be accepted. Please follow these steps carefully:

1 SCHEDULE AN APPOINTMENT WITH YOUR DOCTOR

If you have already had your annual physical for the 2023 Plan Year (meaning, you had your physical on or after January 1, 2022), have your physician record your biometrics on the BIO23 form and provide it back to you.

You may then upload the completed BIO23 to your Participant Account on ufcwtrust.com. Options for uploading your completed document(s) will be available beginning September 19, 2022.

Please be aware that your physician's office may charge you a fee for a second physical as the Trust Fund will only cover one physical at 100% per calendar year. In addition, your physician may apply a fee for completing the form.

If your physician charges a fee for completing the form, please ask your physician's office to submit the bill for the fee to Blue Shield's address shown on the back of your health plan ID card.

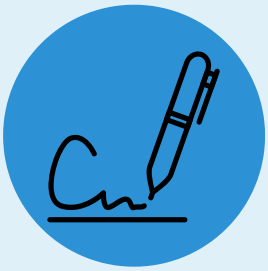
BIOMETRIC SCREENING INSTRUCTIONS

2 PROVIDE YOUR PHYSICIAN THE "BIO23 FORM"

Your Physician must complete the "Physician Office Completes" section of the form, including signature, date, and UPIN/NPI.

The UPIN/NPI is a unique number that identifies your Physician's office; your Physician will know this number.

3 YOU MUST SIGN AND DATE "PARTICIPANT SIGNATURE" SECTION



You must sign and date the "Participant Signature" section of the enclosed Physician Biometric Screening Form before providing the form to your doctor.

NOTE: Participants and Spouses/Domestic Partners must each provide a separate form to their physician.

4 FASTING REQUIRED

It is recommended you fast (not eat or drink anything but water) for at least 12 hours prior to your appointment. Continue taking medication as directed and be sure to drink plenty of water. Lab work must be completed between January 1, 2022, and November 18, 2022.

5 SUBMIT FORM

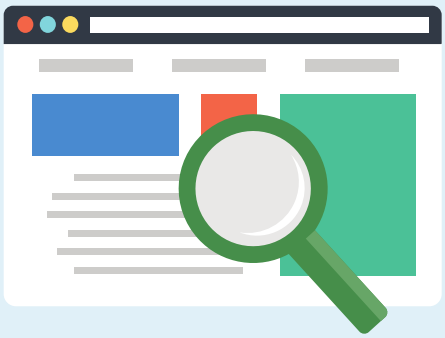
Your physician must provide the completed form to you. **You must upload or mail all documents by November 18, 2022**. To upload your completed document(s), log into your Participant Account on ufcwtrust.com select the "**Open Enrollment**" tab then go to the **Bio23** Section and select the "**Upload**" button. Choose "**Proof of Biometrics**" as your document type. You can also mail the form to 1000 Burnett Avenue, Suite 110 Concord, CA 94520-2000.

A Spouse may require that the Member uploads their proof of biometrics from the Member Participant Account. The Spouse may also directly email and attach their own Proof of Biometrics to: TFODocuments@ufcwtrust.com

Again, you are responsible for ensuring this form is returned on or before November 18, 2022.

FURTHER ASSISTANCE

NOTE: Only completed forms will be processed. If a form is submitted with missing information, you will be required to complete the entire form and resubmit, so please ensure that all items are filled out.



For more information regarding this form please visit ufcwtrust.com.

If you have questions about the Biometric Health Screening, eligibility, or enrollment in medical plan benefits, please contact the Trust Fund Office at 1-800-552-2400. Receipt of this notice does not constitute a determination of your eligibility for benefits.

BIO23 – Biometric Screenings Form

BIO23 – PROVIDER DATA ENTRY FORM

GENERAL INFORMATION

PLEASE PRINT CLEARLY AND STAY WITHIN THE BOXES BELOW

PARTICIPANT (PERSON BEING MEASURED) INFORMATION – Completion required.

First Name:

Must match the name on record for your health benefits.

Last Name:

DOB (MM/DD/YYYY):

Member ID# U

Spouses/Domestic Partners have a distinct Member ID# that is separate from the Subscriber's Member ID#. Enter the Member ID# of the person being measured.
If you do not know your Member ID#, you must complete the field for SSN below.

SSN: - -

If you have entered your Member ID# above, you may leave the field for SSN blank.

Important: This form is ONLY for current UEBT/UCBT Members and Spouses/Domestic Partners who are completing their Wellness Steps for 2023 benefits.

If you are the Spouse of a Member, you must submit your completed GINA Agreement to the Trust Fund Office before completing and submitting this form

By submitting this form, I am authorizing my physician to report the laboratory and biometric results to UFCW & Employers Trust, LLC for my Biometric Health Screenings, and for UEBT/UCBT to collect such information. If I am a Participant in the UEBT/UCBT Plan because I am the Spouse of a Member, I further acknowledge that by agreeing to this authorization, I am providing information regarding my current or past health status (or manifestation of disease or disorder) and that I authorize the use of this information for the purposes described in the Biometric Screenings Instructions.

1. *Please review the Biometric Screenings Instructions to verify you need biometric screenings tests prior to having any done.*
2. *You, the Participant, are responsible for meeting all program deadlines. You, the Participant, must collect this form from your physician or clinician and submit to UFCW & Employers Trust, LLC, as prescribed. Only one physician form can be submitted per person.*
3. *See the program description in your enrollment materials for more details. Please keep a copy of this physician complete form for your records.*

Participant's Signature: _____ Date (MM/DD/YYYY):

Please upload this form to the Member's Participant Account on ufcwtrust.com, or fax this form to 925-746-7549

For more information, call the UFCW Trust Fund Office Health and Welfare Services Department at 800-552-2400

BIO23 – Biometric Screenings Form

BIO23 – PROVIDER DATA ENTRY FORM

GENERAL INFORMATION

Participant Last Name:

DOB (MM/DD/YYYY)**:**

FOR PROVIDER OR OFFICE STAFF USE ONLY BELOW THIS LINE

Blood Pressure

Systolic

Diastolic

Cholesterol

HDL: TRI:

LDL: Total:

Total/HDL Ratio: .

Glucose

Fasting:

A1c: .

BODY MEASURE

Height: (in) Weight: (lbs) Waist: (in)

NICOTINE USER?

☐ Y ☐ N

Test Date (MM/DD/YYYY):

TRACKING NUMBER

NOTE: Facility and agent name must be printed in the boxes.

☐ I certify these values are correct.

Facility Name:

Certifying Agent First Name:

Last Name:

NPI#:

Today's Date: (MM/DD/YYYY)

Signature: _____

NOTE: Use this area for office or facility stamp

Please upload this form to the Member's Participant Account on ufcwtrust.com, or fax this form to 925-746-7549

For more information, call the UFCW Trust Fund Office Health and Welfare Services Department at 800-552-2400