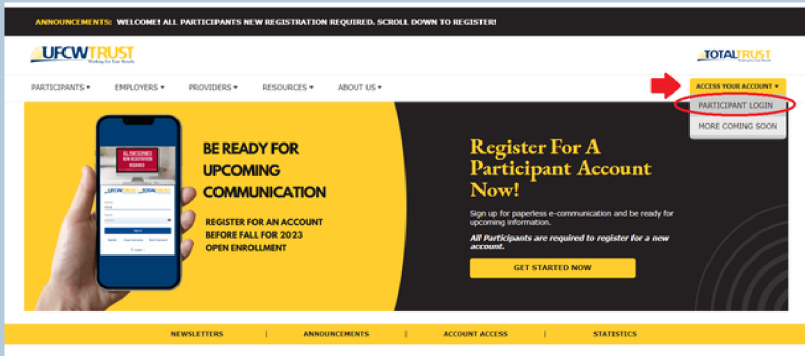


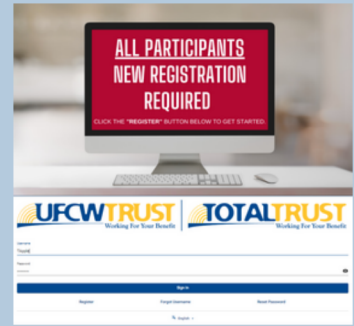
Follow these easy step-by-step instructions below to assist you in completing either your Enrollment Steps or Wellness Steps, or both, for the 2023 Plan Year. Some users may see both, or may only see Enrollment Steps or Wellness Steps.

ENROLLMENT STEPS

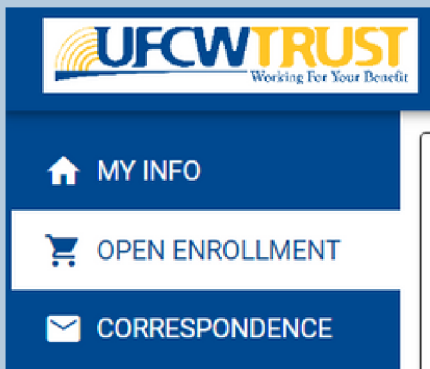
1 Visit ufcwtrust.com and click "**Participant Login**" under the Access Your Account section.



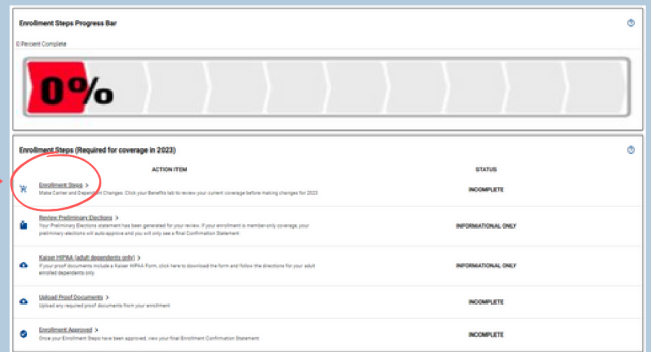
2 Log in or register on the site.



3 After you have successfully registered (if you have not done so prior to Open Enrollment), you will land on the "My Info" tab; click the "**Open Enrollment**" tab on the top left side.



4 You will land on the new Open Enrollment page where you will see your Enrollment Steps Action Items and Progress bar. Your progress bar will automatically update as each Action Item's status updates to "Complete" automatically. If a Spouse or Domestic Partner, skip to page 7 for Wellness Steps.



Click the "Enrollment Steps" link to open detailed steps for carrier/dependent changes.

5

Click the Open Enrollment event option.

Enrollment Steps

Please select an event

Please select the event that is triggering this enrollment. Choose **"OPEN ENROLLMENT"** for 2023 Plan Year.

OPEN ENROLLMENT (ANNUAL) ✔

6

Review listed dependents that may or may not be currently enrolled on your plan and add any new dependents not yet listed.

Member-Dependent Info
Add any new dependent(s) you want to enroll in your plan. The dependent(s), if any, listed may or may not be currently enrolled.

Add a new Dependent ➤

Employee Details			
First Name	Last Name	Date of Birth	SSN
TOM	TESTGUY	03/03/1960	XXX-XX-2222

Spouse / Domestic Partner Details			
First Name			SSN
PETUNIA			
Last Name		Gender	
TESTGUY		Female	
Date of Birth		Relation	
12/25/1964		Spouse	

Child(ren) Details			
First Name			SSN
WILLIAM			
Last Name		Gender	
TESTGUY		Male	
Date of Birth		Relation	
03/23/2018		Natural Child	

Student: YES NO Student From Date: _____

First Name: SUBIN, NITE SSN: _____

Cancel Previous **Next**

The next steps will allow you to choose these dependents for your 2023 Elections.

7

Review your current elections and decide if you want to proceed with Full or Express enrollment.

Enrollment Steps

Please click the below box to proceed

The box shows your current enrollment elections. The next steps will allow you to add or remove dependents and make carrier changes, if needed.

CURRENTLY ENROLLED

UEBT

Kaiser (Medical): Member + 3 Children or more

✔

Will you be making any changes to this coverage?

Yes, I would like to update my coverage. I will complete FULL ENROLLMENT.

No, I will not be updating my coverage. I choose EXPRESS ENROLLMENT.

8

Please select your preferred medical carrier.

Enrollment Steps

Please specify plan details
Below you can choose from a list of available plans as well as update the corresponding coverage effective date.

Coverage Effective Date
01/01/2023

Blue Shield of California (Medical)

Kaiser (Medical)



9

Select a Tier indicating how many covered individuals you want to enroll. You can also click the link to review costs per person at each plan level.

Enrollment Steps

Please select the tier you would like to enroll with. Click or tap [here](#) for detailed premium costs by person and plan level.

Tier	
<input type="radio"/>	Member Only
<input type="radio"/>	Member + Spouse
<input type="radio"/>	Member + Spouse + Child
<input type="radio"/>	Member + Spouse + 2 Children
<input type="radio"/>	Member + Spouse + 3 Children or more
<input type="radio"/>	Member + Domestic Partner
<input type="radio"/>	Member + Domestic Partner + Child
<input type="radio"/>	Member + Domestic Partner + 2 Child
<input type="radio"/>	Member + Domestic Partner + 3 Children or more
<input type="radio"/>	Member + Child
<input type="radio"/>	Member + 2 Children
<input checked="" type="radio"/>	Member + 3 Children or more



10

Select your covered dependents from the list.

Enrollment Steps

Please select who is covered under each of your benefits

Name	Relation	Age
<input checked="" type="checkbox"/> TESTGUY, TOM G	Member	62
<input checked="" type="checkbox"/> TESTGUY, MINNIE	Natural Child	0
<input checked="" type="checkbox"/> TEST, JOSH	Natural Child	2
<input checked="" type="checkbox"/> TESTGUY, WILLIAM	Natural Child	4
<input checked="" type="checkbox"/> TESTGUY, TINA	Natural Child	10
<input checked="" type="checkbox"/> TESTGUY, MICHEAL J	Natural Child	16



KAISER HIPAA (IF APPLICABLE)

If you have elected Kaiser medical and you have enrolled adult Dependents, follow the directions to complete the Kaiser HIPAA Authorization forms to upload your signed and scanned HIPAA Authorizations.

14 You can access the Kaiser HIPAA Authorization form by selecting "Kaiser HIPAA" under your Enrollment Steps. You will then be directed to the Kaiser HIPAA Authorizations page.

A

ACTION ITEM	STATUS
Enrollment Steps > Make Carrier and Dependent Changes	COMPLETE
Review Preliminary Elections > Your Preliminary Elections statement has been generated for your review.	COMPLETE
Kaiser HIPAA (if applicable) > If your proof documents include a Kaiser HIPAA Form, click here to download the form and follow the directions.	NO STATUS AVAILABLE
Upload Proof Documents > Upload any required proof documents from your enrollment.	INCOMPLETE
Enrollment Approved > Once your Enrollment Steps have been approved, view your final Enrollment Confirmation Statement.	INCOMPLETE

B Scroll until you see the green button to download the Kaiser HIPAA form. From here you can download and print the form.



Please fill out this form. When complete we recommend you scan a digital copy.

15 When the form is complete, log back into your **ufcwtrust.com** account. Under the **Correspondence** tab please select the "Upload" button in the documents section.

16 Click the cloud icon and upload your scanned digital form. Be sure to select "Kaiser HIPAA Authorization" from the drop down menu upon upload. Select the blue "Upload" button.

You can also submit your form through postal mail, fax, or drop it off in-person to one of our offices:

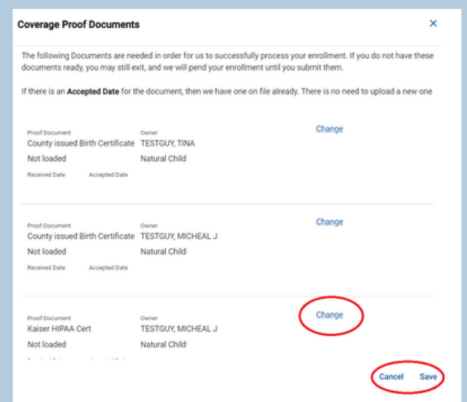
- **Email:** TFODocuments@ufcwtrust.com
- **Mail:** PO Box 4100, Concord, CA 94524-4100
- **Concord Drop Off:** 1000 Burnett Ave, Suite 110, Concord, CA 94520
- **Roseville Drop Off:** 2200 Professional Drive, Suite 200, Roseville, CA 95661
- **Fax:** Health & Welfare Services Department at (925) 746-7549

UPLOAD PROOF DOCUMENTS FOR NEWLY ADDED DEPENDENTS

17 If you have newly enrolled dependents, click the **“Upload Proof Documents”** to complete this step of the Enrollment process.

ACTION ITEM	STATUS
Enrollment Steps > Make Carrier and Dependent Changes	COMPLETE
Review Preliminary Elections > Your Preliminary Elections statement has been generated for your review	COMPLETE
Kaiser HIPAA (if applicable) > If your proof documents include a Kaiser HIPAA Form, click here to download the form and follow the directions	NO STATUS AVAILABLE
Upload Proof Documents > Upload any required proof documents from your enrollment	INCOMPLETE
Enrollment Approved > Once your Enrollment Steps have been approved, view your final Enrollment Confirmation Statement	INCOMPLETE

18 If you have already provided a proof document, you will see a received timestamp next to that specific document name.



If you are still missing the document, click **“Change”** to attach and browse on your computer or device to upload your scanned document, and then click **“Save”**.

19 Your enrollment steps have been submitted. Please review your preliminary election statement to ensure your elections are accurate for the 2023 Plan Year. Once your elections and proof documents have been reviewed and accepted by the Trust Fund Office (TFO), return to this page to see your Enrollment Approval. Your status bar will automatically update to 100% complete.

Enrollment Steps Progress Bar

100 Percent Complete

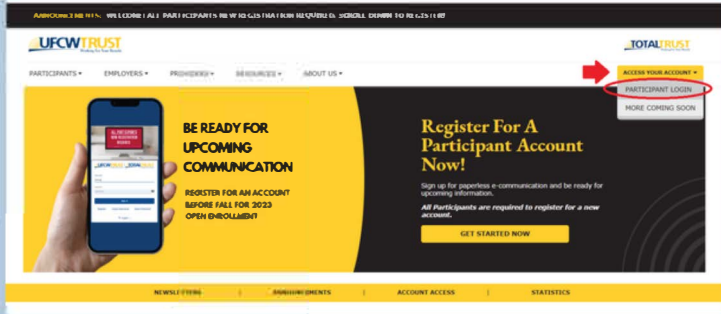
ACTION ITEM	STATUS
Enrollment Steps > Make Carrier and Dependent Changes	COMPLETE
Review Preliminary Elections > Your Preliminary Elections statement has been generated for your review	COMPLETE
Kaiser HIPAA (if applicable) > If your proof documents include a Kaiser HIPAA Form, click here to download the form and follow the directions	NO STATUS AVAILABLE
Upload Proof Documents > Upload any required proof documents from your enrollment	COMPLETE
Enrollment Approved > Once your Enrollment Steps have been approved, view your final Enrollment Confirmation Statement	COMPLETE

Enrollments are approved on a first come, first served basis and may take between 7-10 business days to be final approved.

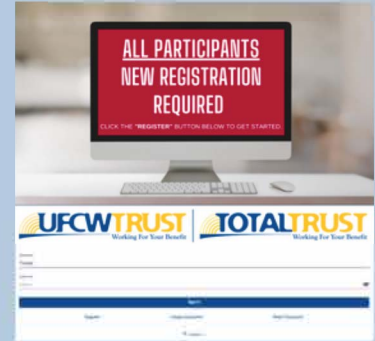
WELLNESS STEPS

NOTE: UCBT Standard and Ultra graduating Members will only see HRQ under Wellness Steps. See page 10. Retirees will not see Wellness Steps unless they are DUAL Retirees.

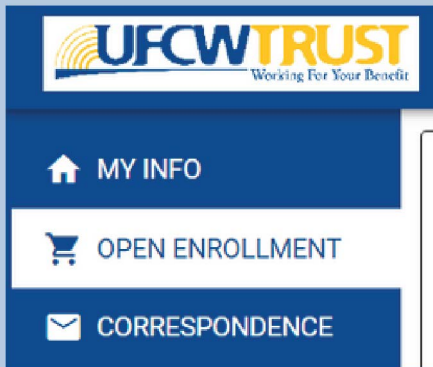
20 Visit ufcwtrust.com and click "**Participant Login**" under the Access Your Account section.



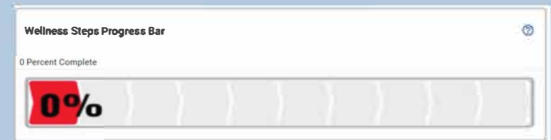
21 Log in or register on the site.



22 Click or tap the "**Open Enrollment**" tab on the top left side.



23 You will see your Wellness Steps Action Items and Progress bar. Your progress bar will automatically update as each Action Item's status updates to "Complete" automatically.



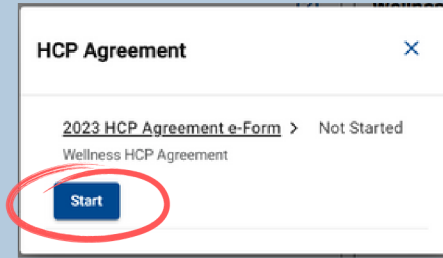
24 To get started, click on the "**Wellness(HCP) Agreement**"

Wellness Steps (Required for Wellness Participation in 2023)	
ACTION ITEM	STATUS
<input checked="" type="checkbox"/> Wellness (HCP) Agreement > Review and accept the 2023 Wellness Agreement	INCOMPLETE
<input checked="" type="checkbox"/> GINA Agreement > Review and accept the 2023 GINA Agreement	INCOMPLETE
<input type="checkbox"/> Health Risk Questionnaire (HRQ) > Complete a survey about your health	INCOMPLETE
<input type="checkbox"/> Biometric Tests > Review your Biometric Instructions below and return here to upload your proof of completed Biometric Tests	INCOMPLETE
<input checked="" type="checkbox"/> Wellness 2023 Participation > Wellness Steps for your family has been reviewed and approved for HCP in 2023	INCOMPLETE

WELLNESS STEPS (CONTINUED) HCP AGREEMENT

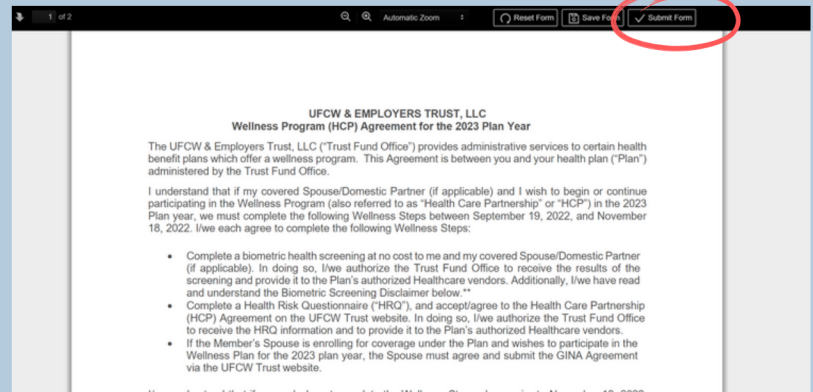
25

The HCP Agreement window will appear. Select "Start"



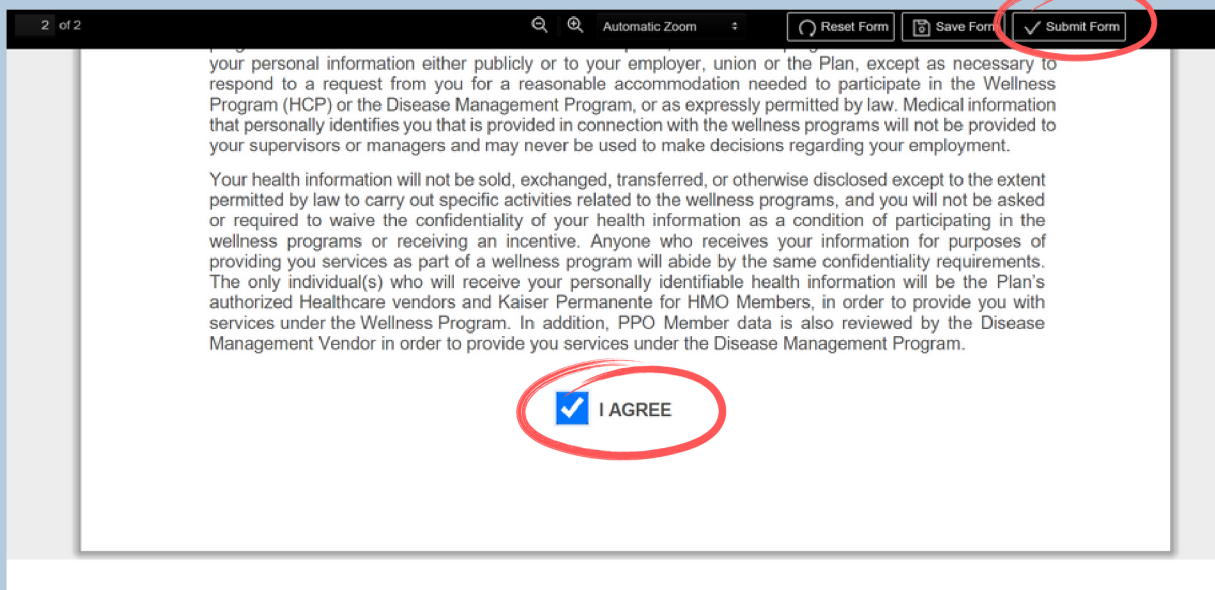
26

You will be directed to the electronic form. Please read the Agreement. You have the option to "save" in the top right corner, and return to it later if necessary.



27

Select the "I Agree" check box at the bottom of the form then select "Submit Form" in the top right corner. Then say "Ok" and click "Finish Form".



GINA AGREEMENT (IF APPLICABLE)

Complete your GINA Agreement (only applicable to an enrolled Spouse or Domestic Partner, the Member will not see this step).

! WARNING: The GINA Agreement is only applicable to an enrolled Spouse or Domestic Partner completing Wellness Steps. The GINA Agreement must be completed by the Spouse prior to submitting Proof of the Completed Biometrics.

28 To get started, click on the "Wellness(HCP) Agreement" The GINA Agreement window will appear. Select "Start"

Wellness Steps (Required for Wellness Participation in 2023)

ACTION ITEM	STATUS
WARNING: The GINA Agreement is only applicable to an enrolled Spouse completing Wellness Steps. The GINA Agreement must be completed by the Spouse prior to submitting Proof of the Completed Biometrics.	
GINA Agreement (Complete First) > WARNING: Please Review and accept the 2023 GINA Agreement prior to submitting proof of Biometrics	INCOMPLETE

GINA Agreement

[2023 GINA Agreement e-Form >](#) Not Started

Genetic Information Nondiscrimination Act e-Form

Start

29 You will be directed to the electronic form. Please read the Agreement. You have the option to "save" in the top right corner, and return to it later if necessary.

UFCW & EMPLOYERS TRUST, LLC
GINA SPOUSE AUTHORIZATION

Important Information Regarding Participation in the Wellness Program. A federal law (the Genetic Information Nondiscrimination Act of 2008 or "GINA") generally prohibits employers from requesting or requiring genetic information of an individual or that individual's family members. However, final rules issued by the Equal Employment Opportunity Commission (EEOC) provide that employers and sponsors of health plans may offer limited financial inducements (also called incentives or rewards) in exchange for an employee and his/her spouse providing information about his or her current or past health status as part of a wellness program, if certain conditions are met. The rules for spouses are somewhat different than for employees, in that the employee only needs to be informed of his/her rights with regard to the collection of genetic information, but for spouses, additional requirements need to be met. Therefore, your health plan ("Plan") requests information about the current or past health status of a member's spouse who is completing the Health Risk Questionnaire (HRQ), conditioned on: (i) the spouse providing prior, knowing, written and voluntary authorization for the Plan to collect such genetic information, and (ii) inducements in exchange for this information being limited. Therefore, if you are a spouse of a member, you will be asked to authorize the Plan to collect the information requested in the HRQ.

Save Form Submit Form

30 Select the "I Agree" check box at the bottom of the form then select "Submit Form" in the top right corner. Click "ok" and then click "Finish Form".

2 of 2

Reset Form Save Form **Submit Form**

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness programs, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness programs or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of a wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information will be the Plan's authorized Healthcare vendors and Kaiser Permanente for HMO Members in order to provide you with services under the Wellness Program. Both PPO and HMO Member data is also reviewed by the Disease Management vendor (if applicable) in order to provide you services under the Disease Management Program.

For more information regarding this form or your other upcoming Wellness Steps, please visit [ufcwtrust.com](#) or call 1 (800) 552-2400.

If you have questions about the HRQ, eligibility or enrollment in medical plan benefits, please contact the Trust Fund Office. Receipt of this notice does not constitute a determination of your eligibility for benefits.

I AGREE

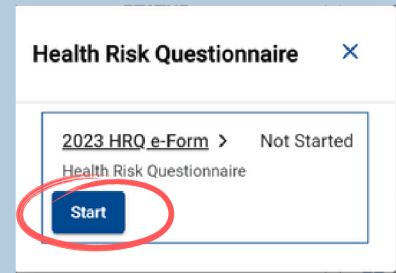
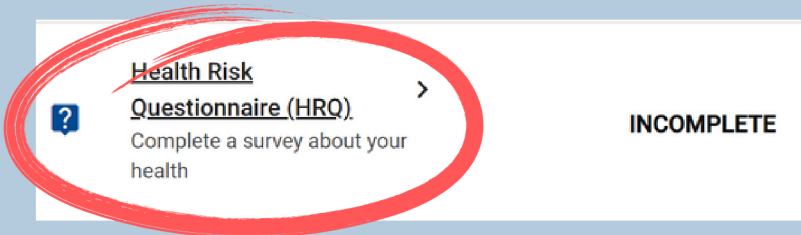
HEALTH RISK QUESTIONNAIRE (HRQ)

Complete your Health Risk Questionnaire. This questionnaire is comprised of 24 questions to help you identify healthier life habits and recommendations. It takes between 5-10 minutes to complete.

31

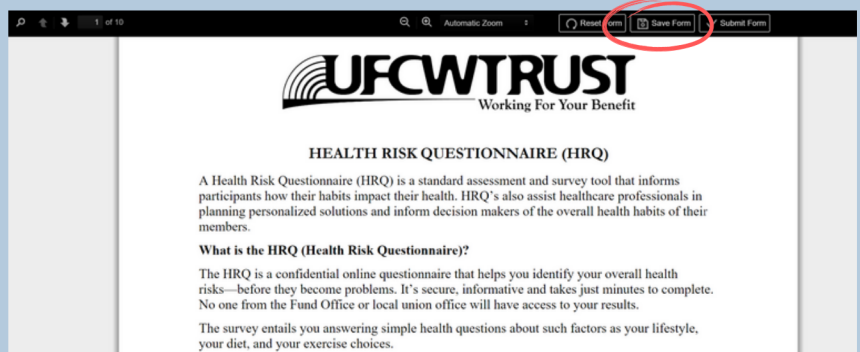
To get started, click on the "Health Risk Questionnaire (HRQ)"

The HRQ window will appear. Select "Start"



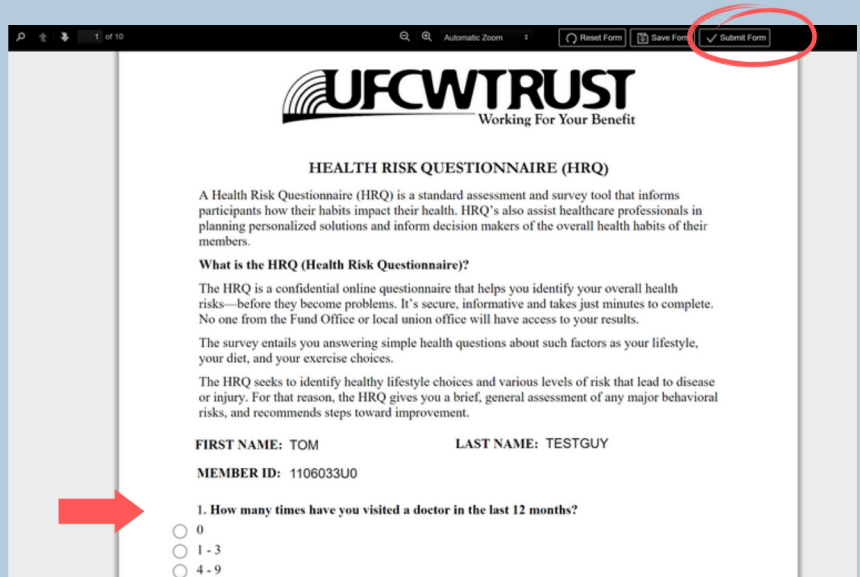
32

You will be directed to the electronic HRQ . Please fill out all 24 questions. You have the option to "save" in the top right corner, and return to it later if necessary.



33

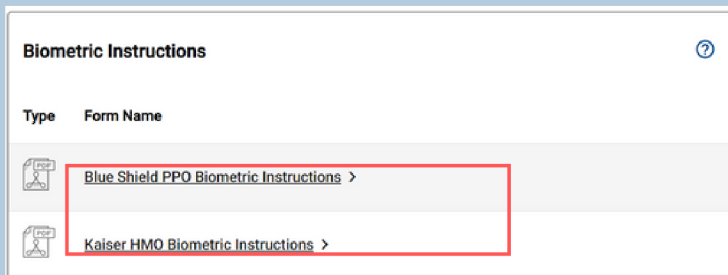
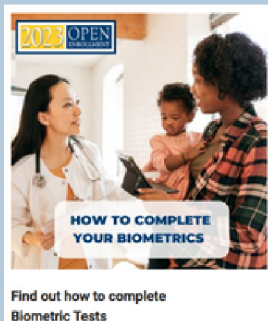
When the form is complete select the "Submit Form" button on the top right corner. Click "ok" and then "Finish Form".



BIOMETRICS

34

Both the Member and the enrolled Spouse or Domestic Partner must individually complete their own proof of Biometrics. Click the following "How to Complete Your Biometrics" image and it will direct you to the Instructions section.



Click or tap on the "Biometric Instructions" that pertain to you. (For example, if you are currently a Blue Shield PPO participant, please use the "Blue Shield PPO Biometric Instructions". Kaiser HMO Participants would select the Kaiser instructions.)

35

Follow the steps and return to your Participant Account to upload your proof of Biometrics (see page 15.)

2023 OPEN ENROLLMENT
COMPLETING WELLNESS STEPS AS A BLUE SHIELD PPO PARTICIPANT

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 (HCR) 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 save 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 QuestDiagnostics.com 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 Test Send Office on or before November 18, 2022. A Member may upload their Spouse's proof of Biometrics from their own Member Participant Account.

2023 OPEN ENROLLMENT
COMPLETING WELLNESS STEPS AS A KAISER PARTICIPANT

- 1 Review Completed Tests**
Log in to Kaiser website or app to review previous Test Results and Past Visits for Biometric Screening.
- 2 Finish Incomplete Tests**
Complete missing tests or labs at a Kaiser Facility.
- 3 Upload Results**
Log in to your Participant Account on ufcwtrust.com, to upload your Bio23 form or screenshots.
- 4 Wellness Approval**
Wait 7-10 days for Wellness Approval in your Participant Account.

! WARNING: Proof of COVID-19 vaccination will not be accepted in place of a Wellness Step for 2023 Wellness Program participation. You must complete the biometrics as a Wellness Step if you want to participate in the Wellness Program in 2023.

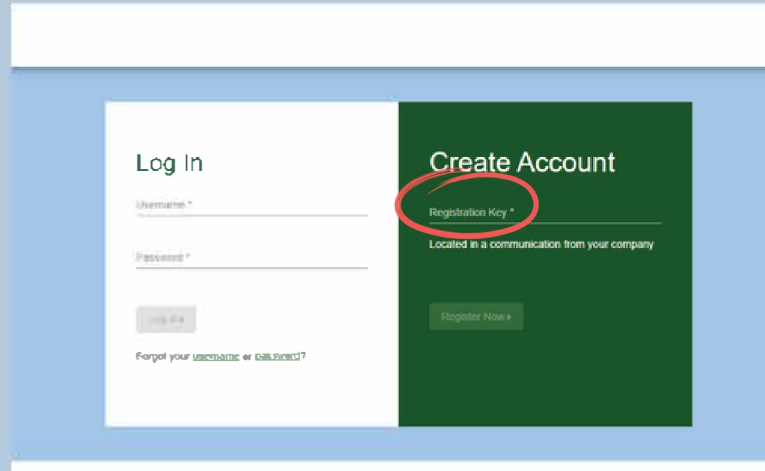
FOR BLUE SHIELD PARTICIPANTS ONLY:

[CLICK HERE FOR BIOMETRICS PPO INSTRUCTIONS](#)

Current Blue Shield participants may make an appointment at a Quest Patient Care Center OR Submit a completed Bio23 form filled out by your physician (for the Bio23 upload skip to page 15)

A

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



The screenshot shows the login and registration interface. On the left is the 'Log In' section with fields for 'Username' and 'Password', a 'Log In' button, and a link for 'Forgot your username or password?'. On the right is the 'Create Account' section with a 'Registration Key' field (circled in red) and a 'Register Now' button. A note below the key field states 'Located in a communication from your company'.

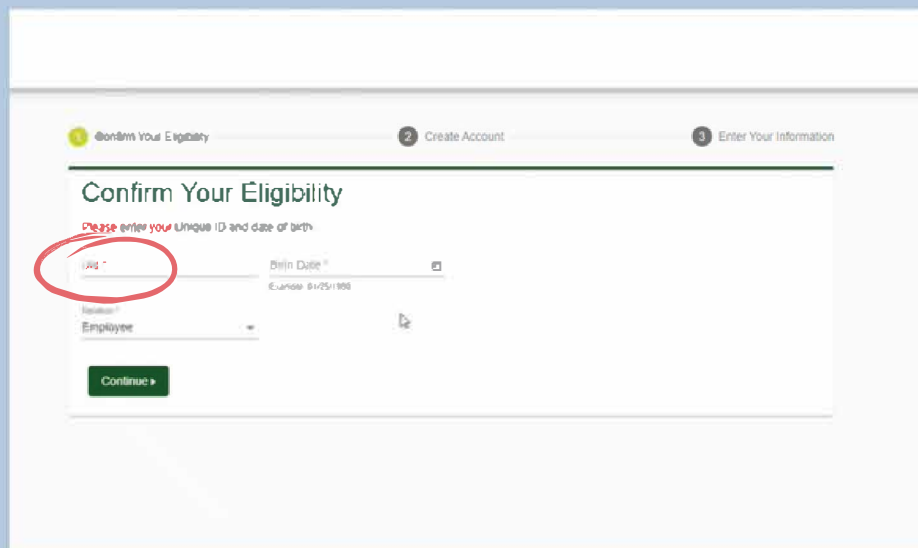
If you are creating an account, for the Registration Key please enter "UFCW23". You will then be prompted to accept the Terms and Conditions.

B

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: **12345678901011970**)

For Spouses: the "UID" will be the **Member's SSN** + **Member's 8 digit DOB** (NOT your own) with an "S"
(EXAMPLE: **12345678901011970S**)



The screenshot shows the 'Confirm Your Eligibility' page. At the top, there are three steps: 1. Confirm Your Eligibility (active), 2. Create Account, and 3. Enter Your Information. The main heading is 'Confirm Your Eligibility'. Below it, a red note says 'Please enter your unique ID and date of birth'. There are two input fields: 'UID' (circled in red) and 'Birth Date'. Below these is a 'Relation' dropdown menu set to 'Employee' and a 'Continue' button.

Continue to fill out your information. Once your account is created, continue to fill out your information in each step. You will be prompted to make an appointment.

FOR KAISER PARTICIPANTS ONLY:

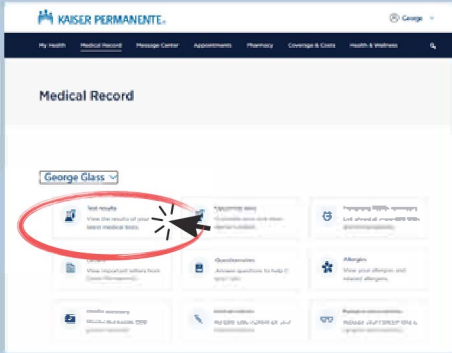
[CLICK HERE FOR BIOMETRICS HMO INSTRUCTIONS](#)

Current Kaiser participants may provide Kaiser portal screenshots OR Submit a completed Bio23 form filled out by your physician (for the Bio23 form option skip to Biometric Upload on page 15.)

VERIFY GLUCOSE AND CHOLESTROL

A

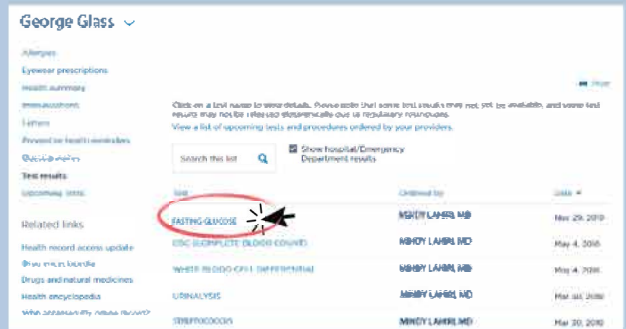
Go to kp.org and log in with your username and password.



Under the Medical Record tab, select the box labeled "Test Results."

B

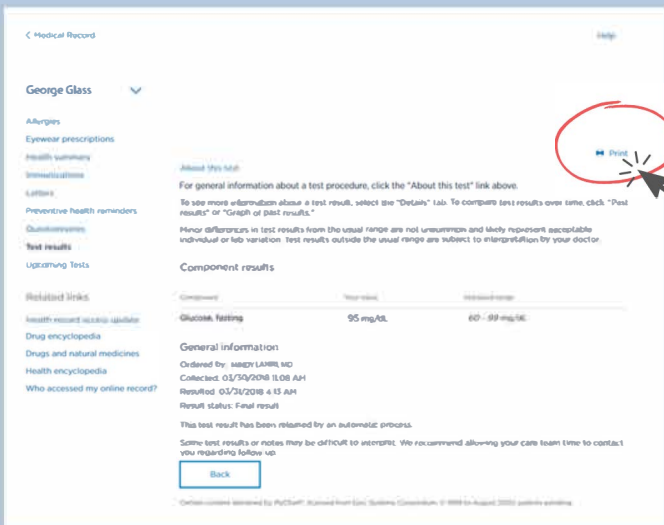
Review your list of previously completed Medical tests and compare the completed tests to the Biometric requirements on page 18 of full instructions.



If you have completed any of the required tests in the specific time period, click on the name of the test to show additional details.

C

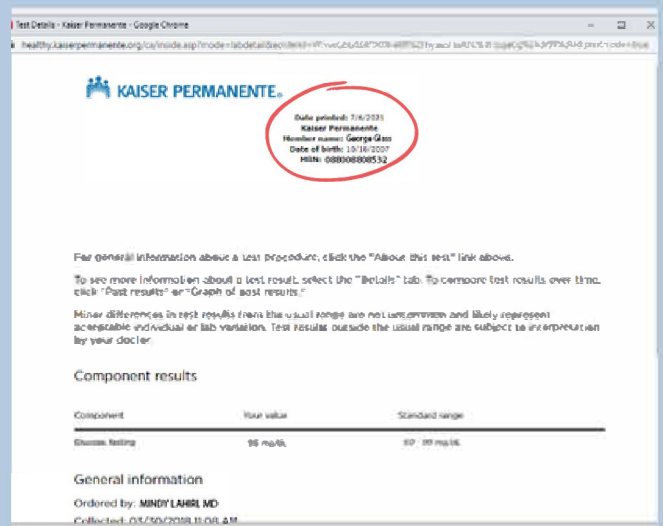
Verify the information displayed is the correct test and the test was administered within the correct time frame.



Either screen shot the test result or select the "Print" button in the top right corner.

D

Your name must appear on the screen shot or print out for each test.



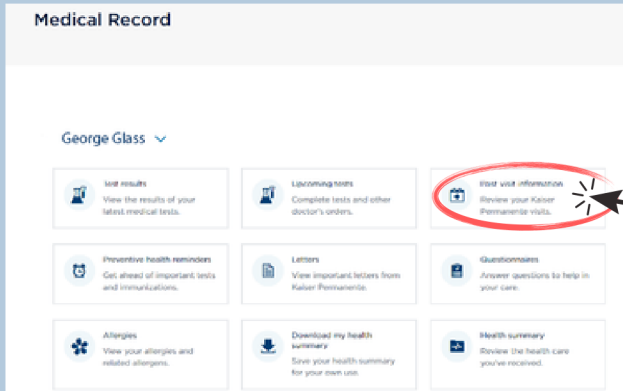
FOR KAISER PARTICIPANTS ONLY: (CONTINUED)

***Your BMI is a combination of your Height and Weight*

TO VERIFY PAST VISITS, BLOOD PRESSURE, & BODY MASS INDEX (BMI)

E

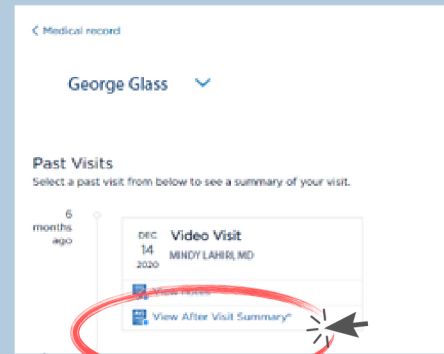
Go to kp.org and log in with your username and password.



Under the Medical Record tab, select the box labeled "Past Visit Information."

F

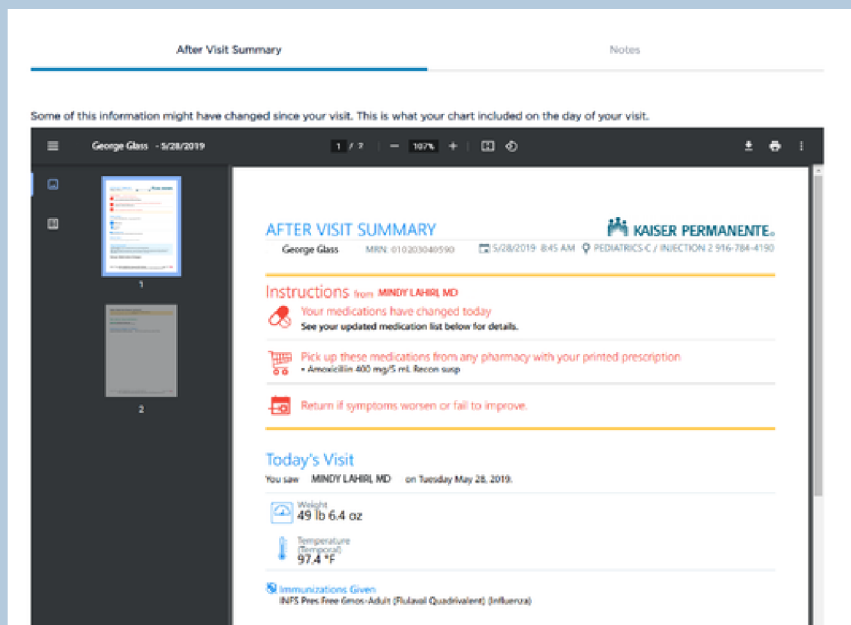
Click "View After Visit Summary". Once the summary is open you'll find your blood pressure, height and weight in this report under the section titled "Today's Visit".



**Hint: if you don't see this information, go back and look in a different in-person visit.*

G

Verify the information displayed is correct and the date is within the stated time frame on page 18 of the full HMO Instructions.



**Make sure your name appears on the information.*

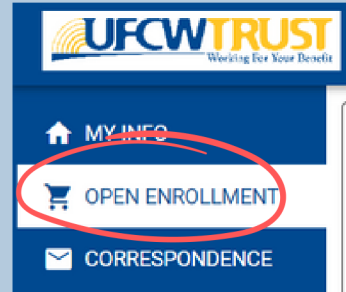
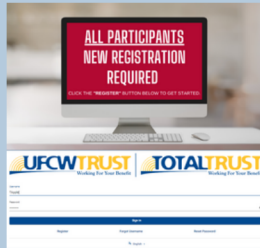
Either screen shot the results or select the "Print" button in the top right corner. To submit, continue to page 15.

BIOMETRIC UPLOAD

NOTE: Spouse or Domestic Partners can ask Member to upload on their behalf or e-mail Proof of Biometrics or Kaiser HIPAA forms to TFODocuments@ufcwtrust.com

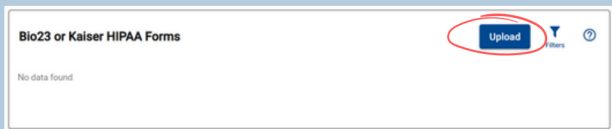
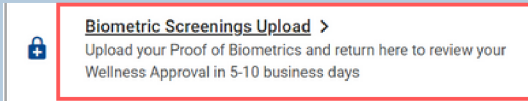
36

Log in or register on the site. Select the "Open Enrollment" on the left side.



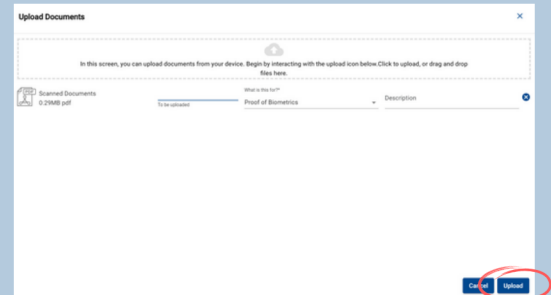
37

Select "Biometric Screenings Upload" under Wellness Steps. It will direct you to the "Bio23 or Kaiser HIPAA Forms upload" section. Click "Upload."



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Select the cloud icon and upload your Kaiser screenshots or Bio23 Form.



Be sure to select "Proof of Biometrics" from the dropdown. Select "Upload" on the bottom corner.

39

Once your Wellness Steps have been completed and approved, your "Wellness Approval" will show as complete automatically. Your status bar will automatically update to 100% complete. **Wellness documents are approved on a first come, first served basis and may take between 7-10 days to be final approved.**

WARNING: Both the Member and the enrolled Spouse or Domestic Partner must individually complete their own Wellness Steps for a household to be complete and participate in the Wellness (HCP) Program for 2023 Plan Year. If you are dropping your Spouse/Domestic Partner from your plan for the 2023 Plan Year, they must still complete Wellness Steps for your household to participate in the 2023 Wellness Program.

Wellness Steps Progress Bar

100 Percent Complete

Wellness Steps (Required for Wellness Participation in 2023)	
ACTION ITEM	STATUS
<input checked="" type="checkbox"/> Wellness (HCP) Agreement > Review and accept the 2023 Wellness Agreement	COMPLETE
<input checked="" type="checkbox"/> Health Risk Questionnaire (HRQ) > Complete a survey about your health	COMPLETE
<input type="checkbox"/> Biometric Screenings Instructions > Review your applicable Biometric Instructions if you are currently Blue Shield or Kaiser	INFORMATIONAL ONLY
<input checked="" type="checkbox"/> Biometric Screenings Upload > Upload your Proof of Biometrics and return here to review your Wellness Approval in 5-10 Business days	COMPLETE
<input checked="" type="checkbox"/> Wellness 2023 Participation Approved > Wellness Steps for you has been reviewed and approved. Both you and your Spouse, if applicable must each show your own Wellness Approved flag in order for the family unit to be complete!	COMPLETE