2023 OPEN ENROLLMENT STEP-BY-STEP INSTRUCTIONS

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



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





Log in or register on the site.





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.



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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.

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	<mark>0°</mark> ⁄o		
Erre	ollment Steps (Required for coverage in 2023)		đ
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Click the "Enrollment Steps" link to open detailed steps for carrier/dependent changes.

Click the Open Enroll	ment event option.
Enrollment Steps	
Please select an event	
Please select the event that is triggering this enrollment. Choose "C	PEN 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.

Add a new	Dependent (m) Dependent +	vant to enroll in your plan. Th	e depende	nt(s), if any, listed may or m	ay not be currently enrolled.		
Employee D	etails						
First Name TOM		Lest Nerre TESTGUY		Date of Birth 03/03/1960	XXX-XX-2222		
Spouse / Do	mestic Partner Details						
First Name PETUNI	A			55N			
Lest Name TESTGU	Ŷ			Gender Female			
Date of Birth 12/25/1	964			Relation Spouse			
Child(ren) De	etals						
First Name WILLIAN	4			55N			
Leet Name TESTGU	Ŷ			^{Gender} Male			
Date of Birth 03/23/2	018			Relation Natural Child			
Student			VES NO	Student From Date			Ö
First Name BAINING				59N			_
Canod			195	completed		Previous	- 144

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



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 remov UEBT Kaiser (Medical): Member + 3 Children or more	lependents and make carrier changes, if needed.
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.	



lease 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)

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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 S	teps	×
Please sele	ct the tier you would like to enroll with. Click or t	aphere for detailed premium costs by person and plan level.
	Tier	
0	Member Only	
0	Member + Spouse	
0	Member + Spouse + Child	
0	Member + Spouse + 2 Children	
0	Member + Spouse + 3 Children or more	
0	Member + Domestic Partner	
0	Member + Domestic Partner + Child	
0	Member + Domestic Partner + 2 Child	
0	Member + Domestic Partner + 3 Children or more	
0	Member + Child	
0	Member + 2 Children	
۲	Member + 3 Children or more	

10

Select your covered dependents from the list.

Enroll	ment Steps		
Pleas	se select who is covered under each of your be	enefits	
•	Name TESTGUY, TOM G	Relation Member	4ge 62
	Name TESTGUY, MINNIE	Relation Natural Child	Ape O
	Name TEST, JOSH	Relation Natural Child	де 2
	Name TESTGUY, WILLIAM	Relation Natural Child	4ge 4
	Name TESTGUY, TINA	Relation Natural Child	Ape 10
	Name TESTGUY, MICHEAL J	Relation Natural Child	Аре 16



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Select your premium, Carrier Elections, and Other Insurance Information.

Premium Amount ()	
Wellness Weekly Premium	
Non Wellness Willy Premium	
Please answer some additional questions that may impact your coverage	
Coverage	
Carrier Election	
Select tornal Carrier*	
Cypress Dental	
Select Vision Carrier *	
VSP	
Select Hearing Carrier *	
Kaiser	
Select Prescription Carrier *	
Elisin Ko	
Select Podiatry Carrier*	
Kalser	
Select Mental Health Carrier"	
Other Insurance Information - Medical	
Do you have a Spouse or a Domestic Paraller and are they employed? *	
Yes, I have a Spouse/Domestic Partner, but no they are not employed.	
Does around helps covered upder this Plan inclusion yourself have other insurance to report inclusion Medicave?*	
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Review the Weekly Premium Disclosure, and select "Agree and Proceed"

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Confirm your Enrollment and carefully review all details. Select "Authorize"

facial and Autority any Inant.	
Lost Please Note: Previous cost may not reflect accurately dur ere.	ing first self-service excilment. The new cost reflected on your Confirmation Statement disclaime(ii) supersede those liste
New Coal.	Previous Cold
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tor Helman Woylframum \$45.00	turi matuasa mtuji finanujin. 545.00
elected Plan	
Tourie enrolled for a (Kalser (Medical)) policy. Your selected of	perage is Member + 3 Children armore, and it will be effective starting 41/91/2023.
loverage information	
Coverage	
Carrier Election	
Select Dental Carrier*	
Cygress Dertal	
Select Vision Center*	
Select Vision Carrier* VSP	
Select Vision Center* VSP Select Heaving Center*	
Select Vision Center * VSP Select Hearing Center * Kaber	
Select Vison Center* VSP Select Meaning Center* Kalaer	
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Select House Care * VSP Select House (Cares * Kater Select Proceptor Cares * Barles Proceptor Cares *	
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ATTENTION: If you have newly added Dependents, don't forget to upload proof documents to complete enrollment steps. More info on page 6.



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.

B



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.



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

UFCW	RUST Ing for Your Provide				TOTALTRUST		
ARTICIPANTS +	EMPLOYERS +	PROVIDERS -	RESOURCES *	ABOUT US -	ACCESS YOUR ACCOUNT +		
		Kaiser HI	PAA Autho	,			
PLEASE READ:	f you will be enrolle	d in the Kalser HM	O plan for the 2023	_	ICK HERE FOR THE 2023 KAISER HEPAA A	THORIZATION FORM	
YOU. As a Membe below. If you have form. Read on for	er, and/or enrolled 5 e an enrolled depen r more information	pouse/Domestic It dent child that is a	artner please accep in adult (18+) plea	E 2022 Kalver 20744 Authorization For	1/1 = IN + f	0	



<u>Please fill out this form. When complete we recommend you scan a digital copy.</u>

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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.



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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.

		•		
In this screen, yo are .pdf, .bmp, .gi	ou can upload documents from y if, joeg, jpg, png, til and till, Th	our device. Begin by interacting with the upload te maximum file size allowed is 10mb and the t	i con below. The file types allowed for upload ime it takes to upload a file will depend on file	
	si	re. Click to upload, or drag and drop files here.	1	
Scanned Documents		Kainer HERA Authoritation	Description	

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

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



UPLOAD PROOF DOCUMENTS FOR NEWLY ADDED DEPENDENTS



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

Enro	Enrollment Steps (Required for coverage in 2023)	
	ACTION ITEM	STATUS
肾	Enrollment Steps > Make Carrier and Dependent Changes	COMPLETE
6	Review Preliminary.Elections > Your Preliminary Elections statement has been generated for your review	COMPLETE
٥	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
6	Upload Proof Documents > Upload any required proof documents from your enrollment	INCOMPLETE
۲	Enrollment Approved > Once your Enrollment Steps have been approved, view your final Enrollment Confirmation Statement	INCOMPLETE



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

The following Documents are new focuments ready, you may still e	eded in order for us to successfully kit, and we will pend your enrollment	process your enrollment. If you do not have th I until you submit them.
f there is an Accepted Date for the fort	he document, then we have one on t	ile already. There is no need to upload a new
Proof Document	Owner TESTOIRY TIMA	Change
Not loaded	Natural Child	
Received Date Accepted Date		
Proof Document	Owner	Change
County issued Birth Certificate	TESTGUY, MICHEAL J	
Not loaded Received Date Accepted Date	Natural Child	
Proof Document	Owner	Change
Kaiser HIPAA Cert	TESTGUY, MICHEAL J	
Not loaded	Natural Child	

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".

Your enrollment steps have been submitted. Please review your preliminary election statement to ensure your elections are accurate for the 2023 Plan Year.

<u>Once your elections and proof documents have been reviewed and accepted by the</u> <u>Trust Fund Office (TFO), return to this page to see your Enrollment Approval. Your</u> <u>status bar will automatically update to 100% complete.</u>

Enro	Ilment Steps Progress Bar		
		100%	-
Enro	Ilment Steps (Required for coverage in 2023)		
	ACTION ITEM	STATUS	
峇	Enrollment Steps > Make Carrier and Dependent Changes	COMPLETE	
ē.	Review Preliminary Elections > Your Preliminary Elections statement has been generated for your review	COMPLETE	
٥	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	
٥	Upload Proof Documents > Upload any required proof documents from your enrollment	COMPLETE	
0	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.



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WELLNESS STEPS (CONTINUED) HCP AGREEMENT



The HCP Agreement window will appear. Select "Start"

HCP Agreement	×
2023 HCP Agreement e-Form > N Wellness HCP Agreement	lot Started
Start	

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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.



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.





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.





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".

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 of participating in the more specific to 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 eliability for benefits.





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.





BIOMETRICS

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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.)

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



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 <u>my.questforhealth.com</u> , and Log In or Create an Account.
	Log In Presenter* Presenter* Control in a communication from your company Control in a communication from your company
If you are creating an prompted to accept	n account, for the Registration Key please enter "UFCW23". You will then be the Terms and Conditions.
B If you are creat For Members: 1 (EXAMPLE: 123)	ting an account you will see the Confirm your Eligibility page. the "UID" will be the 9 digits of your <u>SSN</u> + <u>8 digit Date of Birth.</u> <u>456789</u> 01011970 Next you will select your Birth Date from the calendar field, then select "Employee" under Relations.
For Spouses. tr (EXAMPLE: 123 under Relation.	ie "UID" will be the <u>Member's SSN</u> + <u>Member's 8 digit DOB</u> (NOT your own) with an "S" <u>45678901011970S</u> [Next, you will select <u>your own</u> Birth Date from the calendar field, then select "Non-Employee"
	Confirm Your Eligibility Confirm Your Eligibility Please enter your Unique ID = Full SSN & DOB spouses and S Example: SSN (123-45-5789) + DOB (01/01/1970) = 12345678901011970 Then enter the Birth Date again in the next field Ud Birth Date Employee Continue •

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 Blometric Upload on page 15.)

VERIFY GLUCOSE AND CHOLESTROL





FOR KAISER PARTICIPANTS ONLY: (CONTINUED)

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

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

Medical Rec	cord		
George Glas	55 🗸		
TT bott room	as	Lacoming tests	tost visit information N
View the latest res	ins and the second seco	Lacoming tests Complete tests and other doctor's orders.	tost visit information Review your Kalser Permanente visita
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the box labeled "Past visit Information."

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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".

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Georg	ge Glass 🗸 🗸
Past Visits Select a past v	s isit from below to see a summary of your visit.
െ months ago	DEC Video Visit 14 MINOYLAHIRI,MD 2020 MINOYLAHIRI,MD
(View After Visit Summary*

*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.



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



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. <u>Wellness</u> <u>documents are approved on a first come, first</u> <u>served basis and may take between 7-10 days to</u> <u>be final approved.</u>

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.



