STEP-BY-STEP INSTRUCTIONS

Follow these easy step-by-step instructions below to assist you in completing either your Dependent Verification, Enrollment Steps, Wellness Steps, or both for the 2024 Plan Year. Some users may see both or only see Enrollment Steps or Wellness Steps.

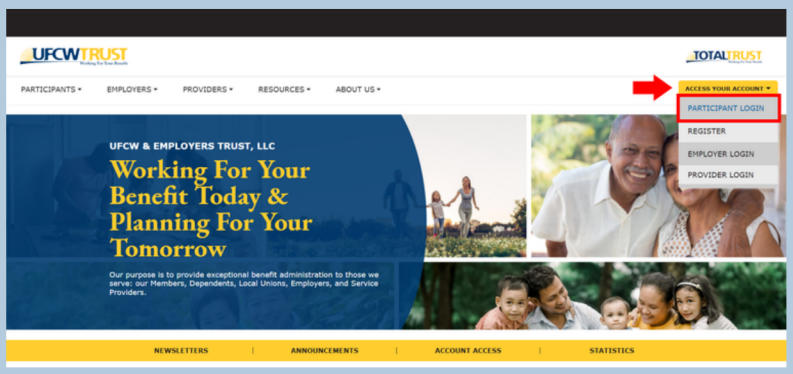
This year Open Enrollment has 3 sections:
Dependent Verification, Enrollment Steps, and Wellness Steps

First, watch a quick video overview to learn what's new for 2024 Open Enrollment!

CLICK HERE TO WATCH VIDEO

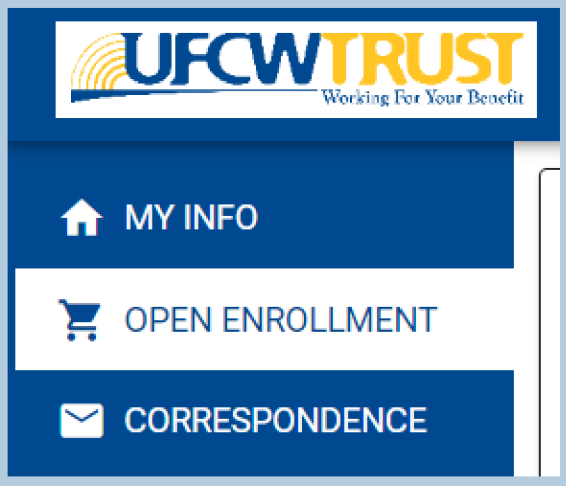
DEPENDENT VERIFICATION

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

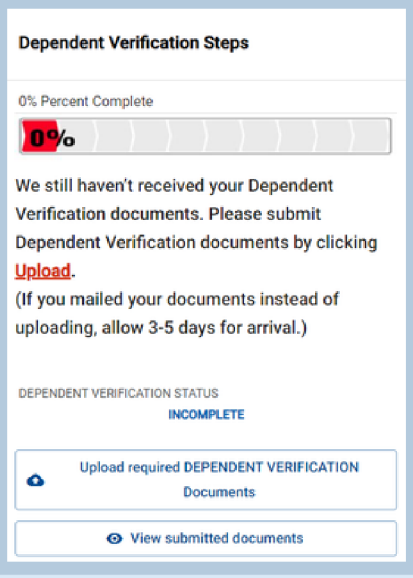


2 Log in or register on the site.

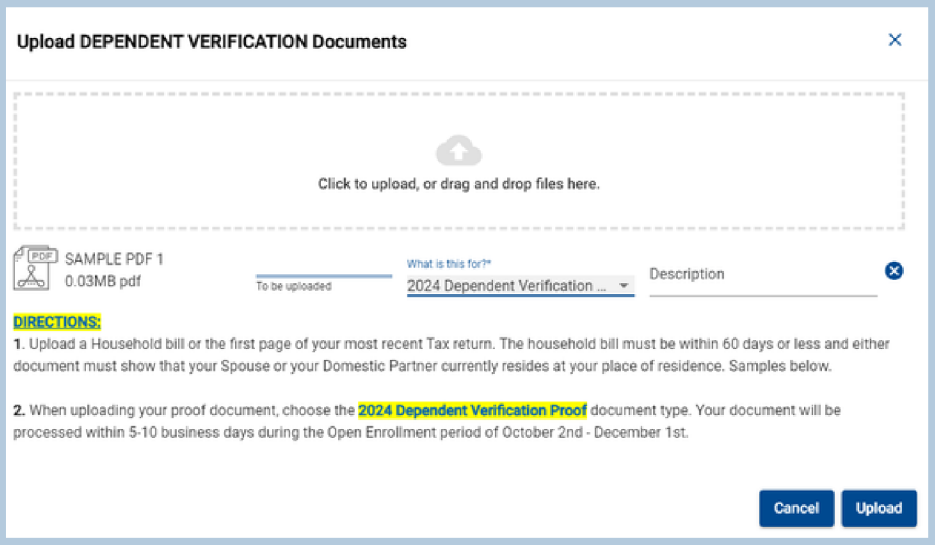
3 Select the "**Open Enrollment**" tab on the top left side.



4 The Open Enrollment page displays your Dependent Verification Action Items and progress bar (if applicable). Your progress bar will update automatically once the TFO reviews and approves your submitted documentation (5-7 business days).



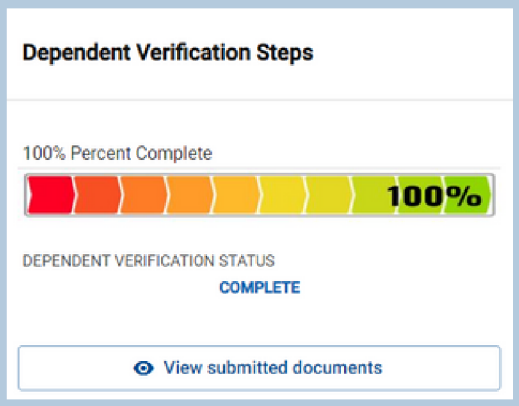
5 Select “Upload required DEPENDENT VERIFICATION Documents,” and then select the scanned PDF or image from your device. Select “2024 Dependent Verification Proof” for the question “What is this for?” Select “Upload.”



Upload any of the following documents dated within the last 60 days. Spouse’s name and Member’s address must be listed on the document, and must be a recurring statement. For privacy, financial information can be covered before sending to the TFO.

- Utility Bill: Electric, Gas, Water, Phone, Cable, Internet, Cellular
- Mortgage or Rent Statement
- Car Payment Statement
- Bank Statement
- Credit Card Statement
- Most Recent Tax Return (page 1) or acknowledgement of your tax extension (Form 4868)

6 Your Dependent Verification Status will update to “Complete” once the TFO reviews and approves your submitted documentation (5-7 business days).



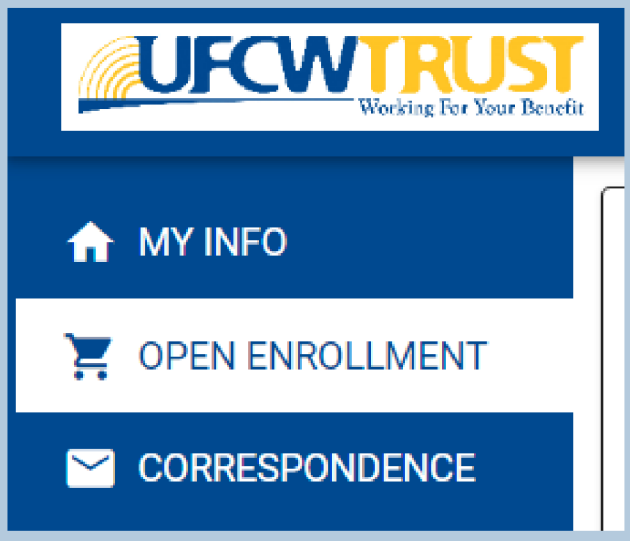
You can also submit your Dependent Verification documentation through postal mail, fax, or drop it off in-person to one of our offices:

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

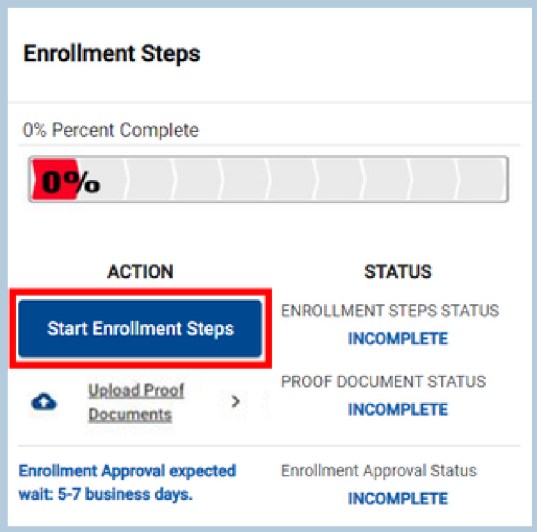
NEED HELP WITH ENROLLMENT? Watch a quick video tutorial!

CLICK HERE TO WATCH VIDEO

7 Select the "**Open Enrollment**" tab on the top left side.

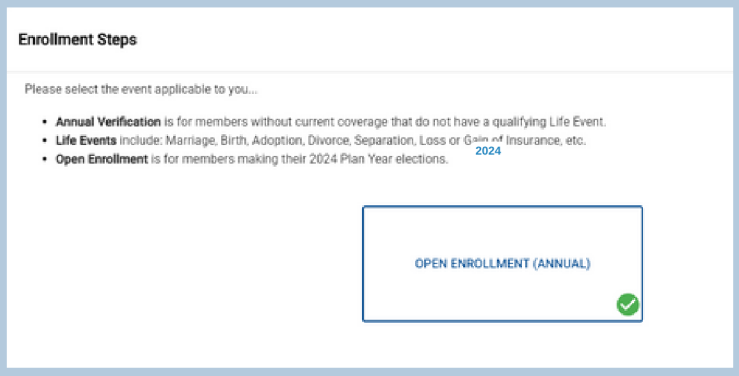


8 The Open Enrollment page displays your Enrollment Steps Action Items and progress bar. Your progress bar will update automatically as you complete Action Items, or once the TFO reviews and approves your submitted documents (5-7 business days)

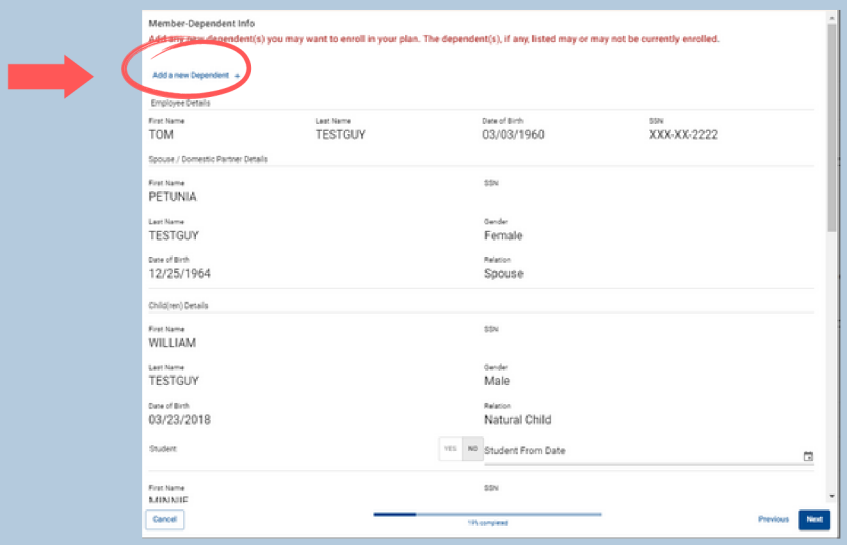


Select "Start Enrollment Steps," to choose your Carriers and Dependents for Plan Year 2024.

9 Click the Open Enrollment event option.

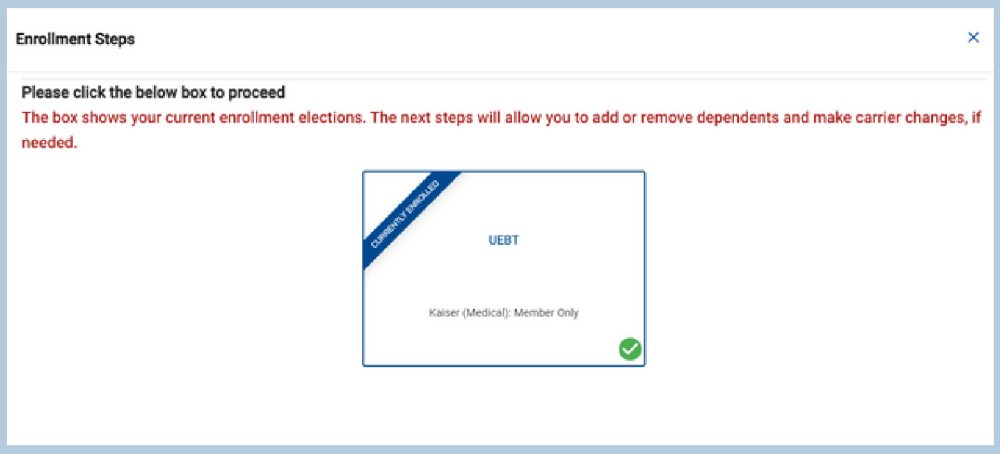


10 Review listed dependents that may or may not be currently enrolled on your plan and add any new dependents not yet listed.

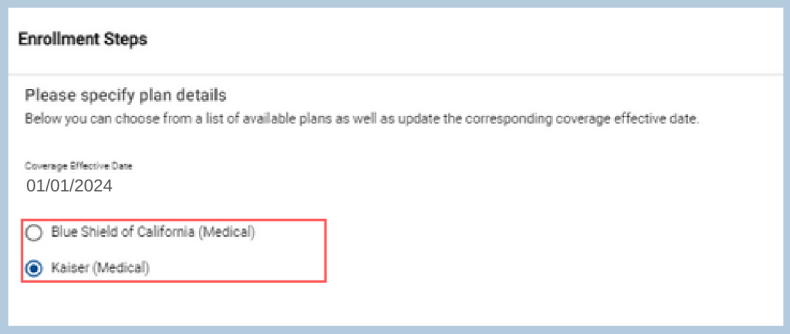


The next steps will allow you to choose these dependents for your 2024 Elections.

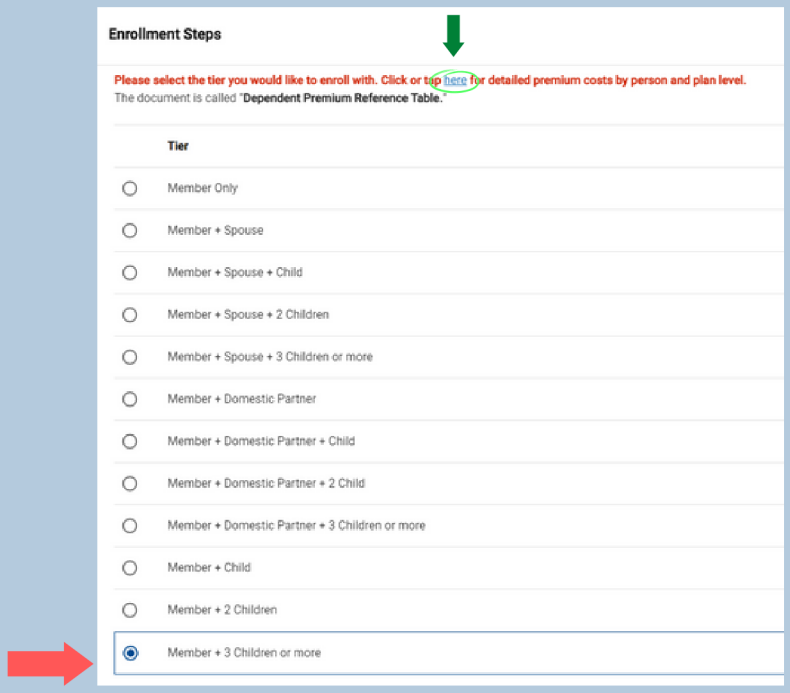
11 Review your current enrollment elections, then select “Next” to proceed.



12 Please select your preferred medical carrier.

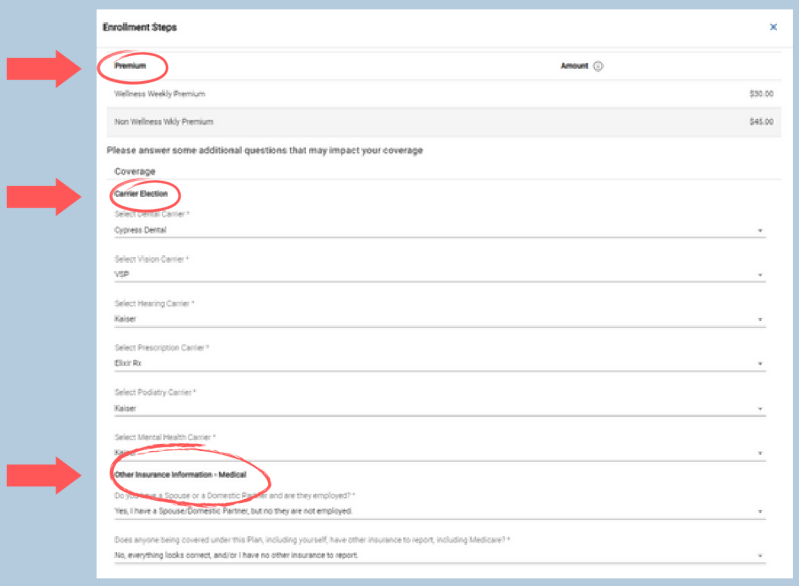


13 Select a Tier indicating how many covered individuals you want to enroll. You can also click the link to review costs per person at each plan level.

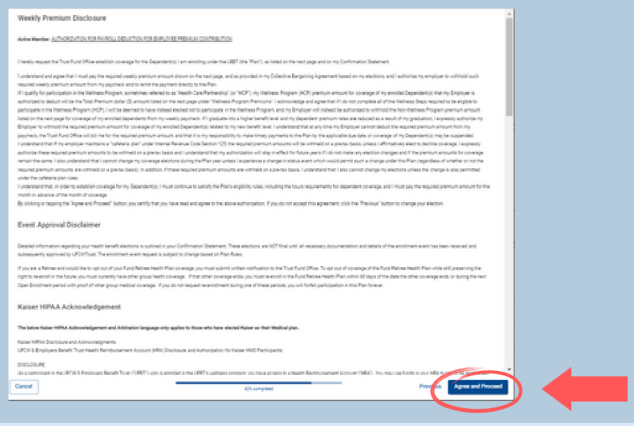


14 Select the dependents you want to cover on your plan next year.

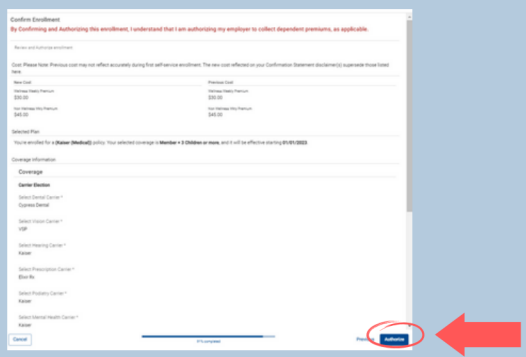
15 Review your premiums and select your dental carrier. Then fill out any other health insurance information your household may have.



16 Review the Weekly Premium Disclosure, and select "Agree and Proceed"



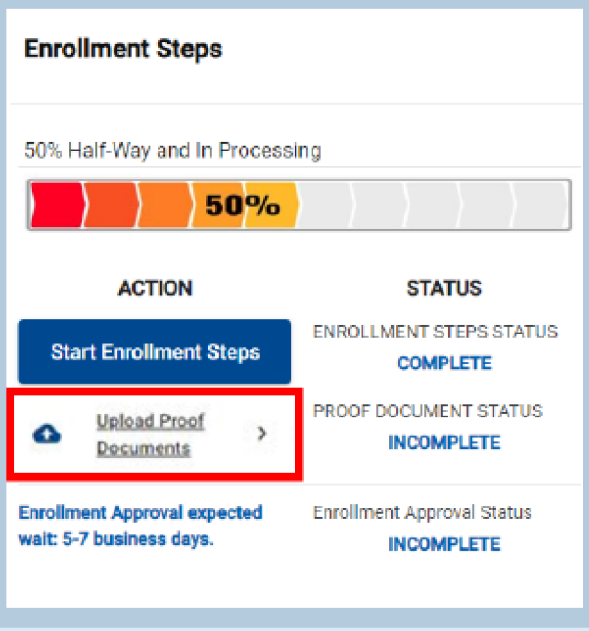
17 Confirm your Enrollment and carefully review all details. Select "Authorize"



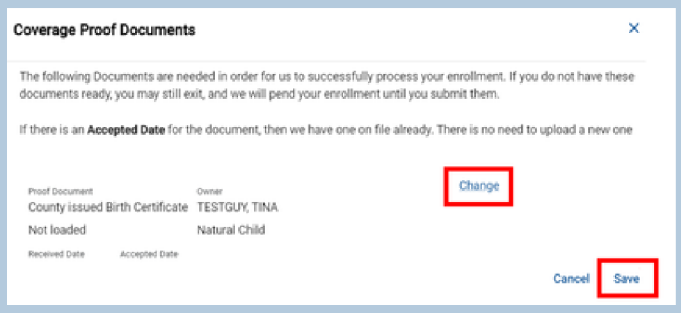
ATTENTION: If you have newly added Dependents, don't forget to upload proof documents to complete enrollment steps. More info on page 8.

UPLOAD PROOF DOCUMENTS FOR NEWLY ADDED DEPENDENTS

18 If you are enrolling a new dependent, click "**Upload Proof Documents**" to complete this step of the Enrollment process.



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

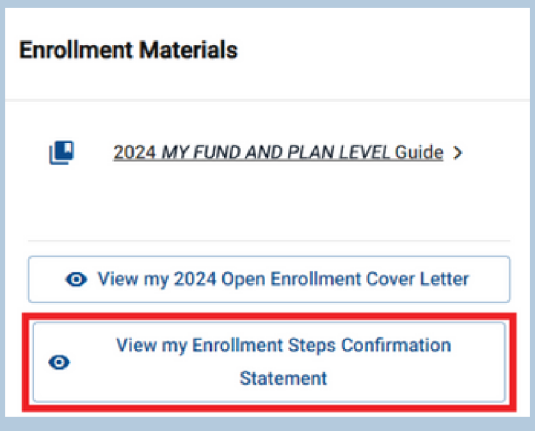


If you are still missing the document, click "Change" to attach and browse on your computer or device to upload your scanned document, and then click "Save".

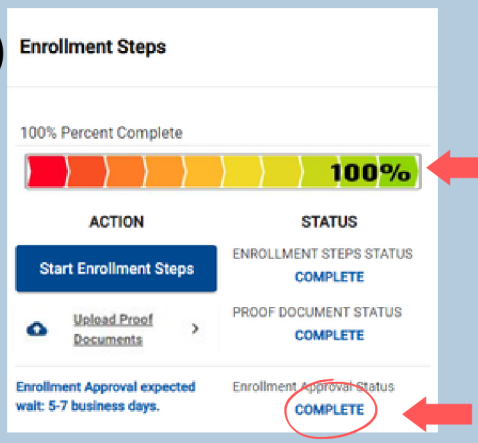
20 Your enrollment steps have been submitted. Please review your preliminary election statement to ensure your elections are accurate for the 2024 Plan Year.

<u>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.</u>

A



B



Enrollments are approved on a first come, first served basis and may take between 5-7 business days to be final approved.

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

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

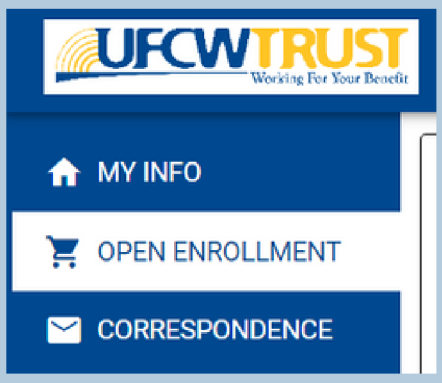
WELLNESS STEPS

NOTE: UCBT Standard will only see HRQ under Wellness. See page 12. Retirees do not have Wellness Steps unless they are DUAL Retirees.

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

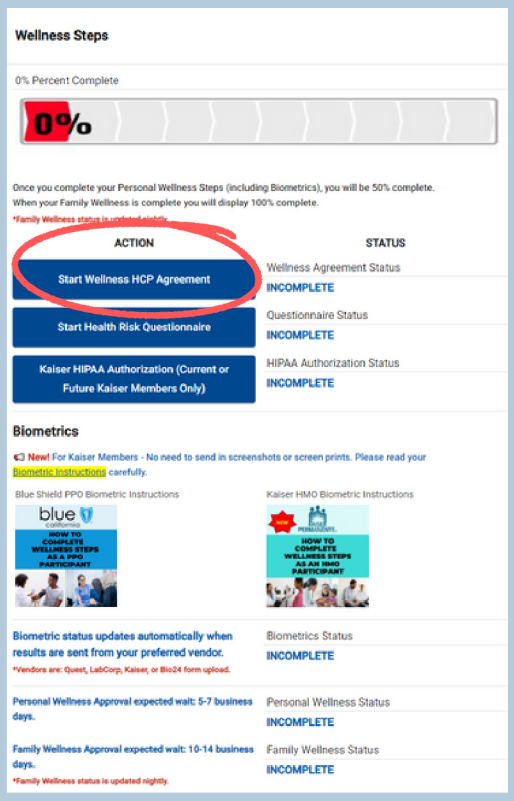
22 Log in or register on the site.

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



Your progress bar will update automatically as you complete Action Items, or once the TFO reviews and approves your submitted documents (5-7 business days).

24 You will see your Wellness Steps Action Items and Progress bar.

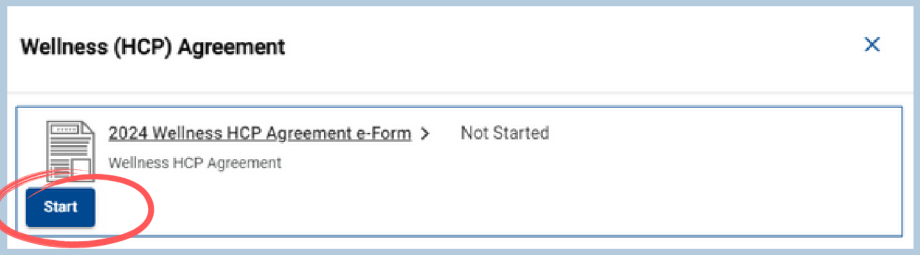


To get started, click on the "Wellness(HCP) Agreement"

NOTE: Some Participants will not see all Wellness Steps displayed in the example picture. Your Open Enrollment tab will only display Wellness Steps applicable to you.

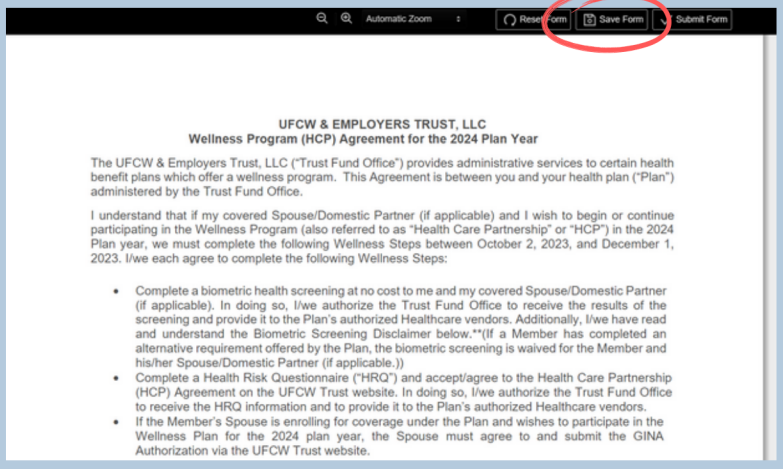
25

The HCP Agreement window will appear. Select "Start"



26

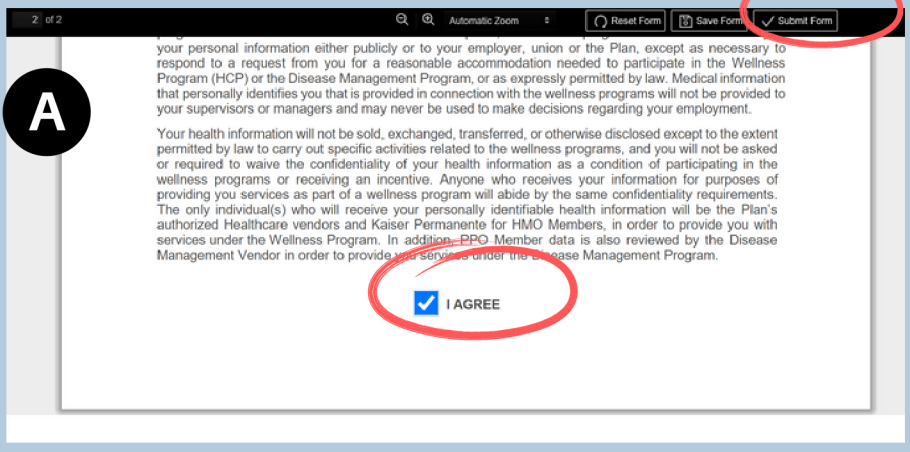
You will be directed to the electronic form. Please read the Agreement. You have the option to "save" in the top right corner, and return to it later if necessary.



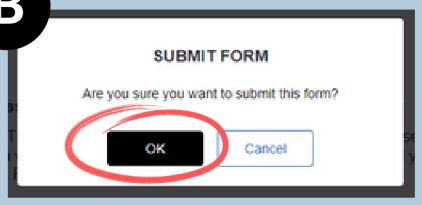
27

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".

A



B



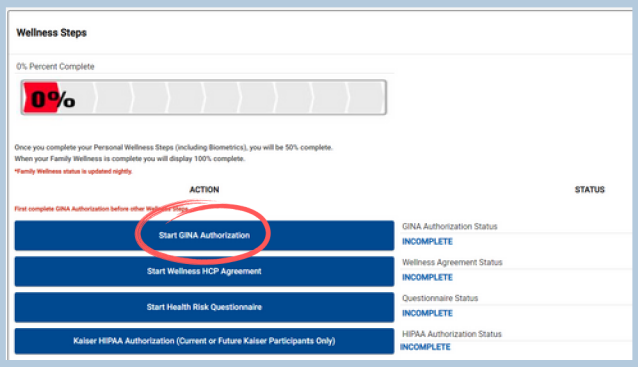
C

GINA AUTHORIZATION (IF APPLICABLE)

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

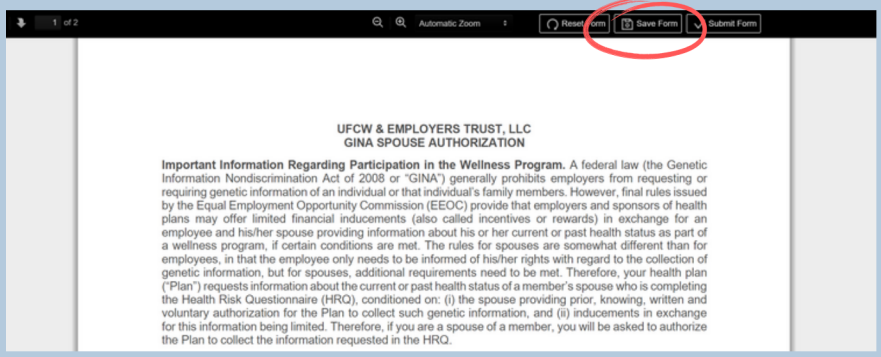
WARNING: The GINA Authorization is only applicable to an enrolled Spouse completing Wellness Steps. The GINA Agreement must be completed by the Spouse prior to submitting Proof of the Completed Biometrics.

28 To get started, click on the “Start GINA Authorization” under Wellness Steps

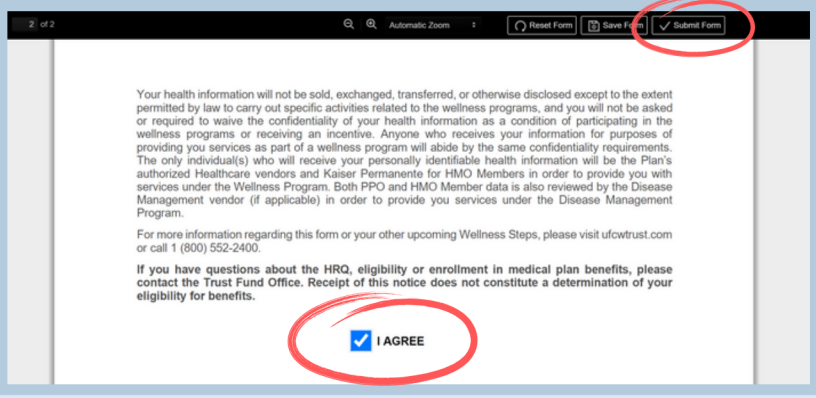


The GINA Authorization window will appear. Select "Start"

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



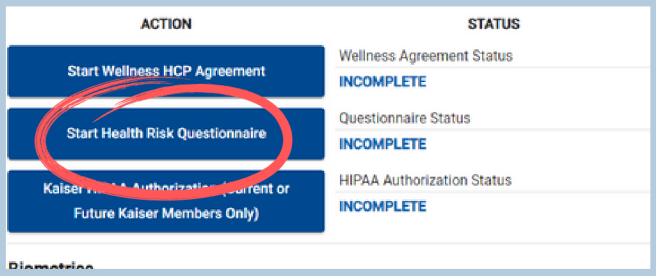
30 Select the "I Agree" check box at the bottom of the form then select "Submit Form" in the top right corner. Click "ok" and then click "Finish Form".



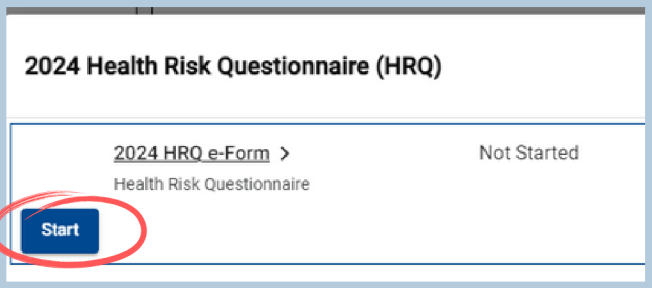
HEALTH RISK QUESTIONNAIRE (HRQ)

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.

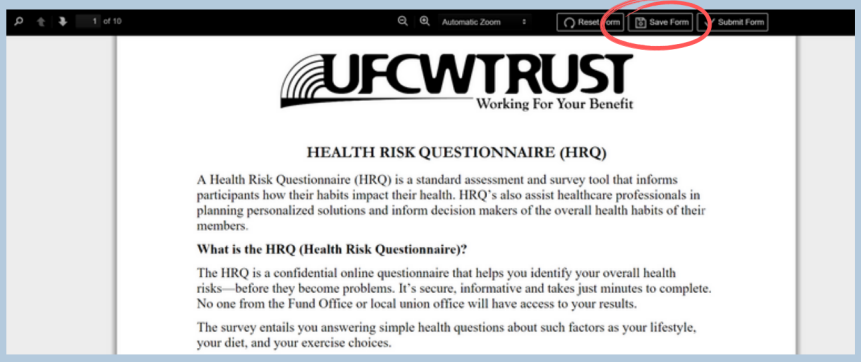
31a To get started, under Wellness Steps, click on the " Start Health Risk Questionnaire (HRQ)"



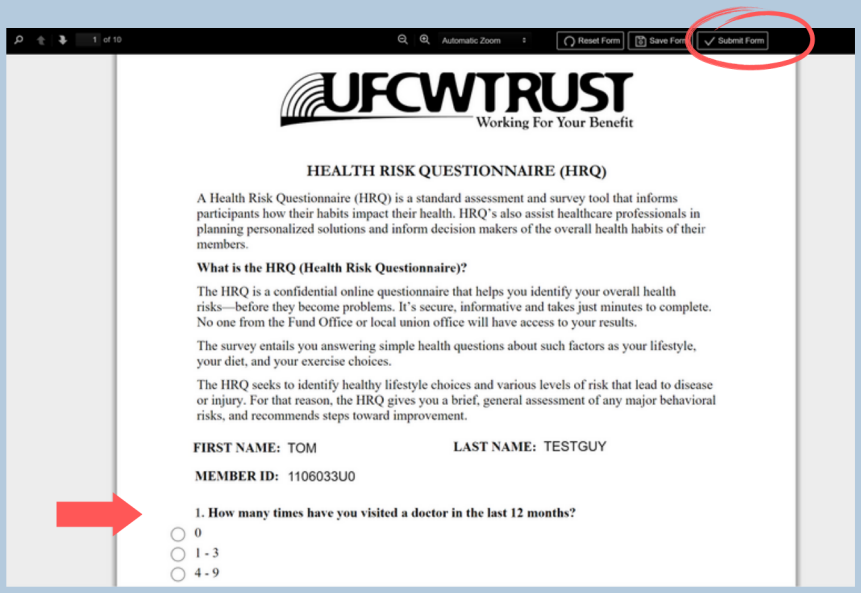
31B The HRQ window will appear. Select "Start"



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".

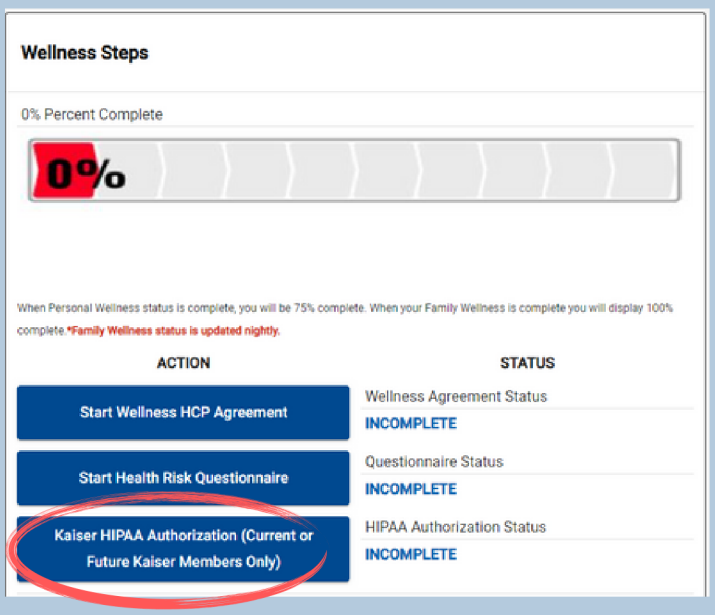


KAISER HIPAA (IF APPLICABLE)

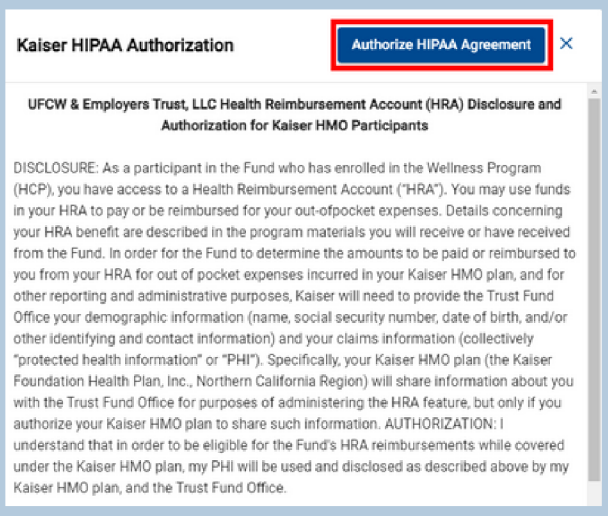
If you are a current or future Kaiser Participant (Member, or Spouse or Domestic Partner), review and agree to the Kaiser HIPAA Authorization.

34 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.

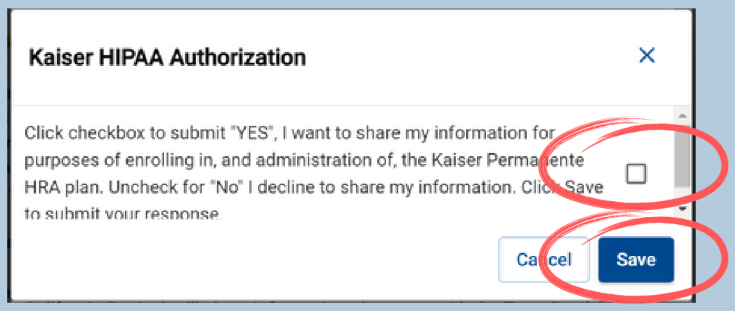
A



B After reviewing the agreement select "Authorize HIPAA Agreement."



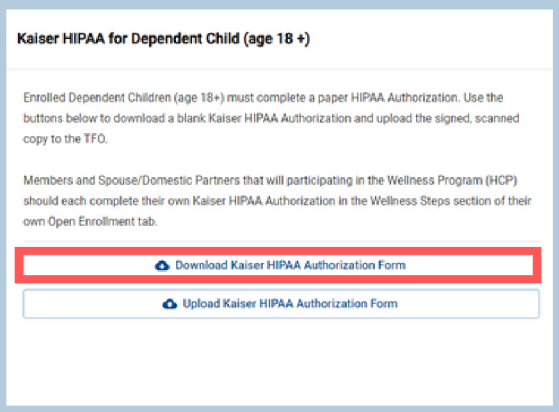
C Select the checkbox to submit "Yes" to authorize the Agreement. Then, select "Save."



KAISER HIPAA FOR DEPENDENT CHILD AGE 18+ (IF APPLICABLE)

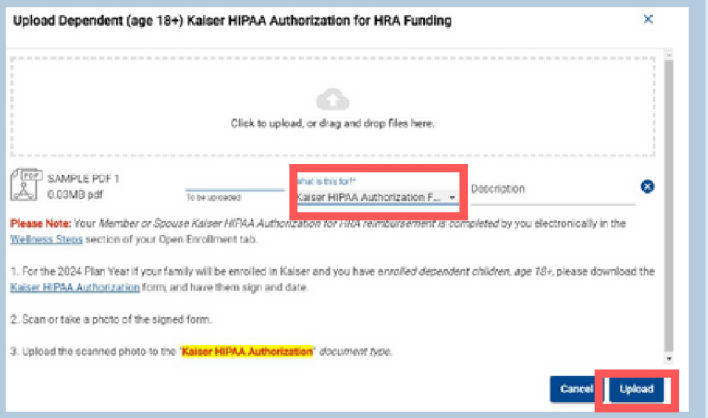
Your Children turning age 18 on or before January 2024 must sign a paper form. You may download a copy of the Kaiser HIPAA Authorization Form from the Open Enrollment website, or by logging into your Participant Account online at ufcwtrust.com. You can then upload a scanned JPG or PDF copy of the signed form to your Participant Account.

35A Select "Download Kaiser HIPAA Authorization Form" in the "Kaiser HIPAA for Dependent Child (age 18+)" section, and download and print the form. Have the Dependent Child sign and date the Authorization. Scan or take a clear photograph of the complete form.



35B Select "Upload Kaiser HIPAA Authorization," and select the scanned PDF or image from your device.

35C Select **"Kaiser HIPAA Authorization Form"** for the question *"What is this for?"* then click "**Upload.**"

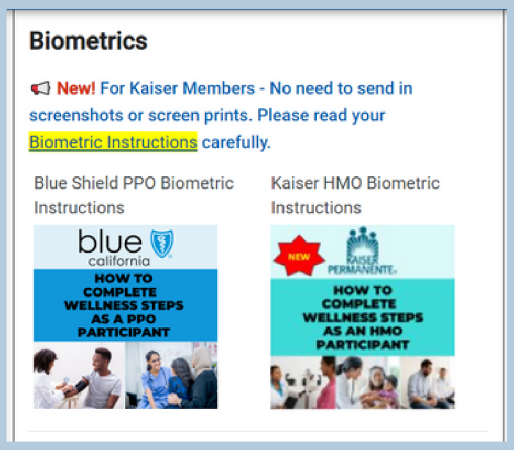


You can also submit your form through postal mail, fax, or drop it off in-person to one of our offices:

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

Please allow 5-7 business days for the TFO to review and approve your submitted form.

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

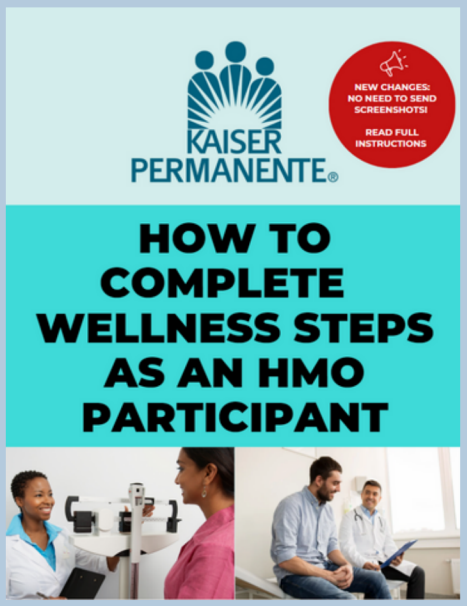


Click or tap on the instructions that pertain to you.

(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 HMO Biometric Instructions.)

37 Once you've selected the instructions that pertain to you, follow the instructions and to complete your Biometrics.



WARNING: Proof of COVID-19 vaccination will not be accepted in place of a Wellness Step for 2024 Wellness Program participation. You must complete the biometrics as a Wellness Step if you want to participate in the Wellness Program in 2024.

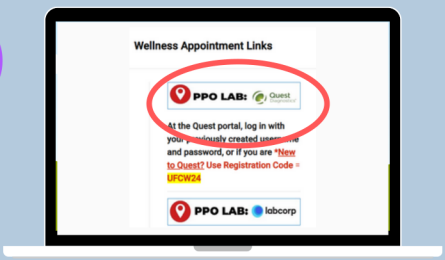
FOR BLUE SHIELD PARTICIPANTS ONLY: QUEST

CLICK HERE FOR BIOMETRICS PPO INSTRUCTIONS

Current Blue Shield participants may make an appointment at a Quest Diagnostics to complete Biometrics, instead of their primary care doctor, without cost.

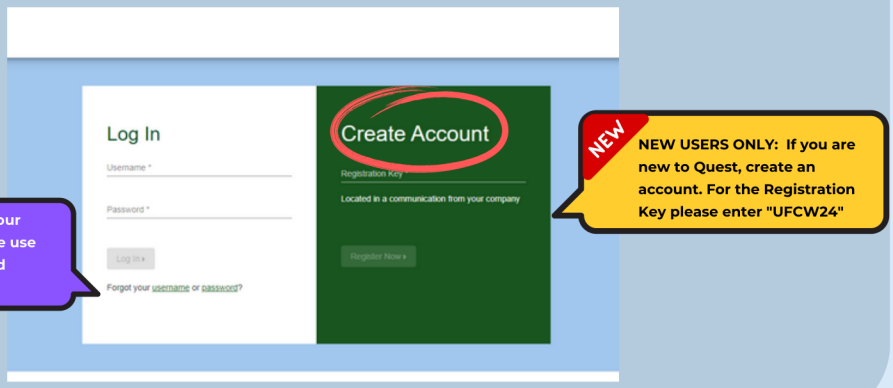
Members can go to Quest to complete Biometrics instead of their primary care doctor, without cost.

A



Log into your ufcwtrust.com Participant Account. Click on the **"PPO Lab: Quest"** button under Wellness Appointment Links.

You will be directed to my.questforhealth.com If you already have a Quest account, please log in with your Username and Password.



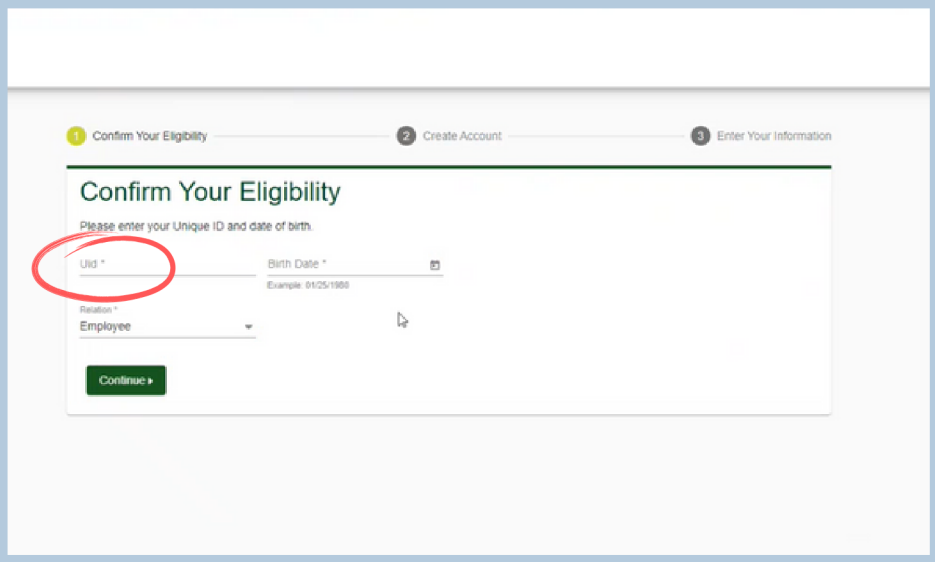
B

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: 123456789010119705)

NEW USERS ONLY

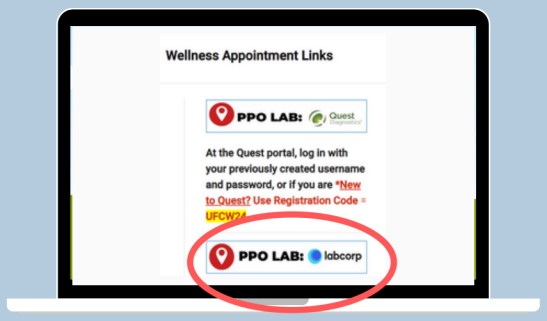


Continue to fill out your information. Once your account is created, continue to fill out your information in each step. You will be prompted to make an appointment.

LABCORP INSTRUCTIONS

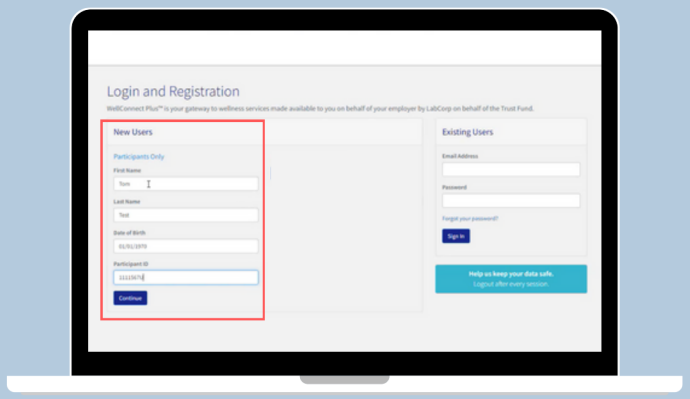
Alternatively, Members can also go to LabCorp to complete Biometrics.

A Log into your ufcwtrust.com Participant Account, and select the Open Enrollment tab.



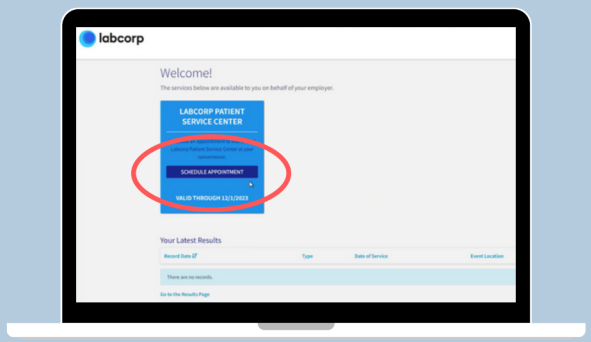
Click on the "**PPO Lab: LabCorp**" button under Wellness Appointment Links.

B Under "New Users" please fill out your information in the following fields, then click "Continue".

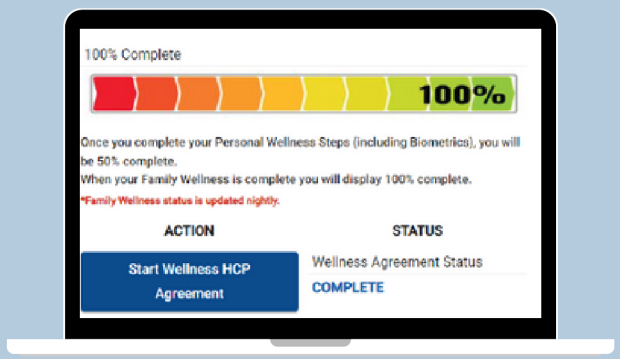


Continue to follow the prompts and fill out your information to register for an account.

C Once your account is created, you will be prompted to make an appointment, where you can find a location and schedule a time.



D Within 2-3 weeks after your test, go to your ufcwtrust.com Participant Account to view your results.



You will be provided a test requisition form, please bring a paper or digital copy with you to the LabCorp facility.

FOR KAISER PARTICIPANTS ONLY:

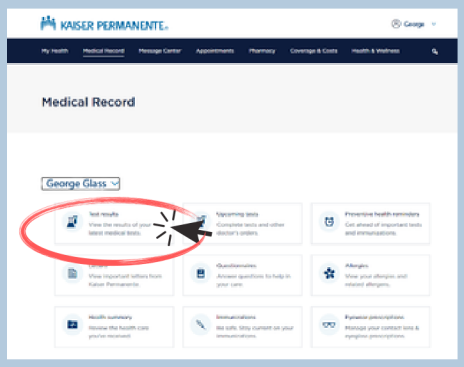
NEW!

CLICK HERE FOR BIOMETRICS HMO INSTRUCTIONS

For Kaiser Members - No need to send in screenshots or screen prints.
Please read your Biometric Instructions carefully.

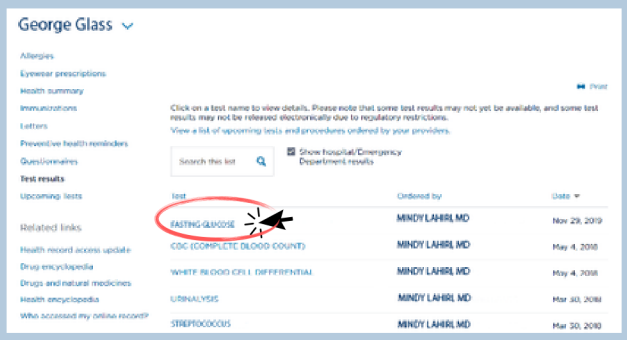
VERIFY GLUCOSE AND CHOLESTROL

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



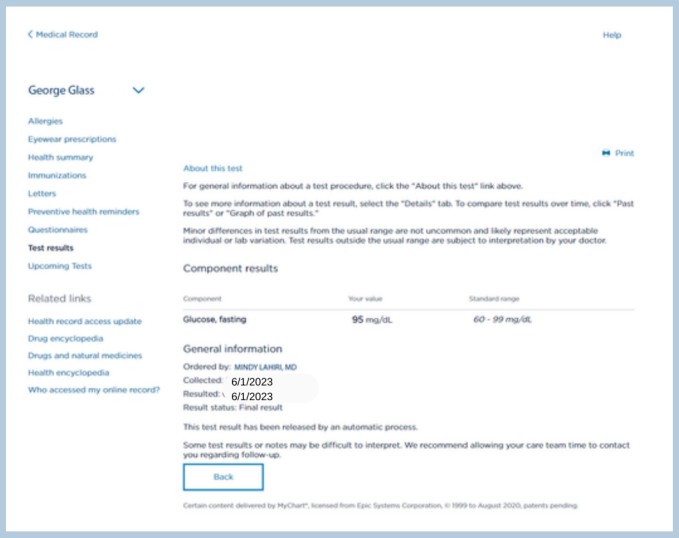
Under the Medical Record tab, select the box labeled "Test Results."

B Review your list of previously completed Medical tests and compare the completed tests to the Biometric requirements on page 4 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.

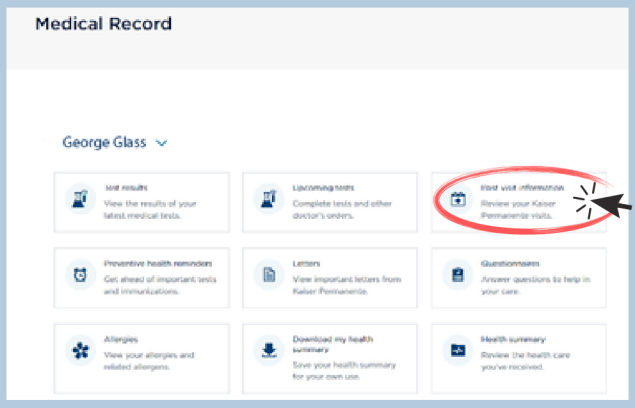


D Complete any missing tests or labs at a Kaiser Facility. See full instructions for more details.

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

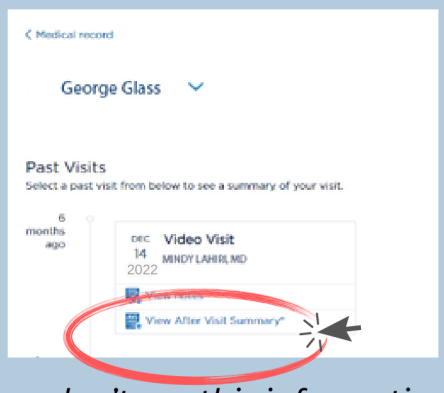
TO VERIFY PAST VISITS, BLOOD PRESSURE, & BODY MASS INDEX (BMI)

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



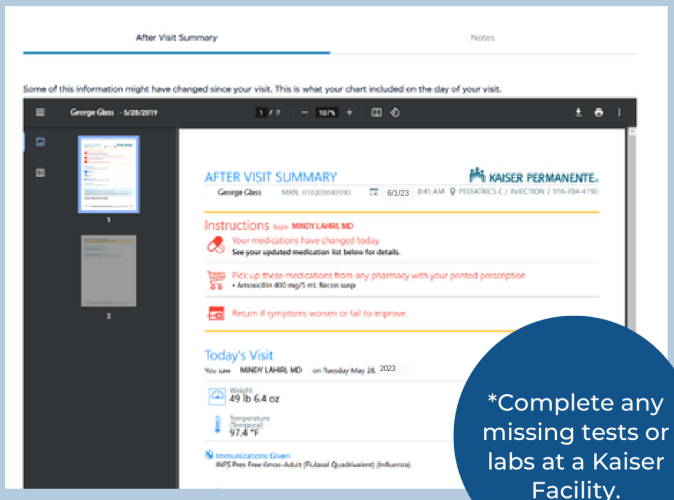
Under the Medical Record tab, select the box labeled "Past Visit Information."

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 4 of the full HMO Instructions.



*Complete any missing tests or labs at a Kaiser Facility.

KAISER PARTICIPANTS SHOULD NO LONGER SEND SCREEN PRINTS. After you've reviewed and completed all Biometric Screenings, you will need to make sure your Kaiser HIPAA Authorization is signed.

The Kaiser HIPAA Authorization must be electronically signed by both you and your Spouse in the Wellness Section under your individual logins. This step allows Kaiser to send the Trust Fund Office your Biometric information, and Reimburse claims with your HRA dollars.

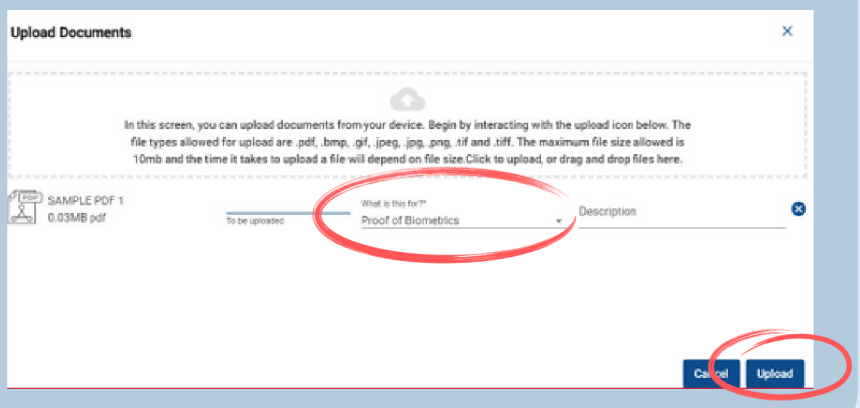
See Kaiser HIPAA instructions on page 13 for more information.

BIOMETRIC UPLOAD

Quest, Labcorp, and Kaiser results are sent to the TFO automatically. You will only need to upload your Proof of Biometrics if you complete your biometrics tests with your physician (the BIO24 form must be signed by your authorized medical provider.)

38 Select the "Upload Bio24 Form" button in your Wellness Appointment Links section.

39 Select the scanned BIO24 form on your device. Select "Proof of Biometrics" for the question "What is this for?" and select "Upload."



WELLNESS APPROVAL

40 Once you and your Spouse/Domestic Partner (if applicable) have both completed all Wellness Steps, your Family Wellness status will update, and your status bar will automatically update to 100% complete.

WARNING: Both the Member and the enrolled Spouse or Domestic Partner (if applicable) must individually complete their own Wellness Steps for a household to be complete and participate in the Wellness (HCP) Program for 2024 Plan Year. If you are dropping your Spouse/Domestic Partner from your plan for the 2024 Plan Year, they must still complete Wellness Steps for your household to participate in the 2024 Wellness Program.