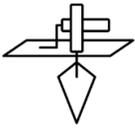


# **DIRECT PAYMENT PLAN**

**Open Enrollment  
information and materials  
start on next page**



**Northern California Cement Masons Funds Administration, Inc.**

100 Crescent Centre Pkwy, Suite 400, Tucker, GA 30084-7042 • Telephone: (707) 864-3300

**Date: September 24, 2018**

**To: All Active Participants Enrolled in the Direct Payment Plan**

**Re: Enroll or Renew Enrollment in the Direct Payment Premier Plan**

Dear Participant:

In November 2012 the Trust Fund introduced The Healthy Structures, “**Promise Program**”. The Promise Program is designed to bring high quality care to participants and, at the same time, make care more affordable for everyone. The Promise Program was offered to all Active Participants and their eligible spouses. Those who participated in the new Promise Program were enrolled in the “**Premier Plan**” and by participating, their annual deductible was reduced to \$300 per person/\$900 maximum per family effective February 1, 2013.

Effective January 1, 2019, we are pleased to announce that the deductible for the Premier Plan has been further reduced to \$250 per person/\$750 family in order to make coverage under this Plan even more affordable. In addition, there are other benefit improvements that have been made to the Premier Plan effective January 1, 2019 – please review the enclosed Summary of Material Modifications carefully for greater detail on these improvements.

Our records indicate that you are either currently enrolled in the higher deductible Basic Plan or enrolled in the lower deductible Premier Plan and must renew your participation in the Promise Program. Your annual opportunity to participate in the Promise Program and enroll in the Premier Plan for the coming January 1, 2019 Plan Year starts today and continues through December 15, 2018. If you and your eligible spouse, if any, complete the requirements for the Promise Program, you will be enrolled in the Premier Plan **effective January 1, 2019**. If you choose not to participate in the Promise Program, you will be enrolled in the higher deductible Basic Plan during the entire Plan Year of January 1 – December 31, 2019. We hope that you will participate and commit to take certain actions to improve your health and take extra steps to use the most cost-effective providers through the Care Counseling service as required by the Promise Program. By participating, we believe that your decision will save you and the Trust Fund thousands of dollars.

**Here’s how to enroll or renew enrollment in the Direct Payment Premier Plan:**

**Step 1: Complete the Promise Program Election Form (“Promise Form”).** To get started, you and your eligible spouse, if any, should read the enclosed Promise Form. *If you both are agreeable to the commitments outlined in the form, complete, sign and date the form and return it to the Trust Fund Office by December 15, 2018.* When you sign the form, you agree to call our Care Counseling service before receiving outpatient care.

**Important:** Both you and your eligible spouse, if any, must agree to the requirements together and each must complete and sign the Promise Form and return it in order to participate in the Promise Program.

**Step 2: Get a free biometric health screening.** Refer to page 2 for instructions on how to get your **free** biometric health screening. The screening must be done no later than December 15, 2018.

**Step 3: Participate in the Promise Program and reduce your annual deductible.** When you and your spouse, if any, agree to the Promise Program, complete the Promise Form and have the biometric screening by December 15, 2018 you will be enrolled in the lower deductible **Premier Plan**. If you and your spouse, however, decide not to participate or renew participation, you will be enrolled in the higher deductible **Basic Plan** until the next Open Enrollment period. More will be explained on page 3.

Please read all the enclosed materials for more information about the Promise Program commitments and what you need to do in order to have the lower deductible **Premier Plan**. If you have questions, contact the Trust Fund Office at 1-888-245-5005.

Sincerely,  
**Board of Trustees**

## The Healthy Structures Promise: Focus on Health

The Healthy Structures Promise is based on the idea that when you know more about your health status and understand potential health risks, you'll be able to improve or maintain your health.

### **The Healthy Together Partnership**

We are all in this together.

**When you and your spouse, if any, have read and have agreed to the Promise by signing and dating the Promise Form, you both have committed to:**

1. Get a free biometric health screening by December 15, 2018
2. Keep your contact information up to date.
3. Provide an email address and/or cell phone number as a supplemental way for the Trust Fund Office to contact you with general information about the Promise Program and other Trust Fund Programs.
4. Call our Care Counseling service before you receive outpatient care. Care Counselors and the Nurse Line are available at 1-855-754-7271

**When you and your spouse have agreed to the Promise, we agree to:**

1. Provide you with a free biometric health screening.
2. Connect you with resources to help you understand what the results mean and what steps to take to improve your health.
3. Enroll you in the lower deductible Premier Plan

**With the right resources and tools, you can better understand your health status, know your health risks and make smart choices about your lifestyle and care. That is the goal of the Healthy Structures Promise Program. We all have a stake in being healthy.**

### **Step 1: Complete the Promise Form**

After you and your spouse, if any, have read the Promise Form, and if you agree to carry out the commitments outlined in the Promise Program, you need to:

1. Complete the form.
2. Sign and date the form.
3. Return your completed form to the Trust Fund Office no later than **December 15, 2018** in the enclosed self-addressed envelope.

You and your spouse are both making a commitment to your health. The Promise Program is completely voluntary and it is your decision to participate. If you do not wish to participate or renew participation in the Promise Program, you will remain or be enrolled in the Basic Plan with the higher annual deductible as described in Step 3 on page 3.

**Promise to Stay Connected.** Keeping you informed of important messages is part of our role in the Promise Program. That is why we need to have current contact information and an additional way to communicate with you and your spouse. So, as part of the Promise Program, we are asking you to provide an email address and/or cell phone number that accept text messages, if you have one.

**Moving? New phone number? New email address?** Part of the Promise Program involves keeping the Trust Fund Office updated with your contact information. Any time there is a change to your home address, phone number, email and/or cell phone number, call the Trust Fund Office at 1-888-245-5005 to request the form on which can update your information. **If you do not keep your contact information updated, it may cause you to lose your enrollment in the Premier Plan.**

## Step 2: Get a Free Biometric Health Screening

As part of the Promise Program, you and your spouse must take a **free biometric health screening by December 15, 2018**. This screening will help identify any potential health risk factors you or your spouse may have that can lead to chronic illness if not detected early. Knowing this information and then working with your doctor to improve your health can help you live a healthier and more productive life. The biometric health screening is explained on page 3.

### Here's what to do for Step 2: Scheduling Your Biometric Screening

The process for scheduling a biometric health screening is explained below. Note: You must be eligible for benefits in the month you schedule and receive your biometric health screening. To confirm eligibility, call the Trust Fund Office at 1-888-245-5005. If you are a Kaiser Permanente member who wants to switch to the Direct Payment Plan, you must contact the Trust Fund Office first in order to complete Quest's online Registration Process as described below.

You can get your biometric health screening through Quest Diagnostics® Patient Service Center (PSC) or through your doctor — see **Option 1** and **Option 2** below. You may use biometric health screening results obtained this year (2018) if you have previously received a screening.

**Option 1:** To schedule a Blueprint for Wellness® biometric health screening with Quest Diagnostics, call 1-855-623-9355 (855-6-BE-WELL) or go online at [my.questforhealth.com](http://my.questforhealth.com).

**REGISTRATION PROCESS:** Go to [my.questforhealth.com](http://my.questforhealth.com) web site. When you are on [my.questforhealth.com](http://my.questforhealth.com) home page, you will need to either Login if you already have a user account or click the "Register Now" button to create a new user account. If you are a new user, you must enter: cementmasons in the REGISTRATION KEY box, then click the Continue button where you will be taken to "Confirm Eligibility" page to create a user account. Your Unique ID (UID) is your ID number on your Anthem Identification card starting with CM, then seven numbers, plus the letter E if you are the Cement Mason or the



letter S for your spouse, if any. For example, using the sample ID card at the right, enter CM0001234E as your UID; enter CM0001234S as your spouse's UID. Enter the rest of the information required to complete the registration process. Follow the steps after the registration page to schedule your screening at a nearby Quest Diagnostics PSC. **Be sure to print your confirmation page when you are finished and take it with you to your appointment.**

**Option 2:** Obtain a biometric health screening from your doctor. Be aware that your doctor may charge you a fee if you take this option. If you choose this option, you and your doctor must complete a Physician Results Form which can be obtained and printed only by signing in to your user account with Quest — this is for security reasons as the form is bar coded with your UID. First, follow the REGISTRATION PROCESS as described above. After logging in or registering, several screens will appear. Click the following tabs as they appear: "Get Started", "Participate Now" and "Select" Physician Results Form. Complete your part then bring the form to your doctor and have your doctor fill out his part. The completed form must be faxed back by your doctor to Quest Diagnostics at the fax number shown on the form or uploaded to [my.questforhealth.com](http://my.questforhealth.com) by December 15, 2018.

**Review your results.** After you complete your screening, you will receive the Quest Diagnostics Blueprint for Wellness MyTest Profile report to share with your doctor.

**Will my personal results be shared?** No. Quest Diagnostic will notify the Trust Fund Office that you successfully completed Step 2 of the Promise Program by getting a biometric health screening. Your personal health information is confidential and will never be shared with anyone other than you. The Trust Fund Office will only know that you and your eligible spouse, if any, completed Step 2 so that you will be eligible for the lower deductible Premier Plan.

**Prepare for your biometric health screening.** To prepare for your screening, it's important to not eat or drink anything, other than water, for 10 to 12 hours before your appointment. The most accurate blood test results are obtained when you are "fasting." Take all medication as prescribed by your physician. The typical biometric health screening test takes only a few minutes. When you go to your appointment, the health professional will draw a small blood sample that will be used to measure: Glucose (or level of sugar in your blood)\*Cholesterol (good, bad and total) \*Triglycerides (the types of fats in your blood). The health professional will also measure your: Height / Weight / Waist / Blood pressure.

And finally, your health professional will ask you about your use of nicotine.

**You will receive a confidential, detailed health report after your biometric health screening.** After your screening, you will receive a confidential health report. The report will explain your results, health risks and suggest actions you can take to improve your health. It is a good idea to make an appointment with your primary doctor to go over your results. Your doctor can help you understand what your results mean and help you plan your next steps to improve your health.

**Why biometric health screenings are important**

If you know these risks early:	You can prevent illness such as:
high blood pressure, high cholesterol high glucose, overweight, smoking	Cancer, diabetes, heart disease, kidney disease, stroke

**Identifying potential health risks now through a biometric health screening—and treating them early— can help you feel better, live longer and keep certain conditions from becoming more severe and, as a result, more costly to treat.**

**Step 3: Receive or Remain in the Lower Deductible Premier Plan**

**Here's what to do for Step 3:** Make sure you complete Steps 1 and 2 by December 15, 2018. When you complete Steps 1 and 2 of the Healthy Structures Promise by December 15, 2018, you will remain or be enrolled in the lower deductible Premier Plan effective January 1, 2019.

*If you decide not to participate in the Promise Program and follow through with the commitments, you will remain in the higher deductible **Basic Plan for the entire 2019 calendar year.***

**Open Enrollment:** In order to remain enrolled in the Premier Plan, you will be required to renew your Promise, complete a Promise Form **and** have a biometric screening annually which begins every October. If you have decided not to participate in the Promise Program at this time, you will have an opportunity again during the next open enrollment.

**Important Resources**

Resources	Contact Information
<b>Cement Masons Health and Welfare Trust Fund</b>	1-707-864-3300 or Toll Free 1-888-245-5005 Monday through Friday 8:00 AM to 5:00PM Email: <a href="mailto:cmeligibility@zenith-american.com">cmeligibility@zenith-american.com</a>
<b>Pacific Health Alliance – Care Counseling</b>	1-855-754-7271
<b>Quest Diagnostics Blueprint for Wellness</b> To schedule a biometric health screening appointment	1-855-623-9355 (1-855-6-BE-WELL) Customer Support Hours (Central Standard Time) Monday – Friday 7:00 AM – 8:30 PM Saturday 7:30AM – 4:00 PM Website: <a href="http://my.questforhealth.com">my.questforhealth.com</a>

# The Cement Masons Health and Welfare Trust Fund for Northern California

## Promise Program Election Form for Direct Payment Plan

(Complete ALL the information required in this form and return it by December 15, 2018)

Our record indicates that you are either currently enrolled in the higher deductible Basic Plan or enrolled in the lower deductible Premier Plan and must renew your participation in the Promise Program. Your annual opportunity to participate in the Healthy Structures Promise Program and enroll in the lower deductible Premier Plan for the coming **January-December 2019** Plan year starts today and continues through December 15, 2018. If you and your eligible spouse, if any, complete the requirements for the Promise Program, you will be enrolled in the Premier Plan **effective January 1, 2019**. If you choose not to participate in the Promise Program, you will be enrolled in the higher deductible Basic Plan during the entire 2019 calendar year. We hope that you will participate and commit to take certain actions to improve your health and take extra steps to use the most cost-effective providers through the Care Counseling service as required by the Promise Program. By participating, we believe that your decision will save you and the Trust Fund thousands of dollars.

### Healthy Structures Promise Program Commitments

To participate in the Promise Program, you and your spouse agree to take the following actions:

1. I, and my spouse will complete a free biometric health screening by December 15, 2018. In doing so, we authorize the Trust Fund Office to receive notification that we completed the screening. No individual results will be provided to the Trust Fund Office.
2. I will keep the Trust Fund Office up to date at all times of my contact information and that of my spouse including mailing address, email address, home and cell phone numbers by filing the necessary form on which I can update my contact information. I will call the Trust Fund Office at 1-888-245-5005 to request the necessary form. By doing so, I understand that they will be able to keep me informed with general information about the Promise Program and any other Trust Fund programs by text message, if applicable. Please complete the **following information**.

Participant Contact Information		Spouse Contact Information	
Name:		Name:	
Street Address:		Street Address:	
City, State and Zipcode:		City, State and Zipcode:	
Email Address (if you have one):		Email Address (if you have one):	
Home Phone No.:		Home Phone No.:	
Cell Phone No. (that can accept text messages if you have one):		Cell Phone No. (that can accept text messages if you have one):	

**Please read and complete the reverse side**

## Healthy Structures Promise Election Form

**If you wish to participate** in the Promise Program and enroll in the lower deductible Premier Plan, check the Yes boxes below and complete the required information:

- **Yes** I/We agree to the terms of the Program and understand that when I/we meet the requirements, I/we will be enrolled in the Premier Plan with a \$250.00 per person and \$750.00 per family deductible effective January 1, 2019.
  
- Get a biometric health screening by December 15, 2018 from Quest Diagnostics or your doctor. Indicate the date below of your biometric health screening **AFTER** you have completed the screening. **DO NOT** return this form until you have completed a biometric health screening. Please read the enclosed materials for more information on scheduling a biometric health screening.
  - Yes I have completed a biometric screening on (indicate date) \_\_\_\_\_
  - Yes My spouse has completed a biometric health screening on (indicate date) \_\_\_\_\_
  - Yes I/We understand that by signing below, I/we agree to complete the Healthy Structures Promise Program Commitments as described and within the timelines noted above. **BOTH you and your spouse MUST sign and date this form; otherwise, it will be returned.**

Participant's SSN: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you wish NOT to participate** in the Promise Program and be enrolled in the Basic Plan with \$1,000.00 per person and \$3,000.00 per family deductible, you do not have to do anything and understand that by not participating, your next opportunity to participate in the Program will be effective January 1, 2019.

**Return this form to the Trust Fund Office by mail in the enclosed self-addressed envelope to:  
Cement Masons Health and Welfare Trust Fund, 100 Crescent Centre Parkway, Suite 400, Tucker, GA 30084**

You should make a copy of this form to keep in your files. Contact the Trust Fund Office at 1-888-245-5005 if you have any question about the Healthy Structures Promise Program. Your Trust Fund safeguards the privacy of all participants' individually identifiable health information as required by federal regulations. Unions and Employers cannot access member's individual health information.