



## **Cement Masons Health & Welfare Trust Fund for Northern California**

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**[norcacementmasons.org](http://norcacementmasons.org)**

Date: **November 30, 2023**

To: **All Participants of the Cement Masons Trust Fund**

Re: **Healthy Structures Program**

Dear Participant,

We would like to announce an extension has been granted by the Board of Trustees to allow members to enroll in the Health Structures Program and complete your Biometric screening by **January 31, 2024.**

**Please disregard the Healthy Structures Documents in the Open Enrollment Packet you received earlier this month.**

In this packet are your forms and instructions for completing your enrollment into the Healthy Structures Program.

Please contact the Trust at 707-864-3300 or by email [nccmenrollment@hsba.com](mailto:nccmenrollment@hsba.com) should you have any questions.

## 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 January 31, 2024
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 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 **January 31, 2024** 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 January 31, 2024**

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 (2023) 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). There is a video tutorial of participant registration at: <https://youtu.be/r8ZPsPyB-7A>

**REGISTRATION PROCESS:** Go to <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 to create a new user account. If you are a new user, you must enter: **CementMasons2024** in the REGISTRATION KEY box, then click the Register Now button where you will be taken to the Terms and Conditions page. After reading the terms and conditions you will click on "Accept & Continue" which will take you to the "Confirm Eligibility" page to create a user account. Your Unique ID (UID) is your ID number on your Anthem Identification card starting with HA, 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 HA0001234E as your UID; enter HA0001234S 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 into 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 January 31, 2024.

**Review your results.** After you complete your screening, you will receive the Quest Diagnostics Blueprint for Wellness My Test 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, costlier 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 January 31, 2024. When you complete Steps 1 and 2 of the Healthy Structures Promise by January 31, 2024 you will remain or be enrolled in the lower deductible Premier Plan effective January 1, 2024.

*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 2024 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.

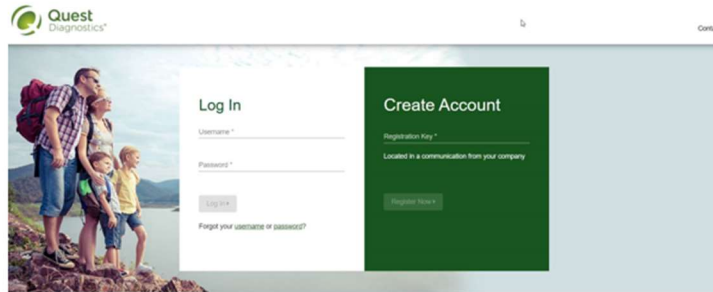
**Important Resources**

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:nccmenrollment@hsba.com">nccmenrollment@hsba.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>



### How to register on My.QuestForHealth.com

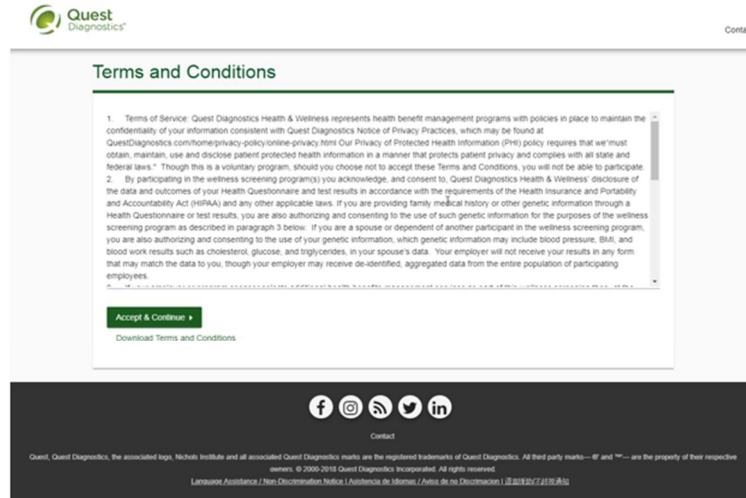
- Visit [My.QuestForHealth.com](http://My.QuestForHealth.com)
- If you've already established an account, use the Log In area to enter your username and password and select the green Log In button
  - If you've forgotten your login information, use the [username](#) link to retrieve your username or the [password](#) link to reset your password
- If you've never registered on the site to establish an account, use the Create Account area, enter the registration key provided by your employer, and select the Register Now button



Transform your health

Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design. If you are viewing on a tablet or smartphone, the images may look different.

- Read through the Quest Diagnostics Terms and Conditions
- Scroll to the bottom and select the Accept & Continue button



- If custom consent is required for your program, you will need to read through the consent and select **I accept**
- Then select the green **Continue** button

Quest Diagnostics® Contact

### ABC Consent

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed sit amet euismod tellus, in ultricies leo. Sed maximus dignissim dolor, vitae porttitor est semper sit amet. Cras tempor ac dui vel bibendum. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praesent libero lacus, sagittis vitae auctor quis, tempor quis elit. Ut lacinia egestas lorem, in auctor metus faucibus in. Vivamus nec vehicula velit. Mauris consequat ligula sed dolor viverra, eu vulputate ex fringilla. In ac volutpat ex.

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I accept     I decline

**Continue** ▶

- Under **Confirm Your Eligibility**, enter your Unique ID, Date of Birth, and relationship to the organization
  - Your Unique ID should have been provided to you in an employer communication
  - Your relationship should be either **Employee** or **Non-Employee**
- Select the green **Continue** button

Quest Diagnostics® Contact

1 Confirm Your Eligibility    2 Create Account    3 Enter Your Information

### Confirm Your Eligibility

Please enter your Unique ID (which is your employee ID) and date of birth

Employee ID:     Birth Date:

Example: 01234567

Relation:

**Continue** ▶

f @ n t in

Contact

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- Create a username and password to log in to your account
  - The password must be at least 8 characters long, include a number or special character, and include at least 1 uppercase and 1 lowercase letter
- Select the green Continue button

The screenshot shows the 'Create Your Account' step in the Quest Diagnostics registration process. At the top, there is a progress bar with three steps: 'Confirm Your Eligibility' (completed), 'Create Account' (current step), and 'Enter Your Information'. The main form area is titled 'Create Your Account' and contains the following fields:
 

- Username \***: A text input field containing 'SampleParticipant1234'.
- Password \***: A password input field with a strength indicator below it that reads '8 Characters, Number or Special Character, Uppercase, Lowercase'.
- Confirm Password \***: A second password input field.

 A green 'Continue >' button is located at the bottom left of the form area. The Quest Diagnostics logo is in the top left, and a 'Contact' link is in the top right.

- Verify/complete all of the information under Enter Your Information
  - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify/complete all of the information under Mailing Address
- Select if you would like to receive email or text message appointment reminders from Quest Diagnostics
  - *If your employer has opted out of text messaging, your screen may look slightly different from the below*
- Select the green Save button

The screenshot shows the 'Enter Your Information' step in the Quest Diagnostics registration process. The progress bar at the top shows 'Confirm Your Eligibility' (completed), 'Create Account' (completed), and 'Enter Your Information' (current step). The form is divided into three sections:
 

- Enter Your Information**: Contains fields for 'First Name \*', 'Last Name \*', 'Preferred Name (Nickname)', 'Age (Year)' (with a range of 18-110), 'Self-Identified Gender \*', 'Phone \*', 'Email Address \*', and 'Mobile Phone'.
- Mailing Address**: Contains fields for 'Address Line 1 \*', 'Address Line 2', 'City \*', 'State \*', 'Postal Code \*', and a 'Country' dropdown menu set to 'United States'.
- Communication Preferences**: Includes a disclaimer about electronic messages and two checkboxes:
  - I would like to receive email appointment reminders from Quest Diagnostics for my employer-sponsored testing.
  - I would like to receive text message appointment reminders from Quest Diagnostics for my employer-sponsored testing.

 At the bottom, there are 'Save' and 'Cancel' buttons. The Quest Diagnostics logo is in the top left, and a 'Contact' link is in the top right.

- After registering, you will arrive at the dashboard
- Under the **Why You Should Participate** section, you will see any program-specific information from your employer, if applicable

The screenshot shows the Quest Diagnostics user dashboard. At the top left is the Quest Diagnostics logo. At the top right, there is a user greeting "Hello, Sample Participant" and navigation links for "Schedule an Appointment", "My Account", "Contact", and "Log Off". The main content area is divided into two sections. The first section, titled "Why You Should Participate", contains the text "Completing a screening gives you the knowledge you need to identify your health risks and transform your health." and a small image of a woman and a child. The second section, titled "Wellness Screening", includes the instruction "To get started, select an appointment method below:" and four options: "Patient Service Center" (with a "Schedule a Screening" button), "At an Event" (with a "Make an Appointment" button), "Physician Results Form" (with an "Order Form" button), and "Self-collection" (with an "Order Materials" button).



## **Las Estructuras Saludables Programa Promesa: Enfoque en Salud**

Las Estructuras Saludables Promesa se basa en la idea de que cuando usted sabe más de su estado de salud y entiende los posibles riesgos para la salud, usted será capaz de mejorar o mantener su salud.

### **La Asociación Juntos Saludables**

Estamos todos juntos en esto.

**Cuando usted y su cónyuge, si lo hay, han leído y estado de acuerdo con la Promesa, al firmar y fechar el Formulario de elección Estructuras Saludables Promesa, usted se está comprometiendo a:**

1. Obtener una evaluación de salud biométrica gratuita el, o antes de, 31 de Enero, 2024.
2. Mantener su información de contacto actualizada.
3. Proporcionar una dirección de correo electrónico y /o número de teléfono celular como una forma suplementaria para la Oficina del Fondo poder contactarlo con información general sobre el Programa Promesa y otros programas del Fondo Fideicomiso.
4. Llamar a nuestro servicio de Asesoría, antes de recibir la atención de paciente ambulatorio. Nuestros asesores y la línea de enfermería están disponibles, llamando al 1-855-754-7271

**Una vez usted y su cónyuge han acordado la Promesa, acordamos:**

1. Proporcionarle un examen de salud biométrica gratuita.
2. Proporcionarle con los recursos para ayudarlo a entender lo que significan los resultados y que medidas tomar para mejorar su salud.
3. Inscribirle en el Plan de Premier con un deducible más bajo.

**Con los recursos y las herramientas adecuadas, usted puede entender mejor su estado de salud, conocer los posibles riesgos y tomar decisiones inteligentes sobre su estilo de vida y cuidado. Ese es el objetivo del Programa de Estructuras Saludables Promesa. Todos tenemos interés en estar sanos.**

### **Paso 1: Completar el Formulario de Elección Promesa**

Después de que usted y su cónyuge, hayan leído el formulario de Elección Promesa, si ambos están de acuerdo a llevar a cabo los compromisos señalados en el Programa Promesa, es necesario:

1. Completar el formulario de elección Estructuras Saludables Promesa.
2. Firmar y fechar el formulario.
3. Devuelva su formulario completado a la Oficina del Fondo antes de **31 de Enero, 2024**, en el sobre predirigido adjunto.

Usted y su cónyuge están haciendo un compromiso con su salud. El Programa Promesa es completamente voluntario y es su decisión participar en el mismo. Si usted no desea participar o renovar su inscripción en el Programa Promesa, usted permanecerá o será inscrito en el Plan Básico, con el deducible anual más alto, como se describe en el paso 3, página 2.

**Prometa pertenecer conectados:** Mantenerle informado con importantes mensajes de salud es parte de nuestro papel en el Programa Promesa. Por eso debemos tener su información de contacto actual y una forma adicional para comunicarse con usted y su cónyuge. Así que, como parte del Programa Promesa, le estamos pidiendo que proporcione una dirección de correo electrónico y/o número de teléfono celular que acepta mensajes de texto, de tenerlo.

**Mudándose? Nuevo número de teléfono? Nueva dirección de correo electrónico?** Como parte del Programa Promesa debe mantener la Oficina del Fondo actualizada con su información de contacto. Cada vez que surja un cambio en su dirección, número de teléfono, correo electrónico y/o número de teléfono celular, llame a la Oficina del Fondo al 1-888-245-5005, para solicitar el formulario en el que usted puede actualizar su información

**Si usted no mantiene su información de contacto actualizada, puede ser que usted pierda su inscripción en el Plan Premier.**

## **Paso 2: Cómo obtener una evaluación gratuita biométrica de salud**

Como parte del Programa Promesa, usted y su cónyuge deben obtener una **evaluación de salud biométrica gratuita, en o antes del 31 de Enero, 2024.**

La evaluación ayudara a identificar los posibles factores de riesgo para la salud, que usted o su cónyuge puedan tener y que pueden conducir a una enfermedad crónica si no se detecta a tiempo. Conocer esta información y luego trabajar con su médico para mejorar su salud puede ayudarle a vivir una vida más sana y productiva.

**Cómo programar una evaluación biométrica.** El proceso para programar un examen de salud biométrica se explica a continuación. Nota: Debe ser elegible para los beneficios en el mes en que programe y reciba su examen de salud biométrica. Para confirmar su elegibilidad, llame a la Oficina del Fondo al 1-888-245-5005.

**Usted puede coordinar su examen de salud biométrica a través de Quest Diagnostics@ Centro de Servicio al Paciente (PSC) o a través de su médico.** Usted puede utilizar los resultados de detección de salud biométricos, obtenidos este año, si ya ha recibido previamente un examen.

### **Para programar un Plan para exámenes de salud biométrica Wellness® con Quest Diagnostics:**

Llame al 1-855-623-9355 o visite el sitio [my.questforhealth.com](http://my.questforhealth.com). Puede mirar el video tutorial de como reistrarse en la siguiente pagina: <https://youtu.be/r8ZPsPyB-7A>

### **PROCESO DE REGISTRO:**

Visite la página <http://My.QuestForHealth.com>. Si ya se ha registrado anteriormente, y tiene su identificación de usuario, puede proseguir accedando su información. Si está entrando por primera vez, para registrarse, debe entrar la frase:

**CementMasons2024** en el encasillado de llave de registro (REGISTRATION KEY), luego oprima el botón de “Registrarse Ahora” (Register Now), el cual le llevará a la página de “Terminos y Condiciones” (Terms and Conditions). Luego de leer los terminos y condiciones, oprima “Aceptar y Continuar” (Accept and Continue), el cual le llevará a la página de “Confirmar Elegibilidad”(CoConfirm Eligibility), para crear su cuenta de usuario. Su ID individual es el número en su tarjeta de identificación de

Anthem comenzando con HA, luego los siete dígitos, más la letra E o S, dependiendo de si usted es el albañil de cemento (E) o del cónyuge (S). Por ejemplo, utilizando la tarjeta de identificación mostrada a la derecha, tendría que escribir HA0001234E como su ID Individual; y el de su cónyuge, sería HA0001234S. A continuación, siga los pasos para registrar y programar su examen en un cercano Quest Diagnostics PSC. **Asegúrese de imprimir la página de confirmación cuando haya terminado y llévela con usted a su cita.**

**Si usted visita su médico para su evaluación de salud biométrica,** asegúrese de llevar el Formulario Resultado Médico adjunto con usted. Su médico tendrá que completarlo y enviarlo por fax o de Quest Diagnostics. Busque el formulario con el logotipo de Quest Diagnostics y Blueprint for Wellness® en la esquina superior derecha.

**Revise sus resultados.** Después de completar su evaluación, usted recibirá su perfil “Quest Diagnostics Blueprint for Wellness MyTest” de Quest Diagnostic, para compartir con su médico.

**Se compartirán mis resultados personales?** No. Quest Diagnostics notificará la Oficina del Fondo que ha completado con éxito un examen de salud biométrica. Su información de salud personal es confidencial y nunca será compartido con nadie que no sea usted. La Oficina del Fondo Fideicomiso sólo sabrá que usted y su cónyuge, obtuvieron una evaluación de salud biométrica, de modo que usted será elegible para el Plan Premier, con un deducible más bajo.

**Para prepararse para su selección.** Es importante que no coma ni beba nada, aparte de agua, durante 10 a 12 horas antes de su cita. Se obtienen los resultados de las pruebas de sangre más precisos cuando se está "en ayunas". Tome todos los medicamentos prescritos por su médico. La prueba de detección de salud biométrica toma sólo unos minutos. Cuando vaya a su cita, el profesional de la salud extraerá una pequeña muestra de sangre que se utilizará para medir: Glucosa (o el nivel de azúcar en la sangre) \* El colesterol (bueno, malo y total) \* Los triglicéridos (tipos de grasas en su sangre). El profesional de la salud también medirá su: Altura / Peso / Cintura / La presión arterial.

Y, por último, su profesional de la salud le preguntará acerca de su uso de la nicotina.

**Usted recibirá un informe confidencial detallado, después de su examen de salud biométrica.** El informe explicará su resultados, los posibles riesgos de salud y sugerencias que puede tomar para mejorar su salud. Es una buena idea para hacer una cita con su médico de cabecera para revisar sus resultados. Su médico puede ayudarle a entender lo que significan sus resultados y le ayudará a planificar sus próximos pasos para mejorar su salud.

**Por qué exámenes de salud biométricos son importantes.**

Si Conoce estos riesgos a tiempo:	Puede prevenir enfermedades de:
presión arterial alta, colesterol alto, alto contenido de glucosa, sobrepeso, fumar	Cancer, Diabetes, enfermedades del Corazón, enfermedades renales, accidente cerebrovascular/ derrame cerebral

**Identificando los posibles riesgos para la salud, a través de un examen de salud biométrico, y tratarlos a tiempo, le puede ayudar a sentirse mejor, vivir más tiempo y evitar que ciertas condiciones se conviertan más graves y, como resultado, más costosas de tratar.**

### **Paso 3: Recibir o permanecer en el Deducible Bajo del Plan Premier**

Esto es lo que hay que hacer para el Paso 3: Asegúrese de obtener un examen de salud biométrica, en o antes del 31 de Enero 2024, de lo contrario serán inscritos en el Plan Básico, con un deducible mas alto, a partir del 1 de Enero de 2024. Cuando complete los pasos 1 y 2 de las Estructuras Saludables Promesa, en on antes del 31 de Enero 2024, usted continuará o será inscrito en el Plan de Premier, con un deducible más bajo.

Y si usted decide no obtener una evaluación de salud biométrica, usted y su familia, en su caso, se cambiará automáticamente al Plan Básico, con un deducible más alto, para todo el año calendario 2024.

**Inscripción Abierta:** Con el fin de permanecer inscrito en el Plan Premier, se le requerirá renovar su Promesa, completar un Formulario de Elección y obtener una examinación biométrica cada año en el mes de Octubre. Si usted decide no participar en el Programa de Promesa en este momento, usted tendrá la oportunidad de nuevo, durante el próximo período de inscripción abierta.

### **Recursos Importantes**

Recursos	Información de Contacto
<b>Fondo Fideicomiso de Salud de Bienstar de los Albañiles de Cemento para el Norte de California.</b>	1-707-864-3300 oa la línea gratuita 1-888-245-5005 De lunes a viernes de 8:00 AM a 5:00 PM Email: <a href="mailto:nccmenrollment@hsba.com">nccmenrollment@hsba.com</a>
<b>Alianza de Salud del Pacífico – Consejería de Salud</b>	1-855-754-7271
<b>Quest Diagnostics Blueprint for Wellness</b> Para programar una cita de evaluación de salud biométrica	1-855-623-9355 De Lunes a Viernes de 7:00 al 8:30 PM CST Sábado 7:30 AM a 4:00 PM CST Sitio web: <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 January 31, 2024)

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 2024** 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, 2024**. If you choose not to participate in the Promise Program, you will be enrolled in the higher deductible Basic Plan during the entire 2024 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 January 31, 2024. 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 Zip code:	City, State and Zip code
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):

## 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, 2024.
  
- Get a biometric health screening by January 31, 2024 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, 2025.

**Return this form to the Trust Fund Office by mail in the enclosed self-addressed envelope to:  
Cement Masons Health and Welfare Trust Fund, 4160 Dublin Blvd Ste#400, Dublin Ca 94568**

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.