



CALIFORNIA IRONWORKERS FIELD WELFARE PLAN

131 No. El Molino Avenue Suite 330 Pasadena, CA 91101
Tel: (626) 792-7337 or (800) 527-4613 FAX: (626) 578-0450

July 2015

NAME
ADDRESS
CITY

Re: Biometric Screening Requirements for 2016 Benefit Coverage
SMM for Employees and their Dependents, and COBRA beneficiaries: Kaiser HMO Enrollees of the
California Ironworkers Field Welfare Plan
Member ID: MEMBER ID

Dear Participant:

This Summary of Material Modifications (SMM) will advise you of certain actions that you need to take **by October 31, 2015, to avoid having a possible reduction to your benefits on January 1, 2016. It will also inform you of** changes that have been made to the Reinforcing Smart Choices Promise Program.

This information is VERY IMPORTANT to you and your dependents. Please take the time to read it carefully and keep it with your copy of the Summary Plan Description. Capitalized terms in this SMM have the same meaning as in your Summary Plan Description.

As you know, the California Ironworkers Field Welfare Plan implemented the **Reinforcing Smart Choices Promise Program** effective January 1, 2013. As part of that program, you and your covered spouse (or domestic partner)¹

Your Smart Choices Requirement Must Be Completed by October 31, 2015!

were required to have a Biometric Health Screening in order to be enrolled in the Premier Plan (which has a higher level of medical plan benefits than the Basic Plan). After October 31, 2015 you would have been required to take a health improvement class or participate in an on-line health assessment in order to be enrolled in the Premier Plan of benefits.

This notice will tell you what you need to do in order to continue to be covered under the Kaiser HMO Premier Plan effective January 1, 2016, or to be enrolled in the Kaiser HMO Premier Plan for the first time if you are currently in the Kaiser HMO Basic Plan.

In order for you and your Dependents to qualify for the Kaiser HMO Premier Plan **you and your covered spouse¹ must each complete one of the following Smart Choice Requirements:**

- Take an online Health Risk Assessment; or
- Take an online Health Improvement course (more information below); or
- Attend one of the following Kaiser Permanente Health Education classes:
 - For patients with a chronic illness, our Living with Chronic Illness class.

¹ Whenever the term “covered spouse” appears in this notice, it includes your domestic partner who is enrolled for coverage as your Dependent under the California Ironworkers Field Welfare Plan.



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- For pregnant members, this would include attending one of our on-site prenatal classes.
- Another option is to attend a health education class in person, to be provided at your union local (date and time to be announced).

You and your covered spouse must complete one of the Smart Choice Requirements by October 31, 2015, in order for you and your covered Dependents to be enrolled under the Kaiser HMO Premier Plan on January 1, 2016. Completing a Smart Choice Requirement does not guarantee that you have coverage under the Plan. You must still earn and maintain your eligibility by working sufficient hours for a Contributing Employer to have coverage from the Plan.

If you and your covered spouse do not both complete one of the Smart Choice Requirements by October 31, 2015, you and your Dependents will be enrolled in the Kaiser HMO Basic Plan on January 1, 2016. Note that the Basic Plan requires higher copayments than the Premier Plan for some medical services and for prescription drugs, leaving you with more out-of-pocket costs.

If you and your covered spouse choose to complete your Smart Choice Requirements after October 31, 2015, you will be enrolled in the Kaiser HMO Basic Plan starting January 1, 2016, and can move into the Kaiser HMO Premier Plan starting with the first calendar month that begins at least 60 days after the date the Fund Office receives verification that you and your covered spouse completed your Smart Choice Requirements.

Previously, the Reinforcing Smart Choices Program required that you complete a Participant Promise Form as well obtain a Biometric Health Screening. You and your covered spouse are not currently required to complete the Promise Form or to obtain a Biometric Health Screening to be enrolled in the Kaiser HMO Premier Plan. However, you must each complete a Smart Choice Requirement by October 31, 2015, to be enrolled in the Kaiser HMO Premier Plan on January 1, 2016.

Additional Information About Completing the Smart Choice Requirements

- If you take an on-line health Risk Assessment or Health Improvement course, Kaiser will report your compliance to the Trust Fund Office so that the Fund Office can enroll you (and your covered Dependents) in the Premier Plan.
- If instead, you choose to take a health education class in person, you must have the instructor sign the attached form, and then submit it to the Ironworkers Trust Fund office.
- To take the health risk assessment you must register and be signed on to Kaiser's website. If you haven't registered yet, start by *going to kp.org/register*. To take the health risk assessment on kp.org, go to My Health manager and choose "My medical record." Once you've completed the online questionnaire, you'll receive a customized action plan to help you succeed in creating a healthier lifestyle.
- To take an online health improvement (Healthy Lifestyles) course, start by accessing www.kp.org/healthylifestyles and choose from one of the available online courses, such as:
 - **Balance®** — This comprehensive weight management program includes helpful tools and a personalized plan to help participants coordinate three areas: mind, food, and body. ***
 - **Breathe®** — This award-winning program can help participants quit smoking for good. Participants create a personalized quitting plan that includes proven strategies for decreasing dependency and cravings.***
 - **Nourish®** — This program helps participants to create a custom-made nutrition plan and offers personalized strategies for making smart, satisfying food choices to improve health and well-being. ***
 - **Relax®** — This program examines participants' sources and symptoms of stress to develop a customized stress management plan. ***
 - **Care® for Pain** — This pain management program offers support and strategies for participants living with chronic pain to teach self-management and coping strategies to regain control of their lives.
 - **Care® for Diabetes** — This program offers strategies for day-to-day management of diabetes.



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- **Care® for Your Back** — This program gives participants living with chronic back pain techniques and approaches to better manage their condition.
- **Overcoming™ Depression** — This self-help intervention offers focused coping strategies, ideas to build motivation to change as well as relapse prevention strategies.
- **Overcoming™ Insomnia** — This program offers evidence based techniques to help participants sleep.
*** *Available in both English and Spanish*

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

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep it with your Summary Plan Description and other important plan documents. Should you have any questions, please contact the Trust Fund Office at (800) 527-4613.



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Dear Kaiser Permanente Health Educator,

FORM IS REQUIRED ONLY IF THE MEMBER TAKES A CLASS IN PERSON INSTRUCTOR MUST SIGN FORM (See Section 2 Below)

California Ironworkers Field Welfare Plan members are required to take steps to improve their health in order to qualify for their Wellness Incentive Program. One of their choices is to attend a Kaiser Permanente health education class. If the member presenting you with this form has taken your class, please complete Section 2 by filling in your name, the date, and location of the class.

Thank you.

Norma Rodriguez, Associate Account Manager, Kaiser Foundation Health Plan,
Phone: (510) 625-5226 , Email: norma.a.rodriguez@kp.org

Section 1: One form each to be completed by the Ironworker member and their Spouse

Dear Ironworker /Kaiser Permanente Member:

In order to qualify for the Premiere Plan under the California Ironworkers Field Welfare Plan Wellness Program, you and your spouse (if applicable) must complete one of the following:

- 1) Complete a Kaiser Permanente online Health Risk Assessment; or
- 2) Complete a Kaiser Permanente online Health Improvement course; or
- 3) Attend a Kaiser Permanente Health Education class *

*** If you have chosen to attend a health education class in person, you must also submit this completed verification form to your Trust Fund office.**

Member or Spouse Name: _____

Member or Spouse Date of Birth: _____

Member or Spouse Social Security Number: _____

Section 2: To be completed by the Kaiser Permanente Health Educator

The Kaiser Member named above has completed the following health education class:

Date of class: _____

Location of class: _____

Name of Health Educator: _____