



DISTRICT COUNCIL 16

Northern California Health and Welfare Trust Fund

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Date: February 29, 2016

To: All Active Employees and their Dependents, including COBRA beneficiaries participating in the Indemnity Medical Plan or the Kaiser HMO Plan offered by District Council No. 16 Northern California Health & Welfare Trust Fund

From: Board of Trustees

This Participant Notice will advise you of certain information you need to be aware of in order to receive the highest level of benefits from District Council No. 16 Northern California Health & Welfare Trust Fund. **This information is VERY IMPORTANT to you and your Dependents.** Please take the time to read it carefully.

**MEDEXPERT IS REPLACING PHA AS THE CARE COUNSELING PROGRAM
EFFECTIVE MARCH 1, 2016**

(does not apply to Participants covered under the Kaiser HMO)

Before you receive any kind of non-emergency treatment outside of your primary doctor's office (including any procedure or test), you may call the Care Counseling program currently provided through Pacific Health Alliance (PHA). Please be sure to call prior to receiving certain services in order to have your copay for the service waived.

We are pleased to inform you that **MedExpert will be replacing PHA as the care counselor effective March 1, 2016.** This means that you should reach out to MedExpert starting March 1, 2016 for help navigating your medical care. MedExpert will greatly expand the services that were provided by PHA. Whereas PHA would direct patients to appropriate care facilities, MedExpert will go so far as to make the appointment for you. Their main focus is providing information to you and, if requested, help you decide what course of treatment is best for you. MedExpert uses an advanced decision support system with evidence-based medicine. Your conversations with a MedExpert Care Counselor are completely confidential. You and your Care Counselor can discuss different PPO providers who offer the services you need and their costs. As you know, the costs for the same service may be very different among providers. You can still visit any provider, but we think this service will help you avoid potentially large copays.

Note that you may call MedExpert at 1-800-999-1999 prior to receiving the following services in order to qualify for the copay waiver:

- All outpatient surgeries and procedures;
- Ancillary testing (e.g. MRI, PET and CT scans);
- Physical therapy visits;
- Durable medical equipment; and
- Chemotherapy or Radiation Therapy.

Please note: the MedExpert Care Counseling service does not replace the Prior Authorization requirements for an inpatient confinement. **Your Physician should contact Anthem at 1-800-274-7767 prior to an inpatient Hospital admission** (except routine childbirth or emergency).

You may have already received a letter introducing this service with MedExpert. If not, please look for it to arrive shortly in the mail. Should you wish to use MedExpert, **please call 1-800-999-1999 between 7am and 7pm Pacific Time.**

MedExpert will be available to receive telephone calls from Participants beginning on March 1, 2016. We encourage you to **reach out to them at 1-800-999-1999 to help navigate your medical care.** However, PHA will also be available until the end of April (two month overlap) in order to provide a smooth transition for you.

CHANGES TO THE SMART CHOICES/HEALTHY REWARDS PROGRAM
(applies to Participants covered under an Anthem Blue Cross plan OR a Kaiser HMO plan)

At this time, the Smart Choices/Healthy Rewards program requires you and your spouse to sign a participant promise to agree to:

- Get biometric screening.
- Keep your contact information up to date. Provide an email address or cell phone number as a supplemental way for the Fund to contact you with general information about the Smart Choices/Healthy Rewards and other Trust Fund programs.
- Provide the name and contact information for your primary doctor.

Going forward, we are adding alternatives to the biometric testing requirement. These options depend on whether you are enrolled in the Anthem PPO Plan or the Kaiser HMO Plan.

If you are in an Anthem Blue Cross plan:

As an alternative to biometric testing through Quest diagnostics, you and your spouse/domestic partner may complete a Health Risk Questionnaire (HRQ). Attached are the instructions for an Employee and a spouse/domestic partner to complete your HRQ.

If you are not currently in the Blue Cross Smart Choices plan, you may qualify by taking the biometric test or completing the HRQ at any time. **If you are currently in the plan, in order to qualify for the 2017 calendar year, you and your spouse/domestic partner (if applicable) will be required to complete your biometric screening or HRQ no later than December 10, 2016.** This calendar year qualification will reoccur annually.

Please find attached information from Quest Diagnostics for scheduling a biometric screening.

If you are in a Kaiser HMO plan:

Kaiser will no longer be providing the biometric screening option as a method of qualifying for Smart Choices. Instead, you will be required to complete **one of the following:**

- Complete a Kaiser online Health Risk Assessment; or
- Complete a Kaiser Health Improvement Course; or
- Attend a Kaiser Health Education class.

If you are not currently in the Kaiser Smart Choices plan, you may qualify by completing one of the above activities at any time. **If you are currently in the plan, in order to qualify for the 2017 calendar year, you and your spouse/domestic partner (if applicable) will be required to complete one of the above activities no later than December 10, 2016.** This calendar year qualification will reoccur annually.

Please find attached information from Kaiser on your Smart Choice qualification options.

CHANGE TO COPAYS IN THE UHC DENTAL PLAN EFFECTIVE JANUARY 1, 2016

Effective January 1 2016, the UHC dental plan (D1000 plan) has been changed to the D1065 Plan. As you (and any covered family members) may be subject to certain copays for services that may not have required a copay before, we have attached a copy of your new dental summary. Please review it carefully and share it with your dentist prior to receiving services.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. We are also attaching an updated SBC that reflects the changes. Should you have any questions, please contact the Administrative Office at **(510) 864-6444**.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.