

# Heat & Frost Insulators of Northern California Local Union 16 Health & Welfare

[www.insulators16benefits.org](http://www.insulators16benefits.org)

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Heat and Frost Insulators of Northern California  
Local 16 Trust Fund  
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[www.insulators16benefits.org](http://www.insulators16benefits.org)

Dear Member:

Enhanced Member Benefit Website  
[www.insulators16benefits.org](http://www.insulators16benefits.org)

The Trustees of the Heat & Frost Insulators of Northern California Local 16 are pleased to announce a new enhanced member benefit website, [www.insulators16benefits.org](http://www.insulators16benefits.org). This website has been fully updated to provide you with a more effective way to access and manage your benefits.

The website enables you to obtain basic benefit information about the Plan, review answers to frequently asked questions, access your personal benefit information, and communicate with the Trust Fund Office via e-mail. You can also find links to Anthem Blue Cross, Kaiser Permanente, Delta Dental, United Concordia, VSP, Elixir Rx, and more.

To access your personal benefit information, such as your benefit elections, work history detail, forms, and Plan documents, you need to register as a new user by clicking the *Create an Account* link at the top right hand corner in the Login box. More detailed instructions are shown on the back of this letter. Once you are registered, you can access your personal benefit information by entering your *User Name* and *Password*, so please keep these confidential.

Every member, spouse, and dependent over the age of 18 will receive their own login that will give them access to their own Protected Health Information (PHI). Each person that receives their own username and password will not have their PHI available for viewing by any other user.

Please contact the Trust Fund Office at (844) 685-6409 if you encounter any difficulty retrieving your User Name and Password, or if you have any questions regarding the Member Benefit website. You can also email the Trust Fund Office directly at [staff@insulators16benefits.org](mailto:staff@insulators16benefits.org) or by using the "Contact Us" section of the website.

Please visit the enhanced Member Benefit website soon and see all that it has to offer!

Board of Trustees,

Heat & Frost Insulators of Northern California Local 16 Trust Funds

## HOW TO REGISTER ON THE WEBSITE

When registering for the first time, please follow these instructions:

- 1) From your computer or mobile device, connect to the website listed on the front page of this letter.
- 2) Locate the Login box in the upper right-hand corner of the screen.
- 3) Click on "Create an Account" to get started.



- 4) The Registration Screen will display next. Please enter all information, as all fields are required. Once all information has been entered, please click "Submit" on the bottom of the screen.



Please read the Terms of Use located at the bottom of this page.  
 I have read and agree to the website Terms of Use.

\* First Name:   
\* Last Name:   
\* Date of Birth:   
\* Last 4 Digits of SSN or 4 Digit Alternate ID:   
\* Zip Code:   
  
\* Create your own User Name:   
Minimum 12 characters. Special characters are allowed.  
\* Email Address:   
Email addresses can be up to 255 characters.  
\* Re-Enter your Email:   
Minimum 12 characters with 1 uppercase, 1 lowercase and 1 numeric character and 1 special character allowed.  
\* Password:   
Minimum 12 characters. Only (U) uppercase characters are allowed.  
\* Re-Enter Password:   
Minimum 12 characters. Only (U) uppercase characters are allowed.  
  
\* Secret Question:   
Minimum 12 characters. Only (U) uppercase characters are allowed.  
\* Secret Answer:   
Minimum 5 characters.

- 5) After registering you will receive an email notification with a link to confirm your registration. Your email address will also be used in the event you forget your user name and password.

## Profile Confirmation

Your authentication has been verified. Please login with your password. Please [Click here](#) to login.



## Heat & Frost Insulators of Northern California Local 16 Trust Funds

The Heat & Frost Insulators of Northern California Local 16 Trust Funds is pleased to present a new mobile application, BeneSys Now for iOS and Android operating systems. By downloading the mobile app you will automatically connect to your information. The mobile app is designed for easy access to your information!

Download the free "BeneSys Now" mobile app from your Apple or Google Play Store!



### Features include:

- ✓ Biometric login using facial recognition or fingerprint
- ✓ User-friendly menu for easy navigation
- ✓ Secure messaging
- ✓ Download frequently requested forms and documents

### Contributions

- View your last 12 months of contributions

### Benefits

- Access to key documents and forms.

If you have questions or need assistance with the Mobile APP, please email [mobilesupport@benesys.com](mailto:mobilesupport@benesys.com) or you may submit your questions through the mobile app "Contact Us". Please refer to the enclosure regarding "How to Register".

Note: This information is for |

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## How to Register for BeneSys Now mobile application

- Step #1 - Download [BeneSys Now](#) from the Apple or Android store on your mobile device.
- Step #2 - Open the app and click the [Create Account](#) button.



- Step #3 - Read and accept the License Agreement. Once you've checked the **Accept** box, click **Next**.



License Agreement

Please read the License Agreement. Click "Next" to continue or "Cancel" to go back to the login page.

**License Agreement**

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

Restrictions. This website is protected by United States copyright law, [International copyright laws](#), and

Accept

[Cancel](#) [Next](#)

Home

- Step #4 - Complete the required registration fields shown below. Note - you must enter the information requested as it is registered at the Benefit Office. Please refer to your ID card, monthly benefit statement or any other statements or EOBS that you receive from the Benefit Office.

Once all required fields have been entered, click **Next**.

A screenshot of the BeneSys Signup page. The page has a light blue header with the BeneSys logo. Below the header is a note: "The information you enter during account set up must match your record at the Benefit Office." Another note below it says: "Enter your Name, Date of Birth and Social Security Number as they are recorded in the Benefit Office." A third note at the bottom says: "Click 'Next' at the bottom of the page when complete." The main form area contains fields for "Are you a dependent?", "First Name", "Last Name", "Date of Birth" (with a placeholder "Format mm/dd/yyyy"), and "SSN" (which is highlighted with a pink background). At the bottom of the form are three buttons: "Cancel", "Previous", and "Next". At the very bottom of the page are links for "Privacy & Terms of Use" and "Home".

- Step #5 - Create a Username by completing the fields shown below. Be sure that your username is a minimum of 3 characters in length and begins with a letter.

Your password must be at least 8 characters and special characters can be used.



Back      Signup

### Create Login Information

**Username:** Must be at least 3 in length, beginning with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash) and @  
**Password:** Must be at least 8 characters in length; and can use alpha numeric and the following special characters: -\_.!#\$%&\*^@~`!/?  
Enter a valid e-mail address  
Select 3 security questions (for password reset or forgot password service)  
Click on "Next" at the bottom of the page

Username

Email Address

Confirm Email Address

Password

Confirm Password

Step #6 - Select three security questions. These questions will be used in case you need to reset your password later.

Once you have selected your security questions, click **Next**.

Back      Signup

Security Question 1  
-- Select Question --

Security Question 2  
-- Select Question --

Security Question 3  
-- Select Question --

Cancel    Previous    Next

Don't have an email account?

This site requires a valid email address. If you do not have an email address, you may create a **FREE** Email account with one of these popular providers:

- [Gmail](#)
- [Yahoo!](#)
- [Hotmail](#)

Home  
Privacy & Terms of Use

Step #7 - Confirm your Member Information listed on the screen below is correct and select **Finish** to complete your registration.

[!\[\]\(1e8f47f2333494fc995f2031934aa5b2\_img.jpg\) BeneSys](#)

Please confirm the information below is correct and press "Finish" to complete your registration.

**Member Information**

Your Name: John Sample  
Address: PO Box 1  
City: Troy  
State: MI  
Zip: 48098-0001

**Account Information**

Username: Tester123  
E-mail Address: youremailhere.com

[Cancel](#) [Previous](#) [Finish](#)

[Home](#)

[Privacy & Terms of Use](#)

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The following groups may be eligible for coverage:

Heat & Frost Insulators Mechanics (HFI)

Hazardous Material Handlers (HMH)

Heat & Frost Insulators Apprentices - for yourself only (for the first year of eligibility). If you want to cover any dependents during this first year, you need to self-pay for those dependents. Contact the Trust Fund Office.

Contact the Trust Fund Office for an Enrollment Form

**Choice of Medical Plan:** Anthem Blue Cross - Indemnity Plan - PPO (default)

Kaiser Permanente - HMO Plan (Wellness Program)

**Dental Plans:** HFI Mechanics/Retirees: Delta Dental - PPO

HMH & 1<sup>st</sup> Year Apprentices: DeltaCare - HMO

**Vision Plan:** Vision Service Plan (VSP)

**Rx:** Elixir (formerly known as Envision)

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

**Initial Eligibility:** You will become eligible on the first day of the second month following a period of not less than three calendar months and not more than six calendar months during which you have accumulated at least 390 hours in your reserve account.

### Example of the Reserve Account:

Month worked	Jan	Feb	March	April	May	June
Credit for hours worked	120	160	160	130	130	160
Deduction for coverage	0	0	-130	-130	-130	-130
Eligible for	March	April	May	June	July	Aug
	No	No	Yes	Yes	Yes	Yes
Ending account balance	120	280	310	310	310	340

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

**Continued Eligibility:** A charge of 130 hours is made against the reserve account for each month of coverage. For example, your September hours are posted in October and a charge of 130 hours is made for your November coverage. (This is called a Skip-Month eligibility)

**Termination of Eligibility:** Eligibility will terminate at the end of the calendar month in which the balance in your reserve account is less than 130 hours, unless a self-payment is made to continue coverage.

**Dependent Eligibility:** If you elect coverage for yourself, you are also eligible for medical, dental, vision and RX coverage for your eligible Dependents on the later of the day you become eligible for your own medical coverage or the day you acquire an Eligible Dependent, by marriage, birth, adoption or placement for adoption. **A Dependent may not be enrolled for coverage unless the Employee is also enrolled.** Specific documentation to substantiate Dependent status may be required by the Plan.

Your Eligible Dependents include your **lawful Spouse/Domestic Partner** and your **Dependent Child(ren)** as those terms are defined in the Definitions chapter of the SPD. Anyone who does not qualify as a Dependent Child or Spouse has no right to any coverage for Plan benefits or services under this Plan, **unless** he or she is your Domestic Partner for whom you have elected coverage in accordance with the rules discussed below.

Dependent spouses and/or Domestic Partners in military service on full-time active duty are **not** eligible.

**PLEASE NOTE: First Year Apprentices are eligible only for subsidized coverage on yourself for the first year of coverage. "IF" you want to cover any eligible dependents during this first year of coverage, you will need to self-pay the entire cost for that coverage.**

**Accelerated Eligibility – refer to pages 7 & 8 of the SPD.**

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

## **IMPORTANT INFORMATION-Anthem Blue Cross PPO Members**

**Anthem Blue Cross Indemnity Plan - Always check with your provider and facility to ensure that they are in the Anthem Blue Cross PPO Network. If your physician/provider and or facility are not in the PPO Network, this will be considered Out of Network or Non-PPO and the provider/facility may bill a Plan Participant a non-discounted amount for any balance that may be due in addition to the Allowed charge payable by the Plan, also called balance billing. Balance billing occurs when a healthcare provider bills a patient for charges (other than copayments, coinsurance, or deductibles) that exceed the Plan's payment for a covered service.**

Your lowest costs occur when you use PPO In Network providers. You need to ask your provider/physician/facility if they are part of the Anthem Blue Cross PPO Network.

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

## **IMPORTANT INFORMATION-Kaiser HMO Members**

Kaiser Participants/Wellness Program - IMPORTANT REMINDER: YOU MUST LOG ONTO THE WEBSITE AND ACCEPT THE HIPAA STATEMENT EACH YEAR! You will need to complete the biometric screenings: blood glucose, blood pressure; body mass index and total cholesterol; and confirm that you do not use any form of tobacco; or complete a program to help you quit. If you are unsure if you accepted HIPAA, please call the Trust Fund Eligibility Department at (844) 685-6409. Please note, active and retired members without Kaiser Senior Advantage (KPSA), if you engage in all of the activities that will help optimize your health, your deductible will change to a \$0 deductible health plan - just for taking good care of yourself! Your spouse and/or domestic partner is not obligated to complete the Wellness program, it is encouraged but not required in order to remain in the \$0 deductible plan, as long as the member completes the Wellness Program. If you do not choose to participate, your Kaiser annual deductible will remain at the \$1,000 deductible plan. Visit [kp.org/engage](http://kp.org/engage) and sign on with your kp.org user ID and password. **Special Note:** if you miss the enrollment deadline, you can still enroll in the program through-out the year, but you will pay the high deductible until you fully complete all requirements.

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

# Retiree Health & Welfare Eligibility

## Retiree Eligibility (Bargaining Employee's)

Retirees may be eligible to continue medical, dental, vision and prescription drug coverage at subsidized self-payment rates, if you meet the following conditions:

Must be retired and receiving benefits under the Western States Pension Plan or have worked as a Red Card Mechanic; and

Must be a member of Local 16 and have accumulated at least five years of employment immediately preceding retirement through one or more locals covered under the Heat & Frost Insulators and Allied Workers Local Union 16; or

For at least five years immediately preceding retirement, you must have been either certifiably disabled or continuously available for employment under jurisdiction of the Heat & Frost Insulators and Allied Workers Local Union 16

When you retire, any hours remaining in your reserve account will be used to continue your coverage for active benefits. When fewer than 130 hours remain in your reserve account, you will be required to make one month of credited self-payment. When there are no hours remaining in the reserve account, you may choose either COBRA Continuation or retiree coverage under the Health and Welfare Plan.

Retiree self-payments must be consecutive. No gap in coverage is permitted between active and retiree coverage.

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

# Retiree Health & Welfare Eligibility, Continued

## Retiree Eligibility (Non-Bargaining Employee's)

Eligible Non-Bargaining Employees qualify for retiree coverage under the following conditions:

- ▶ Your former employer must be a contributing employer on behalf of active bargaining unit Employees at the time of retirement
- ▶ You must have been a full-time Employer (i.e., at least 20 hours per week) of the contributing employer for at least 5 consecutive years immediately preceding retirement
- ▶ You must be (a) receiving payments from the Western States Pension Plan or the Western States Health Plan; or (b) is at least age 55 and was covered as a Non-Bargaining Unit Active Participant in the Heat and Frost Insulators of Northern California, Local 16 Health and Welfare Fund for at least 5 consecutive years immediately preceding retirement
- ▶ Your coverage must begin on the first day of the month after retirement, subject to the exceptions in the Special Enrollment section, and must remain in effect continuously. You must pay the full cost of coverage, including administrative costs, in a monthly amount determined by the Board of Trustees. If you do not elect to participate immediately upon retirement you will not again be eligible for retiree coverage except as described in the Special Enrollment section on page 9 of the Heat & Frost Local 16 Health & Welfare SPD.

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.

## **IMPORTANT CONTACT INFORMATION**

Trust Fund Office (BeneSys): (844) 685-6409; (925) 398-7042

Contact Trust Fund Office/Benesys via email: [staff@insulators16benefits.org](mailto:staff@insulators16benefits.org)

Participant Website: [www.insulators16benefits.org](http://www.insulators16benefits.org)

Anthem Blue Cross (800) 274-7767, [www.bluecrossca.com](http://www.bluecrossca.com)

Kaiser Permanente (800) 464-4000; [www.Kaiserpermanente.org](http://www.Kaiserpermanente.org); [kp.org/engage](http://kp.org/engage)

Elixir/formerly Envision; (800) 361-4542; [www.elixirsolutions.com](http://www.elixirsolutions.com)

Delta Dental, (800) 765-6003, [www.deltadental.com](http://www.deltadental.com)

Vision Service Plan (VSP), (800) 877-7195; [www.vsp.com](http://www.vsp.com)

When in doubt, call the Trust Fund Office and we will help you out!

Note: This information is for presentation purposes only. You must refer to the applicable SPD for all eligibility rules.