

4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
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  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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DOMINIC ACDILLO 2761 VALLEY WOOD DR SAN BRUNO, CA 94066



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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

LUIS A AGUIRRE 3821 AQUA VISTA OAKLAND, CA 94601



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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GORGE ALANAS 1554 EAST J ST OAKDALE, CA 95361



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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OSCAR ALDERETE 220 WEBER ST WOODLAND, CA 95695



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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DEMARCUS C ALEXANDER 6632 BRANN ST OAKLAND, CA 94605



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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DYLAN ALLEN 333 LAUREL AVE OAKDALE, CA 95361



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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

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JESUS ALVARADO 3201 23RD STREET APT 104 SAN FRANCISCO, CA 94110



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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DENNIS ALVAREZ 208 KENT PLACE SAN RAMON, CA 94583



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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KARISSA M ALVAREZ 1890 RIVER DR STOCKTON, CA 95204



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JAMES AMENDOLA 3941 TALLYHO DRIVE SACRAMENTO, CA 95826



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ALLISTER ANASCO 8 CRESTLINE AVE DALY CITY, CA 94015



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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PETER ARMENTA 3711 TOWNSHEND CIRCLE STOCKTON, CA 95212



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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MARK ARTUZ 2362 GREENDALE DR SOUTH SAN FRANCISCO, CA 94080



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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ALVIN R AUSTIN II 4562 LINDEN AVE LONG BEACH, CA 90807



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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DERRICK R AVILEZ 5530 ESMAR RD CERES, CA 95307



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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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MICHAEL BARBIERI 2614 NOTRE DAME DR SACRAMENTO, CA 95826



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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CHARLES BARNES 5125 PANAMA AVENUE APT A RICHMOND, CA 94804



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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SPENCER BAXTER 4504 JENKINS WAY RICHMOND, CA 94806



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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THOMAS C BELL P. O. BOX 792 UNALASKA, AK 99685



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

JAMES H BENO 785 ALMOND STREET VACAVILLE, CA 95688



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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ETHAN BENTON 3662 38TH AVE OAKLAND, CA 94619



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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ERICK BERMUDEZ 286 CARLISLE WAY BENICIA, CA 94510



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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BRYAN BERRY 231 SEXTUS RD OAKLAND, CA 94015



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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DEBRA K BIRD 2310 E TRENTON FRESNO, CA 93720



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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ERASMO BIRRUETA 7150 EIGLEBERRY ST GILROY, CA 95020



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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CHRIS J BISI 1260 VALLERAND RD TRACY, CA 95376



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www.aitrustfunds.org

Date: November 21, 2018

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RYAN G BLAKEMAN 745 KEARNEY ST BENICIA, CA 94510



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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HALEY A BLANCK 3856 35TH AVE APT 2 OAKLAND, CA 94619 1400



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CHRIS BLANCO 3784 WOODLEAF COURT SAN JOSE, CA 95117



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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MIGUEL A BOJORQUEZ 4777 GROUSE RUN DR. #268 STOCKTON, CA 95207



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ANDREW P BOLOGNA 750 GONZALEZ DR. APT. 11M SAN FRANCISCO, CA 94132



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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DAVID L BONNER SR 555 11TH STREET RICHMOND, CA 94801 2719



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HERBERT BRECKENRIDGE 1630 W SUNNYVIEW VISALIA, CA 93291



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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ROBERT BREGANTE 2563 TOLTEC CIRCLE SAN RAMON, CA 94583



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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CHRISTOPHER J BROOKSHIRE 1468 JOHANNA DR RIPON, CA 95366



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

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MARIA E BROUSSARD 3503 CAPILANO CT MERCED, CA 95340



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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LANGFORD BROWN 3614 GREEN ACRE RD OAKLAND, CA 94619 2725



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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TIMOTHY A BROWN 2500 DEER VALLEY RD #1425 SAN RAFAEL, CA 94903



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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JAMES M BURKETT 8980 TURBINE WAY RENO, NV 89506 8719



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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PATRICK J BUSZKIEWICZ 1678 HOLLYHOCK ST LIVERMORE, CA 94551



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www.aitrustfunds.org

Date: November 21, 2018

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RAFAEL C CABRERA 3966 SIERRA ST RIVERBANK, CA 95367



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MANUEL CACOILO 2869 CICERO WAY SAN JOSE, CA 95148 2905



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

RYAN CALHAN 249 REICHLING AVENUE PACIFICA, CA 94044



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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TAMARA CANO 501 RYAN AVE MODESTO, CA 95350



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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CESAR CARABAJAL 1700 PACIFIC AVE SAN LEANDRO, CA 94577



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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JOHN S CARDOSO 247 S 16TH ST SAN JOSE, CA 95112



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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EDWIN CARRILLO GUERRA 234 BARRETT AVE RICHMOND, CA 94801



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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RICKY A CAUSEY 9620 CORDOBA BLVD. SPARKS, NV 89441



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JEREMY M CELAYA 2374 SOUTH SABRE AVE FRESNO, CA 93727



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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SIU M CHAN 385 MANDARIN DR APT 16 DALY CITY, CA 94015



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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MARCU CHANCE 57 DOLORES DR VALLEJO, CA 94590



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

RYAN CHAPMAN 4151 MODDISON AVENUE SACRAMENTO, CA 95819



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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PHILLIP CHAVEZ 2109 WINSLOW COURT MODESTO, CA 95355



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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CLAYTON CHERRY 4708 WISE RD LINCOLN, CA 95648



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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STEVEN M CHRISTIE 1826 SPRUCE ST LIVERMORE, CA 94551



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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MARTIN M. CISNEROS 647 N SUNRISE AVENUE REEDLEY, CA 93654



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CHASE CLARK PO BOX 474 DELHI, CA 95315



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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DAVID C CLAY 811 KATHRYN DRIVE HOLLISTER, CA 95023



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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CHAD CLEORY 4077 GOLF DR SAN JOSE, CA 95127



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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KEVIN COLE PO BOX 2152 MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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ROBERT B COLE P O BOX 620471 WOODSIDE, CA 94062



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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ROBERT J COLE 2334 VERA AVE REDWOOD CITY, CA 94061 1228



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PATRICK M COLLINS 1152 MT DEW AVE MANTECA, CA 95336



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RUSSELL CONGE 2751 CARLTON CT. SAN PABLO, CA 94806



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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MICHEAL COOKE 620 BROOKLYN AVE #1 OAKLAND, CA 94606



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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ARMANDO CORONA JR 1130 BREKER WAY SPARKS, NV 89431



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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ETHAN L COX 1713 HARDING WAY ANTIOCH, CA 94509



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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GARY D CRAIG 477 WINEMAKER ST LOS BANOS, CA 93635



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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RANDY CUNNINGHAM 2620 MYERS WAY TURLOCK, CA 95380



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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JOSHUA AVELI CUTINO 220 RED OAK DR WEST UNIT B SUNNYVALE, CA 94086



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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ALEXANDER DABERDAKU 680 CASTRO STREET MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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WENDY A DAHLSTROM 1470 LAURENITA WAY ALAMO, CA 94507



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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RICHARD P DAMELE 2225 KENT ST SAN MATEO, CA 94403



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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DONNA P DAVIS 2149 FIRST ST. #1 LIVERMORE, CA 94550



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ANTONIO DE LA TORREGARCIA 2909 TULLY RD MODESTO, CA 95350 2127



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CHRISTOPHER A DEAN 3749 E FEEMSTER AVE VISALIA, CA 93292



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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CARTER DEANE 540 SEALE AVE PALO ALTO, CA 94301



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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MARK DEBOTTIS 2348 SCENIC DR MODESTO, CA 95355



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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JOAQUIN DELGADO 1524 LUCERNE AVE STOCKTON, CA 95203



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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JOSEPH DEMSON 3613 CANYON VILLAGE CIRCLE SAN RAMON, CA 94583



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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CARLO DEVERA 1850 PARKSIDE DRIVE CONCORD, CA 94519



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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EDGAR DIAZ AREVALO 3310 PACIFIC AVENUE APT 1 STOCKTON, CA 95204



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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RUDOLF DOMINGO 5405 JUNCTION PEAK DR SPARKS, NV 89436



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ALAN DONOHOE 127 W COLMA DR MOUNTAIN HOUSE, CA 95391



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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JOHN W DRONYK 2851 HOLLAND AVE CLOVIS, CA 93611



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GEORGE DUARTE 19 E 22ND STREET TRACY, CA 95376



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Date: November 21, 2018

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ERIC M ECKARD 4960 W. STRATFORD CT. WASILLA, AK 99623



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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BRENT K EGLE 911 BERENDSEN CT. CLAYTON, CA 94517



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Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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MICHAEL ELFTMAN PO BOX 22 RICHVALE, CA 95974



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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FRANCISCO ELIAS 27653 PENSACOLA WAY HAYWARD, CA 94544



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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GREGORY W ELROD 13567 E RIALTO AVE SANGER, CA 93657



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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RAMON E ENCISO 208 LELAND LN PITTSBURG, CA 94565 5371



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

EDWIN ESCANILLA 999 W EVELYN TER APT 37 SUNNYVALE, CA 94086



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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LENARD ESPINOZA 2325 COUNTRY MANOR DR RIVERBANK, CA 95367



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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DORIAN J FALL 561 KEYSTONE AVE #242 RENO, NV 89503



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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WILLIAM FARROW 4747 SEACREST DR SEASIDE, CA 93955



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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BRIAN J FEALY 4015 SHEFFIELD DRIVE ANTIOCH, CA 94530



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

MARK M FERGUSON 570 LORI DR BENICIA, CA 94510



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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SCOTT FERRELL 120 HELEN AVE MODESTO, CA 95354 211



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www.aitrustfunds.org

Date: November 21, 2018

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RUBEN FIGUEROA 1164 CURTISS AVE APT 1A SAN JOSE, CA 95125



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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KYLE E FINCH 642 MATSON DR NAPA, CA 94558



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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PAUL FINN 239 MOUNT VERNON AVE SAN FRANCISCO, CA 94112 3631



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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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PETE FORDAHL 1151 HAMPTON CT BRENTWOOD, CA 94513



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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MARK A FROLING 220 HART LN BEN LOMOND, CA 95005



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ERIC GAITAN 2172 BURTON AVENUE PITTSBURG, CA 94565



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www.aitrustfunds.org

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CHARLES R GALLINO PO BOX 347 BETHEL ISLAND, CA 94511 347



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

AMY GAMMON 1842 TUOLUMNE ST VALLEJO, CA 94589



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ELISANDRO GARCIA 239 4TH ST RICHMOND, CA 94801



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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HECTOR GARCIA 1146 ROSEMARY AVE DINUBA, CA 93618



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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SCOTT A GARCIA 125 HEARTLAND RANCH AVE PATTERSON, CA 95363



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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CARL E GARDNER 3931 COFFEE RD. #36 MODESTO, CA 95355



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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GERRY C GERONIMO 23 NEW HAMPSHIRE CIR SALINAS, CA 93905



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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NANCY GIESKE 5095 CANYON CREST DRIVE SAN RAMON, CA 94582



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JEREMY GILBERT 2021 CASTRO STREET MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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CHRISTOPHER GODINEZ 20 ROBERTS ST BAY POINT, CA 94565



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CHRIS GONZALES 481 EUREKA ST SAN FRANCISCO, CA 94114



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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ANGEL X GONZALEZ 515 MERCEDES AVENUE MANTECA, CA 95337



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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JOHN R GONZALEZ 1517 BREHLER AVE SANGER, CA 93657



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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PEDRO GONZALEZ 37 HUERTA STREET GREENFIELD, CA 93927



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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KENNETH GRANT 680 FIVE OAKS CT HOLLISTER, CA 95023



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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

TONY GREEN 1720 S SAN JOAQUIN ST STOCKTON, CA 95206



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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ALIA GRIFFING 3351 DUCKHORN DRIVE APT 424 SACRAMENTO, CA 95834



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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DARREN L HALL 730 PINE COURT MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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STEVEN HANRAHAN 3147 PUFFIN CIRCLE FAIRFIELD, CA 94533



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

KYLE HARDCASTLE 984 SPRINGWOOD COURT RODEO, CA 94572



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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WILLIAM T HARRINGTON 6138 E NEVADA AVE FRESNO, CA 93727



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JENNIFER E HEINSCHEL 1202 MAXWELL LANE REDWOOD CITY, CA 94062



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JOSHUA HEMINGWAY 1241 ALLEN STREET OAKDALE, CA 95361



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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HAROLD HENDRY 319 VALLEY HIGH DR PLEASANT HILL, CA 94523



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

MICHAEL R HENDRY 1643 BEECHWOOD DRIVE MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CRYSTAL HEREDIA 1457 MADELINE RD SAN PABLO, CA 94806



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

SARAY HEREDIA 1457 MADELINE RD SAN PABLO, CA 94806



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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CHRIS M HERNANDEZ 2093 TROMBAS AVE SAN LEANDRO, CA 94577



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JUDITH HERNANDEZ 1109 BROADMOOR DR NAPA, CA 94558



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

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JOHN HERRERA 6 AVOCET COURT SACRAMENTO, CA 95833



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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ROBERT T HILL 1818 UTAH ST FAIRFIELD, CA 94533



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JEFFERY HILLARD 1551 HALL AVE HOLLISTER, CA 95023



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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

BENJAMIN M. HOBBS 4721 KELSEY PLACE STOCKTON, CA 95207



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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DAVID HOLLAND 1526 MODOC AVENUE MODESTO, CA 95358



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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CHRISTOPHER HOPKINS 1466 DONNER AVE CLOVIS, CA 93611



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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JASON HOPSON 640 CURRAN DR WATERFORD, CA 95386



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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DAVID HORTADO 1721 N BERKLEY AVE STOCKTON, CA 95205



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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ANALISA HUGGARD 4042 JOYCE DR CONCORD, CA 94521



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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DOUGLAS HUGGARD 4042 JOYCE DR CONCORD, CA 94521



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www.aitrustfunds.org

Date: November 21, 2018

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JAMES HUNSICKER 4129 E CORTLAND FRESNO, CA 93726



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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WILLY T JABONERO 2451 OLIVERA RD #E-13 CONCORD, CA 94520 1642



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

THOMAS A JACOBS 20045 W DAYTON AVE HILMAR, CA 95324



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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MICHAEL JAMES 3138 BERKSHIRE STREET PLEASANTON, CA 94588



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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PETER S KELKER 5407 PIPER LANE OAKLEY, CA 94561



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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MARK W KENYON 6668 BRANCHWATER WAY CITRUS HEIGHTS, CA 95621



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JAMESON T KERN 877 35TH STREET OAKLAND, CA 94608



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Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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KEVIN M KERNS 38 LA COLINA TER ANDERSON, CA 96007



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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HIEP KHUC 4540 OAKDALE STREET UNION CITY, CA 94587



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www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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DAVID KINDER 4809 ALEX DRIVE SAN JOSE, CA 95130



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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CODY A KIRKPATRICK 315 EDWARD AVE MANTECA, CA 95336



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

MASON E KLUG 1036 CROSSRIDGE DR BRENTWOOD, CA 94513



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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ANDREW KNOTT 1079 SILVER BROOK PL MANTECA, CA 95337



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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MICHAEL L KOCH PO BOX 623 FERNLEY, NV 89408



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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KALEB KRENKA 639 MAPLE ST ELKO, NV 89801



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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WILLIAM M LA MARCHE 7682 LAURIE WAY SACRAMENTO, CA 95832



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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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

DEBRA LANCEY 42 BRIONES CT PITTSBURG, CA 94565



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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PATRICIA LARRIEGA 74 S CORTADILLO ST MOUNTAIN HOUSE, CA 95391



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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PATRICK A LAYGO 42 SOUTHDALE AVENUE DALY CITY, CA 94015



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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TIM E LEPLEY 1000 WEST G STREET OAKDALE, CA 95361



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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TYLER J LEWIS 205 SPRING AVE MORGAN HILL, CA 95037



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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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MICHAEL LINDSEY 1220 MELROSE AVENUE MODESTO, CA 95350



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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MARC LOKEY 315 NORTH 17TH ST SAN JOSE, CA 95112



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Date: November 21, 2018

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KEVIN D LONG 256 SULLIVAN WAY HAYWARD, CA 94541



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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JESUS LOPEZ JR 2521 HILLCREST ST SELMA, CA 93662



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

PABLO NINO LOPEZ 743 E LORETTA CT STOCKTON, CA 95207



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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TODD LORIMOR 5230 PEBBLE GLEN DR. CONCORD, CA 94521



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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ANDREW LOZA 2921 BLUEBONNET CT ANTIOCH, CA 94531



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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HERMINIA A LUGO 101 N EMERALD AVE. APT. B MODESTO, CA 95350



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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JOSERICARDO LUKE 1809 WOODLAND AVE MODESTO, CA 95358



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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THOMAS MACDOUGALL 1050 OAK GROVE RD APT 28 CONCORD, CA 94518



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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ALLAN MACIAS-MALDONADO 1421 PEPPERTREE LN MODESTO, CA 95355



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

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GORDON F MACKILL 1214 BROKEN SPUR WAY PLUMAS LAKE, CA 95961



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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MELISA K MAES 1053 MARIA DR OAKDALE, CA 95361



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

EDUARDO MAGANA GUTIERREZ 997 OWSLEY AVE. SAN JOSE, CA 95122



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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JOSH L MALAER 9368 HOLIDAY CT. RENO, NV 89506



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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RAYMOND D MARCUS 3999 LONE TREE RD HOLLISTER, CA 95023



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JOSHUA MARLISA 3953 KENTWOOD CT RENO, NV 89503



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JOEL MARQUEZ 8295 VIERRA KNOLLS DR SALINAS, CA 93907



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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

AARON W MARSHALL 2812 CORNELINS DR SAN PABLO, CA 94608



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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TYLER MARTINEZ 46520 SKYLINE RIDGE RD COARSEGOLD, CA 93614



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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FRANK C MATTEUCCI 792 SYCAMORE AVE HAYWARD, CA 94544



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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JAMES F MAZARIEGOS 100 ZINNIA CIR VALLEJO, CA 94591



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

JEFFREY MCALPIN 2625 ORANGE WAY ANTIOCH, CA 94531



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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LAWRENCE MCCLENDOWN 301 10TH STREET OAKLAND, CA 94607



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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CONNOR R MEDEIROS 16687 COLUMBIA DR CASTRO VALLEY, CA 94552



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JAMES M MENDES 3929 WRIGHT ST TURLOCK, CA 95382



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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DANIEL G MENDIOLA 732 NORTH FORDHAM AVE CLOVIS, CA 93611



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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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

WILSON MENDIZABAL 2823 TARA HILLS DRIVE SAN PABLO, CA 94806



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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JACOB MIKKAWI 1129 KILLARNEY LANE BURLINGAME, CA 94010



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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YUSEF K MOBLEY P O BOX 28982 OAKLAND, CA 94604



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

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BYRON MOLINA 347 LAURIE MEADOWS DR APT #403 SAN MATEO, CA 94403



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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EFREN R MONROY 1985 CALAVERAS CT TRACY, CA 95377



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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

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ANDREWS MONTGOMERY III 5722 WALTRIP LANE SAN JOSE, CA 95118 3462



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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OSCAR MONTOYA 4686 VISIONS DRIVE TURLOCK, CA 95382



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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JAMES M MOORE 682 TAMALPAIS AVE NOVATO, CA 94947



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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JACOB MORA 19 BURBANK AVE REDWOOD CITY, CA 94063



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

RAFAEL MORALES 1111 FUNSTON AVE. PACIFIC GROVE, CA 93950



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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RANULFO MORALES 169 15TH ST APT #4 SAN JOSE, CA 95112



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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ABRAHAM MORENO 1520 E MILLARD WAY DINUBA, CA 93618



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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TIMOTHY W MUELLER 2537 NORDELL AVE CASTRO VALLEY, CA 94546



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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VICTOR NAVARRO 123 EAST STREET HOLLISTER, CA 95023 4005



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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RICARDO E NEVAREZ 1216 ALDER CREEK CIRCLE SAN LEANDRO, CA 94577



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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EDWARD NEW 1535 SPRINGVILLE WAY TURLOCK, CA 95380



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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QUAN T NGO 3334 KERNER BLVD SAN RAFAEL, CA 94901



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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HA V NGUYEN 2075 BANCROFT AVENUE SAN FRANCISCO, CA 94124



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

NATHAN NICOLAY 2975 MISTY MEADOW DRIVE TRACY, CA 95377



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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CHRISTIAN S NOOL 1779 DALTON DRIVE MILPITAS, CA 95035



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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JOSE NUNEZ 1048 W FLORA ST STOCKTON, CA 95203



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JAMES A OGELVIE 272 LA QUESTA DRIVE DANVILLE, CA 94526



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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STEVE OLDER 1314 WINDERMERE WAY CONCORD, CA 94521



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ANTHONY ORANTES 33 RIALTO DRIVE CLAYTON, CA 94517



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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JAIRO OROZCO 136 GRACE AVE PALO ALTO, CA 94303



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

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EMILIO N ORTIZ 1132 S. CARRIAGE AVE. FRESNO, CA 93727



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JUAN ORTIZ 2613 N PERSHING AVE STOCKTON, CA 95204



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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DYLAN OXENRIDER 4442 SACRAMENTO AVE AVENUE FREMONT, CA 94538



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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RICHARD PALMA 2311 FIELDGATE DR. PITTSBURG, CA 94565



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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MICHAEL R PARODI 1452 GEORGE COURT BENICIA, CA 94510



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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VICTOR PATINO SANCHEZ 1437 ASTER DRIVE APT 37 ANTIOCH, CA 94509



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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PETE R PEDREGON 1210 PONTIAC AVE CLOVIS, CA 93612



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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CARLOS PEREZ 4520 MERCED COMMON FREMONT, CA 94536



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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SCOTT A PEREZCHICA 600 WOLFE AVE TURLOCK, CA 95380



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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RYAN D PETERS 150 DROUIN DRIVE APT 23 RIO VISTA, CA 94571



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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CHANHOME PHANTHAVONG 742 61ST ST OAKLAND, CA 94609



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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ERIC PILGER 1710 E RUMBLE MODESTO, CA 95355



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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ANTONIO PIMENTEL 655 MILESTONE DR LATHROP, CA 95330



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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are enrolled in one of the Indemnity Plans (A, B or C)

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ROBBY PINTOS 34031 WEBFOOT LOOP FREMONT, CA 94555 2475



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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THOMAS PITRE 7704 CREEKSIDE DRIVE DUBLIN, CA 94568



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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SCOTT POLEY 2941 W LOWELL AVE #44 TRACY, CA 95377



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

PETER A POPIEL 461 MARINE BLVD MOSS BEACH, CA 94038



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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JOSHUA C POPLIN 2925 CASTRO ST MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JEFFREY L POSS 400 DOLORES AVE HALF MOON BAY, CA 94019



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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STEVEN T POTTER 748 BUCKEYE CT BRENTWOOD, CA 94513



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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MATTHEW PRICE 383 MANILA DR SAN JOSE, CA 95119



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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BRANDON L PROCTOR 615 SHERREE DR MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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MARK A QUALLS POST OFFICE 976 EMPIRE, CA 95319



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

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SCOTT QUINN 2601 STANFORD WAY ANTIOCH, CA 94531



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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JESUS QUINONEZ 5218 MARVUE CIRCLE CONCORD, CA 94521



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

PHILLIP A RAEL 1063 ROSITA ROAD PACIFICA, CA 94044



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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DAVID RAMIREZ 14 YARNALL PLACE REDWOOD CITY, CA 94063



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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ELPIDIO RAMIREZ 4707 E. COSMOS DR STOCKTON, CA 95212



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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RICARDO RAMIREZ 3132 E. CLAY AVE. FRESNO, CA 93702



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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ERNESTO RAMOS 9805 ROLLING MEADOWS LANE SALINAS, CA 93907



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

JUAN RANGEL 603 SAN PABLO AVE APT P RODEO, CA 94572



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
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MARGARITO REYES 1320 53RD AVE OAKLAND, CA 94601



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Date: November 21, 2018

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ROBERT REYNOLDS 125 EAST GARLAND AVE FRESNO, CA 93704



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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SAMMIE L RICE III 3813 DELANO AVE STOCKTON, CA 95204



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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IVAN RICHARDS 120 E WHITTIER AVE. TRACY, CA 95376



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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LUIS RODRIGUES PO BOX 1115 HILMAR, CA 95324



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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ALEX RODRIGUEZ 2218 SANDRINGHAM WAY STOCKTON, CA 95209



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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BENIGNO R RODRIGUEZ 3214 NICOLE ST STOCKTON, CA 95205



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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VIBAT RODWIN 5623 MARIN AVE RICHMOND, CA 94805



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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

TANNER L ROGGERO 6141 HILLTREE AVE CITRUS HEIGHTS, CA 95621 6311



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

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TRAVIS N ROJ 34395 WIEMILLER RD TOLLHOUSE, CA 93667



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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YAVETH ROJAS 96 HARBOR DR BAY POINT, CA 94565



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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RUDY ROMERO 513 WEST STUART AVENUE CLOVIS, CA 93612



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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RICHARD ROSATANO 1378 5TH AVENUE SAN FRANCISCO, CA 94122



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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PAUL J RUBICK 3121 GEOFFREY DR SAN BRUNO, CA 94066



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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HENRY V RULL 913 HOLIDAY CT CONCORD, CA 94518



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Date: November 21, 2018

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CARWIN RYAN II 302 ELWOOD STREET SALINAS, CA 93906



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www.aitrustfunds.org

Date: November 21, 2018

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SENIAN SAELEE 915 JOHN AVE SAN PABLO, CA 94806



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

ANDREW K SAELIO 762 SHELL AVENUE APT 6 MARTINEZ, CA 94553



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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DAJAIN S SALONE 20177 EARL STREET HILMAR, CA 95324



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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AARON SANDIFER 2305 CALIFORNIA STREET EUREKA, CA 95501



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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ALEXANDER SANDOVAL 955 BOCKMAN RD SAN LORENZO, CA 94580



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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BRANDON SANDOVAL 3402 E BROWN AVE FRESNO, CA 93703



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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JOSHUA SANTACRUZ 180 OAK CREST CT TRACY, CA 95377



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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DENNIS SATTERFIELD 2021 CARLETON STREET APT A BERKELEY, CA 94704



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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BRYCE R SCHOTANUS 2133 N. DENTON ST. VISALIA, CA 93291



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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LANCE JOSEPH SCHWARTZ 743 SAN RAMON AVE SUNNYVALE, CA 94085



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

KEVIN SCOGGINS 7064 CASTLE CREEK WY RIO LINDA, CA 95673



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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JUAN M SEARCY 333 FRANCISCAN AVE STOCKTON, CA 95210



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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RAFAEL SERRANO 441 NEBRASKA AVENUE #20 LONG BEACH, CA 90802 7509



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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JACOB SEXTON 524 SODA ROCK PLACE OAKLEY, CA 94561



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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DAVID SHIPMAN 7424 SEAVIEW PLACE EL CERRITO, CA 94530



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

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COLIN SILOW-NAMBIAR 1516 ALABAMA AVE WEST SACRAMENTO, CA 95691



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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BRIAN H SMITH 4395 MELODY DRIVE #F102 CONCORD, CA 94521



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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JAMES E SMITH 1920 WEST WILLOW ST STOCKTON, CA 95203



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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VINCENT SMITH 3254 PINOLE VLY RD PINOLE, CA 94564



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CHRISTOPHER SNYDER 3380 ZARAGOZA DR SPARKS, NV 89436



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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JASON SNYDER 280 N BOULDER DR APT 44 REDDING, CA 96003



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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STEVEN B SOMA 1256 EDGEWOOD ROAD REDWOOD CITY, CA 94062



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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KURT J SONDGROTH 1083 TWIN CREEKS DRIVE SALINAS, CA 93905 4823



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JORGELUIS M SOTO PO BOX 1685 WATSONVILLE, CA 95077



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Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

CONNIE SOUNGPANYA 860 FULTON WAY EL SOBRANTE, CA 94803



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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VALARIE STEWART 1320 HAMPTON CT DISCOVERY BAY, CA 94505



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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KENT C STRACENER II 9 CANTERBURY CIRCLE VALLEJO, CA 94591 8301



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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ANTHONY STRANGIS 8446 WAYLAND LANE GILROY, CA 95020



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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CHRISTOPHER J STRONICK 832 LA SOMBRA AVENUE MODESTO, CA 95354



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From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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LAURIE A STRUXNESS 1512 CHAPALA WAY MODESTO, CA 95355



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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JASON SUTHERLAND 15720 CRESTWOOD DR APT 618 SAN PABLO, CA 94806



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www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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BENNY J TAYLOR 2162 PEBBLE BEACH CT MERCED, CA 95340



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www.aitrustfunds.org

Date: November 21, 2018

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TROY N THOMAS 9085 FREMONT WAY RENO, NV 89506



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However, employees who choose to participate in the wellness program will receive an incentive of a lower annual deductible. Although you are not required to complete the questionnaire or participate in the biometric screening, only employees who do so will receive lower deductible.

The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

RAY THOMPSON 2573 BAYLOR ST EAST PALO ALTO, CA 94303



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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MICHAEL TORRANO 491 BURGOYNE ST MT VIEW, CA 94043



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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MANUEL A TORRES 1258 ODDSTAD BLVD PACIFICA, CA 94044



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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TAM TRAN 7044 VIA ANACAPA SAN JOSE, CA 95139 1116



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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BOI TRINH 2116 7TH AVE OAKLAND, CA 94606



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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WILLIAM G TROY 821 MERICREST ST BRENTWOOD, CA 94513



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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BRIAN TRUTNER 519 SYBIL AVENUE SAN LEANDRO, CA 94577



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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are enrolled in one of the Indemnity Plans (A, B or C)

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GREGORY T TURNER 8316 NORTHVALE WAY CITRUS HEIGHTS, CA 95610



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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KEVIN S TYE 12909 HEIDI CT BAKERSFIELD, CA 93314



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

SAMISONI P VAKA 5667 MERIT WAY FREMONT, CA 94538



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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ADAN VALENCIA 255 PEACH DRIVE SAN LORENZO, CA 94580



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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ALOONH VANVILAY P.O. BOX 793 EL CERRITO, CA 94530



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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JOSE VARA 1050 MINNIWAWA APT 175 CLOVIS, CA 93612



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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RUBEN VARGAS 4444 HARDWICK WAY NORTH HIGHLANDS, CA 95660



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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- This change will become effective for claims submitted on or after the first of the second month following the Fund
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Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

JOHN M VASQUEZ 968 GEORGEANN PLACE RIPON, CA 95366



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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ROY VERA PO BOX 442 CARUTHERS, CA 93609



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www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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ANTIMO VIEIRA 24433 PALOMARES RD CASTRO VALLEY, CA 94552



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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FRANK VILCHES 533 PARIS STREET SAN FRANCISCO, CA 94112



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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

RYAN VILLARON 5046 GROUSE RUN DRIVE STOCKTON, CA 95207 8320



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

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BRUCE A VOLTZ 1610 BLUEBELL DR LIVERMORE, CA 94550



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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P VONGTHAVADY 1725 1/2 PINE AVE SAN PABLO, CA 94806



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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ROBERT WAGNER 391 CORDELIA WAY WALNUT CREEK, CA 94597



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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ERIC WALKER 5955 ELLERSLEE DR CARMICHAEL, CA 95608



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The Health Dynamics Program is a voluntary wellness program available to all participants and eligible spouses in the Automotive Industries Welfare Fund. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test that is likely more extensive than you would routinely obtain in order to determine certain health risks. You are not required to complete the questionnaire or to participate in the blood test or other medical examinations.

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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

MATTHEW WALLACE 3011 LEMMON CT HOLLISTER, CA 95023



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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WILLIAM WALLACE 1302 C STREET ANTIOCH, CA 94509



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JEFFREY WANG 165 MERANO STREET DANVILLE, CA 94526



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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THOMAS WARREN 2221 BEGONIA CT PITTSBURG, CA 94565



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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CARL F WARTICK 2808 WHITNEY DRIVE FAIRFIELD, CA 94533 6537



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
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- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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THOMAS WEBER 699 LONG BARN DR LATHROP, CA 95330



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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THOMAS WEHRMEISTER 1864 ELDERWOOD DRIVE CONCORD, CA 94519



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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LEIF WHITE 1210 DELAWARE ST BERKELEY, CA 94702



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

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JOSHUA J WILBORN 2702 MAGEE AVE SAN PABLO, CA 94806



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The information from your questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

#### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Automotive Industries Welfare Fund may use aggregate information it collects to design a program based on identified health risks in the workplace, the Health Dynamics Program will never disclose any of your personal information either publicly, to the Fund or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to the Fund, your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

TY WILLEMSSEN 15866 VIA PINALE SAN LORENZO, CA 94580



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

RANDOLPH B WILLIAMS 4983 KENTFIELD RD APT A STOCKTON, CA 95207



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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KYLEESHA WILLIAMS-VEGA 2205 CASWELL AVE CERES, CA 95307



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

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DONALD A WILSON 19021 QUERCUS COURT FIDDLETOWN, CA 95629



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

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MICHAEL WILSON 9639 VELVET LEAF CIR SAN RAMON, CA 94582



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
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Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

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The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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ROBERT WINTER 2102 CURTIS DR PENNGROVE, CA 94951



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

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DAVID A WITCHER 6405 MIGONETTE STREET BAKERSFIELD, CA 93308



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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BRYAN A WONG 475 SAILWIND WAY SACRAMENTO, CA 95831



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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JEFFREY A WOOD 36970 CLOVERLEAF AVE. MADERA, CA 93636



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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Health Dynamics health educator in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your Fund records and personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any Fund benefit decision or employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Fund Office at (800) 635-3105.

PATRICK Q WOODWARD 1762 ALRAY DRIVE CONCORD, CA 94519



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

To: Participants in the Automotive Industries Welfare Fund Plan (including COBRA Participants) who

are enrolled in one of the Indemnity Plans (A, B or C)

From: Board of Trustees, Automotive Industries Welfare Fund Plan

This Participant Notice provides **information that is VERY IMPORTANT to you and your dependents**. Please take the time to read it carefully.

# HEALTH DYNAMICS PROGRAM AND DEDUCTIBLE CHANGES EFFECTIVE JANUARY 1, 2019

Depending on your Plan, for services received on or after January 1, 2019, your deductible will change as outlined in the chart below. However, if **you (and your eligible spouse or domestic partner if applicable)** get a **FREE** comprehensive health exam through the Health Dynamics Program, you may be eligible to reduce your deductible. This health evaluation is **absolutely free** and will provide you with a health profile that identifies any potential health concerns, assesses your nutritional status and fitness and helps keep you on track to maintain optimal health.

Plan Option	2019 Calendar Year Deductible	2019 Decreased Deductible for participation in Health Dynamics Program
Plan A	\$400/individual or \$800/family	<b>\$200</b> /individual, <b>\$400</b> /family
Plan B	<b>\$1,000</b> /individual or <b>\$3,000</b> /family	<b>\$500</b> /individual, <b>\$1,500</b> /family
Plan C	<b>\$1,000</b> /individual, <b>\$2,000</b> /family	No change - \$1,000/individual, \$2,000/family

This 2019 deductible will become effective for services on or after January 1, 2019. However, Plan A and B Participants and spouses/domestic partners who have previously completed a Mobile Unit or Health Dynamics Program exam in 2017 or 2018, or who complete their comprehensive health exam through the Health Dynamics Program by January 31, 2019 may reduce their 2019 deductible. **Those Plan A and B Participants who have not completed their Health Dynamics exam by the January 31, 2019 deadline will not have the opportunity to reduce their deductible for 2019.** 

- Once you have completed the Health Dynamics exam and all documentation demonstrating the satisfaction of this
  requirement has been received by the Trust Fund Office, your deductible will be decreased as noted above.
- This change will become effective for claims submitted on or after the first of the second month following the Fund
  Office's receipt of this documentation. For example, if you complete your Health Dynamics exam and the
  documentation is received by the Trust Fund Office in January 2019, your deductible will be reduced effective for
  claims submitted on or after March 1, 2019.
- Any cost-sharing credited to your deductible for claims submitted prior to this effective date of the change will not be reimbursed if you will be found to have already surpassed the deductible as of the effective date of the change.

The exam typically takes about two hours to complete. It begins with a questionnaire and includes a physician-directed physical, a lab panel that is likely more extensive than you would routinely obtain from your primary-care physician and tests that evaluate your heart, lungs and potential cancer risks. Nutritional intake, cardiovascular fitness, strength, flexibility, body composition and stress inventory are also tested. After completing your exam, you may participate in a personal-consultation session with a health educator to review the results. Your educator will make recommendations and suggestions specific to your unique health, fitness and nutritional status. Knowing what you need to do is essential to improving or maintaining your health.

Find a participating provider in your area by calling Health Dynamics at 866-443-0164, option 1.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Al Trust Fund Office at (800) 635-3105.

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DAISY YANG 1822 39TH AVENUE OAKLAND, CA 94601



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

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STEPHEN YATSKO 1090 CAROLAN AVE APT 205 BURLINGAME, CA 94010 2581



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756 TELEPHONE (800) 635-3105 | FAX (925) 588-7121

www.aitrustfunds.org

Date: November 21, 2018

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From: Board of Trustees, Automotive Industries Welfare Fund Plan

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AARON L YOUNGREEN 13223 MILAN DR. BAKERSFIELD, CA 93306



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GABRIEL ZAMBRANO 518 KLAMATH CT. HAYWARD, CA 94541