

UNITE HERE HEALTH



Your guide to the Food Service Plan PPO



Introduction

Congratulations! You collectively bargained to get your health benefits through UNITE HERE HEALTH (“UHH” or “the Fund”), which exists just for union members of UNITE HERE.

This manual is intended for union shop stewards and other leaders to help UNITE HERE HEALTH members learn how to best use their health benefits and access quality care.

You and your co-workers work hard every day to maintain quality, affordable healthcare for yourselves and your families.

Unfortunately, quality, affordable healthcare for working people is in danger.

We can protect our pot of money for healthcare, control out-of-pocket costs, and help keep great benefits by using them wisely.



*UNITE HERE HEALTH is **your**
pot of money just for healthcare.*

This manual covers Food Service Plan Legacy and Food Service Plan II. Each worksite will eventually bargain over from FSP Legacy to FSP II.

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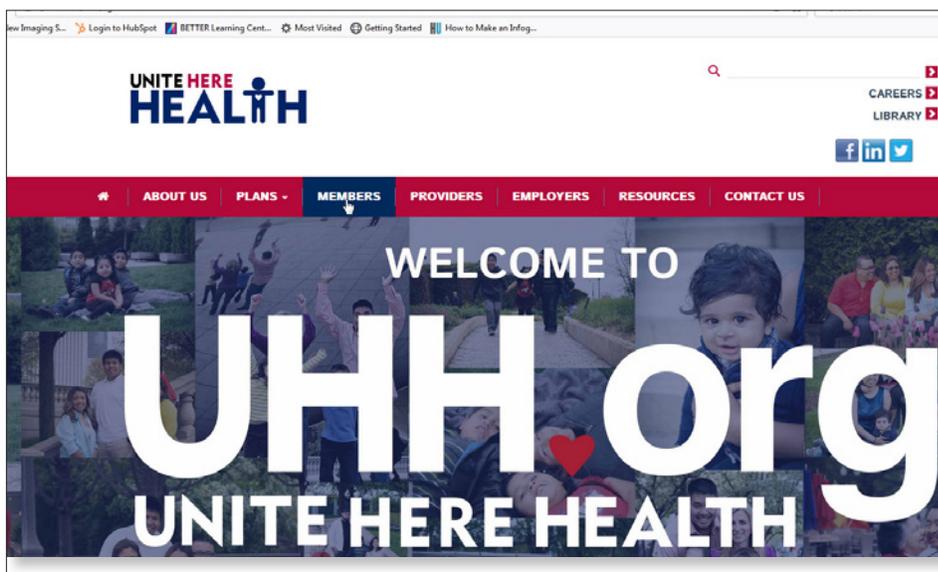
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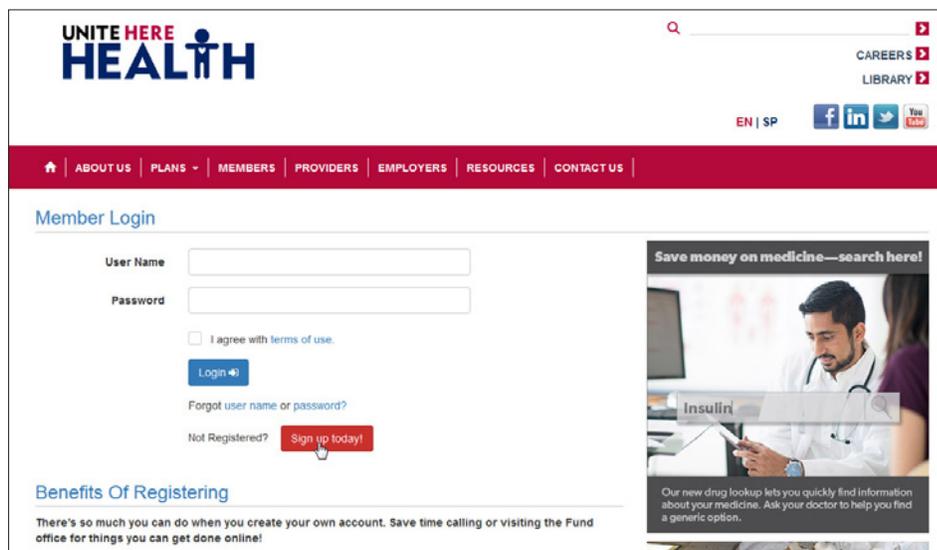
Food Service Plan

Register for an account on our
online member portal

1. Visit uhh.org/member



2. Click on the "Sign up today!" button to create a new account.



Call UHH first!

FSP II (376):

(833) 637-3519

9:00 a.m. – 7:30 p.m. Eastern,
Monday through Friday

FSP Legacy (176):

(866) 686-0003

8:30 a.m. – 10:00 p.m. Eastern,
Monday through Friday

Visit uhh.org/fsp
for more info!

Find:

- A primary care provider or urgent care center near you
- Benefit summaries
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

You can also login to our
enrollment portal to:

- View your current benefits
- View the specific benefit summaries that apply to you
- Update your contact info

To register, go
to uhh.org/member

- The member then enters his/her information and clicks "Register" to create a new account.

Member Registration

Fill out the form below to create an account with your Health Fund! Please note that this is a secure area for members only. (Accounts for dependents are not available at this time.)

Already Registered? [Login](#)

Social Security Number

First Name

Last Name

Birth Date

Phone

E-mail

Language

User Name

Password

Confirm Password

Security Question

Security Answer

I agree with terms of use.

[Register](#)

Save money on medicine—search here!

Insulin

Our new drug lookup lets you quickly find information about your medicine. Ask your doctor to help you find a generic option.

Other important phone numbers

Pharmacy prior authorization and clinical assistance (Hospitality Rx)
(844) 484-4726
hospitalityrx.org

Mail Order Pharmacy (WelldyneRx)
(844) 813-3860
welldynrx.com

FREE test strips and Glucometer (Livongo for Diabetes)
(800) 945-4355
Or register at register.livongo.com/uhhfs

Text POWER to 97779
Text messaging updates

Common terms

You should know a few common terms:

Premiums—how much your benefits cost per month

Co-premiums—how much you pay toward the premium, if anything (this is negotiated between you and your employer); co-premiums are almost always paid through payroll deductions by your employer

Deductible—how much you have to pay, if anything, before your benefits will start paying

Copay—how much you pay for a medical service or office visit, usually at the time of the visit; a fixed amount for the service

Co-insurance—how much you pay for a medical service; a percentage of the total service charge

UNITE HERE HEALTH members have top-tier coverage

Being part of UNITE HERE HEALTH allows members access to a higher level of benefits than can be found elsewhere.

- **Food Service Plan Platinum Plus** — This plan pays around 95% of healthcare costs.
- **Food Service Plan Platinum** — This plan pays around 90% of healthcare costs.
- **Food Service Plan Gold Plus** — This plan pays around 85% of healthcare costs.
- **Food Service Plan Silver Plus** — This plan pays around 75% of healthcare costs.



With other plans, the person pays up to **40%** of medical costs (through deductibles, copays, and coinsurance) *after he/she pays the monthly premium.*

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You and your employer collectively bargained for the following:

- Benefits offered
- Waiting period
- How many hours you have to work to be eligible for benefits
- Co-premiums

Coverage differences between the Food Service Plans

	Food Service Plan Legacy	Food Service Plan II
<i>Each worksite will eventually bargain over from FSP Legacy to FSP II</i>		
Options to add dependents	3 Tiers: <ul style="list-style-type: none"> • Employee • Employee + 1 (Could be child or spouse) • Family 	4 Tiers: <ul style="list-style-type: none"> • Employee • Employee + Spouse • Employee + Child or Children • Family
Coverage starts	2 months after the employee and employer start making contributions (payments). <i>Example:</i> Contributions start in January, coverage will begin in March	Same month for which the employee and employer start making contributions, which usually start the month before the coverage starts. <i>Example:</i> Contributions start in January, coverage starts in February.
Benefits	<ul style="list-style-type: none"> • Walgreens and Duane Reade are not in the pharmacy network • 24/7 Doctor on Demand video visits not included 	<ul style="list-style-type: none"> • Walgreens and Duane Reade are in the pharmacy network • 24/7 Doctor on Demand video visits in multiple languages
Bargaining options	Can only bargain 1 medical, dental, and vision option and only 1 level of short-term disability and life insurance	Can bargain 2 medical, 2 dental, and 2 vision options and higher levels of short-term disability and life insurance

Other important phone numbers

Pharmacy prior authorization and clinical assistance (Hospitality Rx)
 (844) 484-4726
hospitalityrx.org

Mail Order Pharmacy (WelldyneRx)
 (844) 813-3860
welldynernx.com

FREE test strips and Glucometer (Livongo for Diabetes)
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Some great things about Food Service Plan

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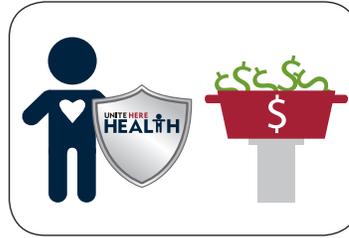
- Low copays for primary care, mental health, and substance abuse counseling
- No deductible for most plans
- **FREE** diabetic test strips, glucometer, and 24/7 access to diabetes coaching and support through the Livongo for Diabetes program
- 4 free nutritional counseling visits per year
- Chiropractic care: 12–24 visits per year, depending on plan
- Low prescription copays
- Mail-order pharmacy offers half-price prescriptions
- 60 physical therapy visits per year
- Orthotics benefits up to \$500 every 24 months
- After bargaining to transition to the newer Food Service Plan II:
 - Members can choose the coverage tier that's right for them: Single, Single + Spouse, Single + Child/Children, Family
 - Members have access to doctors on their phone any time through Doctor on Demand (multiple languages)
 - Coverage begins on the first day of the month for which premium payments are made (new hires no longer have to pay for 2 months before coverage begins)

For more details about coverage offered through Food Service Plans, review the Benefits-at-a-Glances located at uhh.org/fsp

Where it asks which plan you have, select "Blue Cross Blue Shield." The Benefits-at-a-Glances are under "Benefit Summaries" in the lower right hand corner of the page.

Protecting your pot of money

UNITE HERE HEALTH is a non-profit governed by both union and employer trustees. Our mission is for you and your fellow members to receive the best quality care for your money.



We're always trying new ways to offset rising healthcare costs.

UHH medical professionals, analysts, and regional specialists work hard to protect your money from the healthcare profiteers who are making headlines.

Private insurance giants

So many private insurance companies focus on profits.

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PATIENT RIGHTS > MANAGING MEDICAL COSTS

How Money Influences Our Medical Care

The Answer to Many Healthcare Questions is "Follow the Money"

By Trisha Torrey
Updated February 08, 2018

Why Your Health Insurer Doesn't Care About Your Big Bills

May 25, 2018 · 5:00 AM ET

MARSHALL ALLEN

FROM

April 15, 2018 12:19 AM

Health plan enrollment, profits hit record highs

JAY GREENE

TWEET SHARE SHARE SHARE EMAIL

Health plan profits in Michigan of \$452 million, 2.6 percent margin

Driven by commercial, Medicare and Medicaid revenue

MARKETS BUSINESS NEWS INVESTING TECH POLITICS CNBC TV

The hidden reasons your health-care costs are skyrocketing

PUBLISHED THU, MAR 22 2018 · 9:51 AM EDT | UPDATED THU, MAR 22 2018 · 3:00 PM EDT

Keith Lemer, CEO of WellNet Healthcare

SHARE

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The pharmaceutical industry

Increasingly, some drug companies are bending the rules to overcharge for life-saving medications.

When Your Medication Costs More Than Your Mortgage

© Jan 17, 2016 - 08:15 PM

Son's death pushes Minnesota mom into fight against high, rising drug prices

Mother of young Minneapolis man who died because he couldn't afford insulin leads fight.

By **Jeremy Olson** Star Tribune | MAY 11, 2018 – 11:33AM

Bloomberg

Business

Generic-Drug Companies to Face First Charges in U.S. Probe

By **David McLaughlin** and **Drew Armstrong**

April 24, 2018, 2:57 PM CDT Updated on April 24, 2018, 4:07 PM CDT

Hidden conflicts? Pharma payments to FDA advisers after drug approvals spark ethical concerns

By **Charles Piller, Jia You** | Jul. 5, 2018, 2:00 PM

R&D Costs For Pharmaceutical Companies Do Not Explain Elevated US Drug Prices

Nancy L. Yu, Zachary Helms, Peter B. Bach

MARCH 7, 2017

10.1377/hblog20170307.059036

The Fund's paperless movement to save you money

Did you know the Fund spends hundreds of thousands of dollars on printing and postage every year? Encourage members to sign up for email to help reduce printing and postage costs.



Members can visit uhh.org/email to get legally required notices sent via email, which will also stop big packets of paper getting sent to your home. (Members who do this must have a working email account and Internet access in order to participate.)

They can also sign up to go paperless during online enrollment. Finally, members can get great health tips by following UNITE HERE HEALTH on Twitter or liking us on Facebook.

How to enroll

Enrollment overview

Enrollment steps	How you can help the process go smoothly
1. A new employee is hired or moves into a benefit-level position.	
2. The employee's on-site manager should immediately report him/her to UNITE HERE HEALTH. <ul style="list-style-type: none"> › If the employee works for certain Compass locations or for Sodexo, the manager reports these changes to the corporate benefits office, who then sends it to UNITE HERE HEALTH. 	<p><i>Remind managers to report new employees to the Fund right away. If they don't know how to report new hires to UHH, they can check with their manager, Labor Relations, or call UHH.</i></p>

Other important phone numbers

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Enrollment overview (continued)

Enrollment steps	How you can help the process go smoothly
<p>3. Once notified, UNITE HERE HEALTH will mail an enrollment letter to the employee, who should receive it 3-5 business days later. The employee should follow the instructions on the letter to enroll (they can enroll online or call UHH).</p>	<p><i>If a new hire hasn't received an enrollment letter within 2 weeks of being hired or moving to a benefit-level position, check with his/her manager to see if the employee has been reported. The employee can also call UHH to see if he/she is in the Fund's system. (If the employee is not in the system, his/her manager has not yet reported him/her as a new hire.)</i></p>
<p>4. After the employee enrolls himself/herself and any dependents, and after any probation/waiting period required by his/her Collective Bargaining Agreement (CBA), the employer will start paying monthly health benefits contributions.</p> <ul style="list-style-type: none"> ➤ The employee will start paying his/her co-premium, if applicable, as well. 	<p><i>If payroll contributions deductions don't start on time, check with the employee's manager. Payroll contributions deductions are an issue between members and employers. The Fund is unable to resolve these issues.</i></p>
<p>5. Coverage becomes active after payments are made.</p> <ul style="list-style-type: none"> ➤ For those in the newer Food Service Plan II, the employee's coverage will become active on the first day of the month for which payments are made. ➤ For those who are in Food Service Plan Legacy, the employee's coverage will become active after 2 months of employer and employee payments (the "lag period"). 	
<p>6. The employee will receive an ID card from Blue Cross Blue Shield within the first month of medical coverage.</p>	<p><i>If cards don't arrive within the first few weeks of coverage, the member should contact the Fund. If the employee needs to use his/her benefits before receiving the ID card, the employee just needs to call UHH and can he/she can receive a temporary ID card.</i></p>

Call UHH first!

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Monday through Friday

FSP Legacy (176):

(866) 686-0003

8:30 a.m. – 10:00 p.m. Eastern,
Monday through Friday

Visit uhh.org/fsp
for more info!

Find:

- A primary care provider or urgent care center near you
- Benefit summaries
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

You can also login to our enrollment portal to:

- View your current benefits
- View the specific benefit summaries that apply to you
- Update your contact info

To register, go to uhh.org/member

Enrollment overview (continued)

Enrollment steps	How you can help the process go smoothly
7. A UNITE HERE HEALTH welcome packet arrives after the employee's benefits start. It contains important benefit information that the employee should review.	
8. If the employee has the Cigna Dental HMO plan, a Cigna ID card will arrive in the mail shortly after his/her benefits start. If the employee has the Cigna Dental PPO plan, an ID card will be included with his/her welcome packet.	
9. If the employee has VSP or Davis Vision, he/she does not need an ID card to receive vision services.	

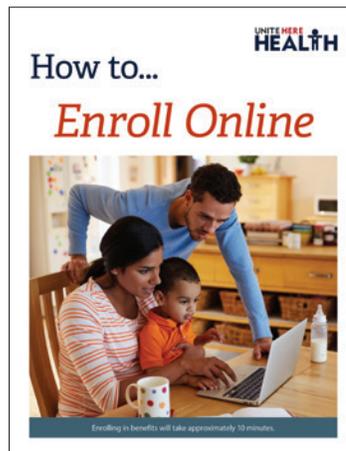
How to enroll online

Employees can visit uhh.org/enroll to start the online enrollment process. Employees will first need to register. To enroll new dependents, they will need to upload, email, or fax a marriage certificate for a spouse and a birth certificate for a child **BEFORE** their enrollment deadline.

- Email: docs@uhh.org
- Fax: (630) 236-4392

We've created a quick guide to help members enroll online. It can be found at uhh.org/resources under the "Employer and Union Toolkits" heading. Click on the "Step-by-Step Online Enrollment Guide."

To enroll over the phone, have the employee call **(833) 569-9638**.



Other important phone numbers

Pharmacy prior authorization and clinical assistance (Hospitality Rx)
(844) 484-4726
hospitalityrx.org

Mail Order Pharmacy (WelldyneRx)
(844) 813-3860
welldynrx.com

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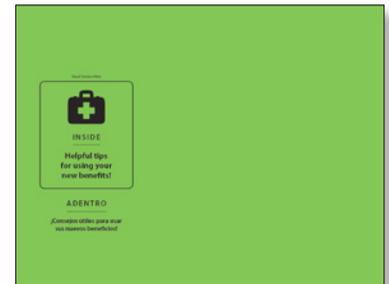
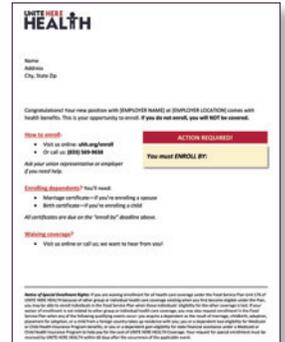
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Enrollment materials

Below are examples of different enrollment materials.

- The enrollment letter is sent 3-5 business days after UNITE HERE HEALTH has been notified of a new hire/change to benefit-eligible position. The employee enrolls for coverage by following the instructions on this letter or by calling UHH.
- The brightly colored welcome packet arrives after benefits start. It contains important benefit information that employees should review.
- The Blue Cross Blue Shield ID card arrives within the first month of medical coverage.



Enrolling new hires

Q: How can new hires get enrolled on time?

A: Make sure the employer immediately reports the new hire to UNITE HERE HEALTH.

Step 1: Whenever a new employee is hired into a benefit-eligible position, the employer needs to notify UNITE HERE HEALTH **immediately, even before the employee has completed any probation/waiting period required by his/her CBA.**

Employers must report their new hires to their assigned representative at UNITE HERE HEALTH. These representatives make sure the employer is paying healthcare premiums correctly.

If the employer does not know who their representative is, ask the employer to call the Fund for help.

- For certain Compass locations and for Sodexo, the worksite manager needs to report new hires to their corporate benefits office, who then reports to UHH. If they do not know how to report to corporate benefits, ask them to call the Fund for help.

*UNITE HERE HEALTH (the joint union and employer health fund) is not the same as UNITE HERE (the union). The employer needs to notify the **Health Fund** of new hires.*

Step 2: Once notified, UNITE HERE HEALTH will mail enrollment letters to employees who are newly eligible to enroll.

Step 3: The employees have 30 days to enroll from the date this enrollment letter is mailed out. They must also send any documents for dependents in this timeframe (see the “Adding dependents” section). Members can enroll online at uhh.org/enroll or call UHH.

Members should NOT wait until after they complete their probation/waiting period to enroll or inquire about enrolling or they will miss their enrollment deadline.

Example The language in the union contract for this worksite reads:

“The employer will begin making contributions to the Fund for eligible employees the first of the month following 2 months of employment.”

This means that there is at least a 2-month waiting period.

1. Wilfred gets hired on 7/15 into a benefit-level position.
2. His manager reports this to the corporate benefits office on the same day, which sends his information to UNITE HERE HEALTH on the same day.
3. Because of the timely notifications, Wilfred gets his enrollment letter in the mail 3-5 business days after his 7/15 hire date.
4. Wilfred enrolls at uhh.org/enroll within 30 days of the date the letter was sent.
5. Wilfred completes his 2-month waiting period on 9/15 and per his CBA, his employer starts making contributions **for** the following month of October.
6. Wilfred also starts paying his co-premium through payroll deductions by his employer.

Other important phone numbers

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hospitalityrx.org

Mail Order Pharmacy
(WelldyneRx)
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If Wilfred works at a worksite that is in FSP Legacy with the lag:	If Wilfred works at a worksite that is in FSP II with no lag:
7. Wilfred and his employer make contributions for October and November. This is the 2-month lag period.	7. Wilfred will get coverage on 10/1 .
8. Wilfred will get coverage on 12/1 .	

Enrolling current employees who become newly eligible to enroll

Q: How does an employee who is promoted to a full-time position or starts working enough hours get benefits on time?

A: The employer must report the change in hours to UNITE HERE HEALTH on time.

When someone starts working enough hours or moves from a part-time position into a full-time position and becomes benefits eligible per the CBA, **the employer needs to notify UNITE HERE HEALTH immediately.**

To do this, they must contact Corporate Benefits (Sodexo and some Compass locations) or the UNITE HERE HEALTH representatives (most other employers), using the same process explained previously.

- **Note:** Some CBAs may include a probationary period for people who move from part-time to full-time.

Adding dependents



Q: *When can someone add dependents?*

A: *Members can add dependents when they first enroll, during annual open enrollment, or if they have a special situation (see the "Qualifying life events" section).*

Members can enroll dependents (a spouse, child, or stepchild) for benefits. Children or stepchildren can be covered under the benefits until the end of the month in which they turn 26.

Members can add dependents when they first enroll, or during open enrollment, typically in October. If a member adds dependents during open enrollment, his/her dependents can begin using their benefits on January 1.

When enrolling a dependent, the member will need to submit documents proving his/her relationship with the person ("proof documents"), which are:

- Marriage Certificate to enroll a spouse
- Birth Certificate to enroll a child/adult dependent
 - The birth certificate must list the parents' names. In some states (CT, NJ), this information is only found on the long-form birth certificate.
- Call UHH to find out other forms of proof documents we accept.

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If adding the dependent(s) increases the tier of coverage (to Single + Spouse or Child/ren or Family level coverage), and the member pays a co-premium at his/her shop, he/she will start paying the new, higher co-premium. For members who have the "lag" period, he/she will start paying the new, higher co-premium for 2 months before dependents can use their health benefits.

Adding newborns, adding a new spouse, and handling coverage emergencies ("qualifying life events")

A "qualifying life event" grants a special enrollment period. Examples of qualifying life events are:

- Getting married
- Having a baby
- Adopting a child
- A spouse or dependent under age 26 suddenly loses coverage
- A dependent moves into the US
- The member or a dependent becomes eligible for state financial assistance under a Medicaid plan or State Child Health Insurance Program to help pay for the cost of UNITE HERE HEALTH's Dependent Coverage



The member has up to 60 days from the date of the qualifying life event to add a family member to the benefits. **Enrollments received after 60 days will not be accepted.**

Newborn children are covered from birth. However, the member must still enroll his/her newborn and submit the required proof documents to UNITE HERE HEALTH.

For a spouse and other dependents, members have 2 options for when that coverage will begin.

- **Option 1:** "Prospective," meaning coverage begins **the first of the month after the Fund is notified and approves the special enrollment (for members with a lag, coverage begins the first of the month after the 2-month lag period).** If the member has a co-premium, his/her payroll deductions will increase if adding the dependent increases the member's coverage tier.



- For example, a member gets married on January 20th and notifies the Fund on March 15th (within the 60-day special enrollment period) and the special enrollment is approved shortly thereafter. Coverage for the spouse would begin on April 1st (June 1st for members with a 2-month lag period).
- **Option 2:** "Retroactive," meaning coverage begins on **the first of the month following the qualifying life event.** If the member has a co-premium, extra money will be taken out of the member's paycheck, according to company policy, until he/she is caught up. This is called "arrears" and it is usually an **additional** one-half of the member's co-premium per pay period, so he/she would pay 1 ½ times the normal deduction until he/she is caught up.
 - For example, a member gets married on January 20th, notifies the Fund on March 15th, and the special enrollment is approved shortly thereafter. Coverage for the spouse would be retroactive back to February 1st (members with a lag period would have to pay the co-premium amount owed back to December 1st).

Other important phone numbers

Pharmacy prior authorization and clinical assistance
(Hospitality Rx)
(844) 484-4726
hospitalityrx.org

Mail Order Pharmacy
(WelldyneRx)
(844) 813-3860
welldynerx.com

FREE test strips and Glucometer
(Livongo for Diabetes)
(800) 945-4355
Or register at
register.livongo.com/uhhfs

Text POWER to 97779
Text messaging updates

How to use your benefits

Find a primary care provider

The best and most cost-effective way to get routine care is to visit a Primary Care Provider (PCP) regularly.

Primary care visits are never more than \$10-\$25 (depending on the plan), and annual physicals are free. Any PCP contracted with the Blue Cross Blue Shield network is covered under the benefits.

To find one, call UHH. Members can visit the UNITE HERE HEALTH website at uhh.org/fsp Click on "Find a PCP or UCC."

Members can also ask a trusted co-worker for a referral to a local PCP as long as they make sure it's a network provider.



Call UHH first!

FSP II (376):

(833) 637-3519

9:00 a.m. – 7:30 p.m. Eastern,
Monday through Friday

FSP Legacy (176):

(866) 686-0003

8:30 a.m. – 10:00 p.m. Eastern,
Monday through Friday

**Visit uhh.org/fsp
for more info!**

Find:

- A primary care provider or urgent care center near you
- Benefit summaries
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

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Make smart choices

Encourage members to make smart choices with their benefits.

Make smart choices!

1. Save money—stay in the network

- Blue Cross Blue Shield

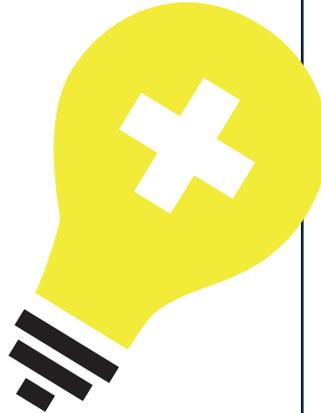
2. Use copays to get the right care at the right price.

- PCPs know members best and have the lowest copays
- Doctor on Demand (FSP II only) video visits are the same price as PCP visits and are good for questions when members cannot see their PCP
- Specialist visits are more than PCP visits
- Urgent care centers have a lower copay than emergency rooms (ERs); members can walk in just like they can at ERs
- ERs cost the most

3. Know when to use a hospital

- Hospitals overcharge and cost more

4. Non-emergency ER visits mean the member pays the copay and **HALF** the bill!



Save money—stay in the network!

For more details about the coverage offered through Food Service Plan, review the Benefits-at-a-Glances located at uhh.org The Benefits-at-a-Glances are under "Benefit Summaries" in the lower right hand corner of the page. They're broken into benefit categories.

Other important phone numbers

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Text messaging updates

Find an urgent care center

This guide helps members decide where to go for medical care:

Call UHH first!

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Monday through Friday

FSP Legacy (176):

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Where's the best place for medical care?

Whenever possible, members should call their Primary Care Providers (PCPs) for advice on the best place to get care.

When to go to the PCP

- Illness—examples: ear infection, flu/cold, sore throat
- Cuts, burns, sprains, muscle pain, infections
- Headaches
- Non-life threatening injuries
- Regular checkups
- Referrals to specialists
- To get or renew prescriptions
- Vaccinations

When to go to urgent care (after-hours care)

When the patient can't wait for the PCP's office to open because of:

- Non-life threatening illnesses
- Non-life threatening injuries
- Minor trauma—cuts, burns, sprains, muscle pain

When to go to the emergency room

- Severe difficulty breathing
- Chest pain or pressure
- Fainting
- Major bleeding
- Coughing or vomiting blood
- Sudden severe pain
- Poisoning

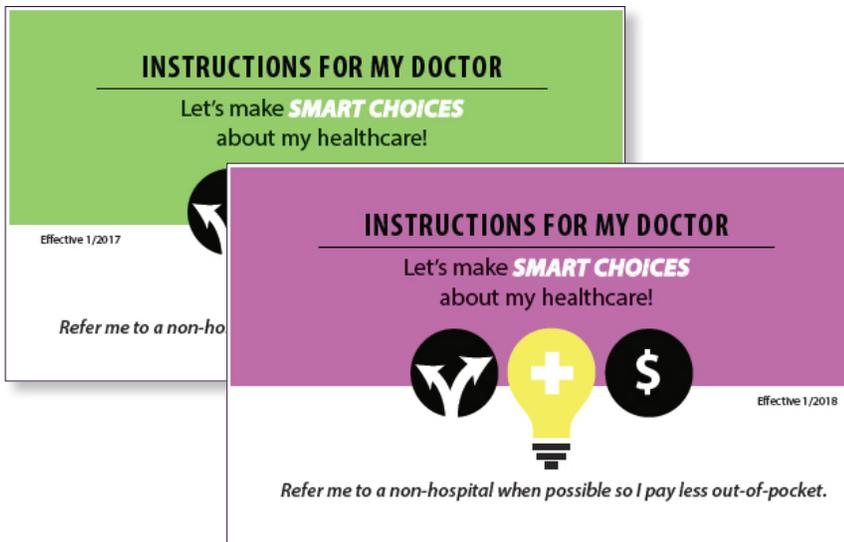
Visit uhh.org/fsp to find the nearest urgent care center and then click on "Find a PCP or UCC." The member can also call the Fund.

Suggest members keep the address of their nearest urgent care center in their wallet.

- **CAUTION:** Some urgent care centers are hospital emergency rooms in disguise! Even when it says "Urgent Care Center" on the outside of a building, these places may bill like a hospital emergency room. That means members will have at least a \$100 copay. Always call the Fund to make sure an urgent care center is in network and is a true urgent care center.

In general, any services performed in a hospital will be much more expensive than when performed outside of a hospital. Services performed at a doctor's office, ambulatory surgery center, or a free-standing lab like Quest Diagnostics will most likely save you, your fellow members, and your fund money.

Members should show their doctors the wallet copay guide shown below to help keep them out of hospitals whenever possible. They should call UHH if they need one mailed to them:



Examples of wallet copay guides for 176 and 376 Food Service Plans

Livongo for Diabetes—“smart” glucometer and FREE test strips

- **A more helpful meter:** Get advice on what to do next. Livongo's meter tracks the member's numbers and gives him/her a personalized tip after each check. Members can also share their readings with their doctor.
- **Unlimited strips at no cost to you:** Members can order strips right from their meter and get them delivered to their door for free.
- **Coaching and support:** Contact a certified diabetes educator any time of day or night—they're available 24/7. When a member's numbers are off, he/she receives a phone call or text message to help guide him/her with next steps.

Other important phone numbers

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Better Living—take charge of your on-going condition



Members Earl and Charlie celebrate Charlie's graduation from the Better Living program. Earl is a 2014 graduate and has recruited 10 co-workers to participate in the workshops between 2017 and 2018.

Better Living is a free wellness program designed for members with on-going health conditions. A member's spouse or domestic partner is also eligible for the program.

The group meets once a week for 6 weeks. Many members have conditions like arthritis, asthma, high cholesterol, diabetes, high blood pressure, depression, etc.

Members support each other as they work to manage their conditions and medicines, start exercising regularly, manage stress, and achieve other goals. The group often forms a bond and reunites regularly to share updates after the program ends.

Better Living is available in Connecticut, Boston, New York, Los Angeles, and Chicago. If you know a member who would benefit from joining Better Living, contact your Health Promoter, have the member contact your Health Promoter, or call the Fund.

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Monday through Friday

FSP Legacy (176):

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8:30 a.m. – 10:00 p.m. Eastern,
Monday through Friday

Visit uhh.org/fsp
for more info!

Find:

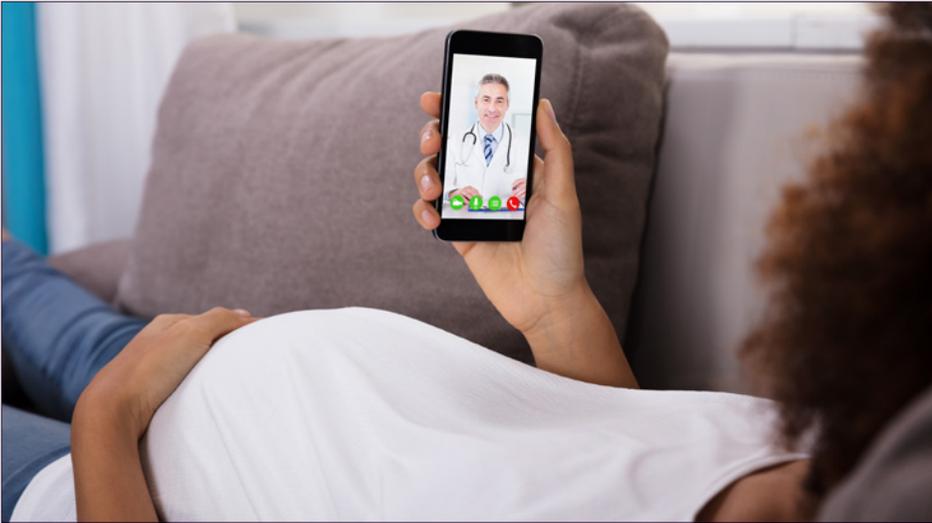
- A primary care provider or urgent care center near you
- Benefit summaries
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

You can also login to our enrollment portal to:

- View your current benefits
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- Update your contact info

To register, go to uhh.org/member

Doctor on Demand video visits (FSP II only)



For non-emergencies, members have access to Doctor on Demand. Members can speak to a doctor through video by using a tablet, smart phone, or computer with a front-facing camera. With a \$10-\$25 copay (depending on the plan) for each video visit, they can use this benefit from practically anywhere they want.

Many people still suffer silently with mental illness. Doctor on Demand offers US board-certified psychologists who can help members with stress, anxiety, depression, and many other mental health topics. Video visits allow members more privacy to talk about their concerns while giving them support and encouragement.

Doctor on Demand also has US board-certified doctors who patients can see without an appointment. They can treat top medical issues like cough, cold, flu, rash, pink eye, sports injuries, bug bites, urinary tract infections, vomiting, travel issues, and sore throats.

Doctor on Demand doctors speak many languages. Languages other than English require an appointment.

Encourage members to download the app through Google Play or the App Store. Click "*Sign Up*" and follow the directions. Enter "*UNITE HERE HEALTH*" to ensure the visit gets paid correctly. Call Doctor on Demand Support for help at **(800) 997-6196**.

Members can also visit *doctorondemand.com* to sign up. Click "*Join Now*" and follow the same directions to create a profile.

Other important phone numbers

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authorization and
clinical assistance**
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hospitalityrx.org

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welldynerx.com

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and Glucometer**
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Text POWER to 97779
Text messaging updates

Our unique pharmacy benefits

Q: *What is Hospitality Rx?*



A: *Hospitality Rx is part of UNITE HERE HEALTH! Instead of using an outside company, the Fund manages pharmacy and drug benefits directly. (This will appear on written materials we send under the name, "Hospitality Rx.")*

UHH cut out the "middle man" and took our pharmacy benefits in-house to help save more money for members. Using our power in numbers to shop around for the best deal gets members the same drugs at a better value.

Hospitality Rx is made up of pharmacists and professionals who know and care about our members.



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for more info!**

Find:

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- *Benefit summaries*
- *Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries*

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Why we use a formulary

Your health fund is always looking to get you the best deal while still offering the medicines you need. One challenge is that drug companies can change their prices whenever they want, and drugs sometimes become very expensive.

By using a “formulary” (the list of drugs covered by your plan), we rely less on drug companies. While some generic and brand name drugs are not covered under your plan, other drugs that are just as good—and often have the same ingredients—are still available at a better price.

Pharmacy programs that protect you

Q: *Why do members sometimes have to get approval from UNITE HERE HEALTH for medications prescribed by their provider?*

A: *UNITE HERE HEALTH has several safeguards in place to save members money, keep them safe, and prevent abuse and fraud.*

Prior authorization: We know it is sometimes medically necessary to take a drug even if it is the more expensive option.

If a member needs to take a drug that requires prior authorization, his/her provider must call Hospitality Rx.

Step therapy: Before using some drugs that are very expensive, the member and provider must try less expensive drugs that are proven to work just as well. If a member has already tried the alternative drugs, their doctor must call Hospitality Rx for a prior authorization.

Quantity limit program: This is sometimes called “dispensing limits.” If a member is receiving more of a drug than what's considered safe (by the U.S. Food and Drug Administration), UHH won't pay for it.

Other important phone numbers

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hospitalityrx.org

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(WelldyneRx)
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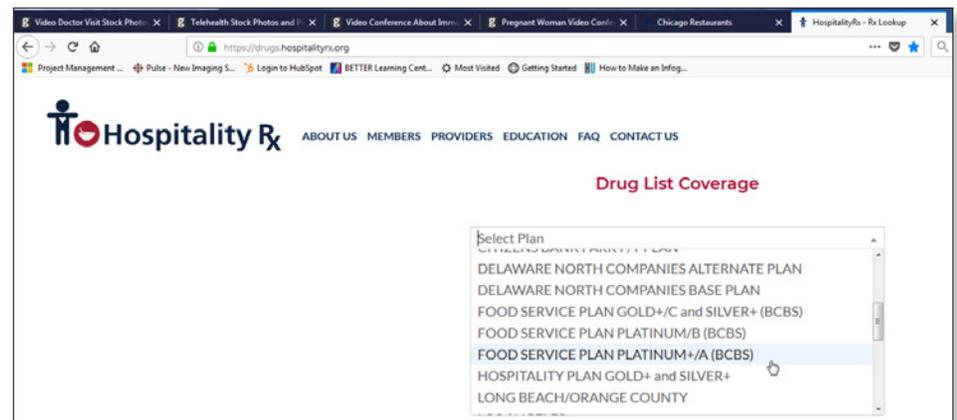
To register, go to uhh.org/member

Make sure your prescriptions are covered

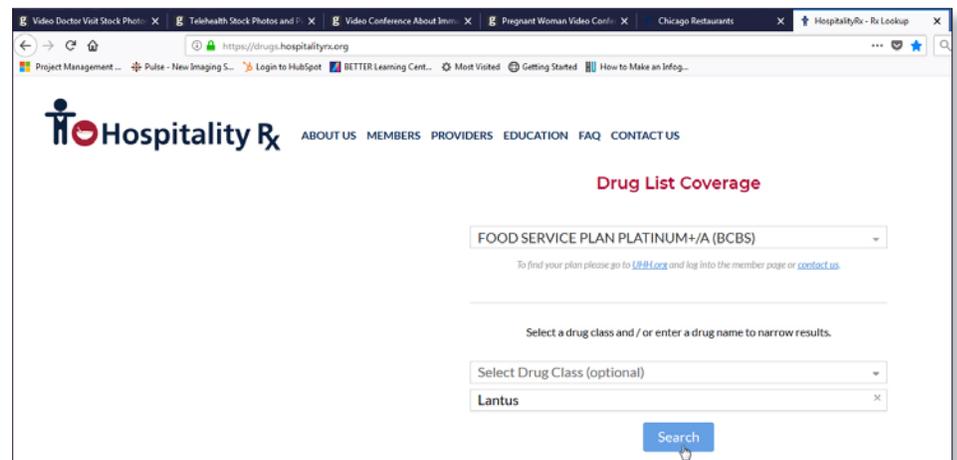
Members and doctors can use the Hospitality Rx online medication lookup tool to quickly find the following information:

- If a drug is covered
- How much the member pays for the drug
- If money-saving options are available
- If a drug has quantity limits
- If a drug requires a prior authorization or step therapy

Visit drugs.hospitalityrx.org to search for medicine. Select the member's Food Service Plan name. Members can find their Food Service Plan's name on their Blue Cross Blue Shield ID card.



Next, select either the drug's class (e.g. insulin) or enter its name (e.g. Lantus) and click "Search."



A medication list will generate. This list will show brand name and generic drugs. Encourage members to show their doctors this website to find money-saving medications.

Formulary Search Results

FOOD SERVICE PLAN PLATINUM+/A (BCBS) | Select Drug Class (optional) | Lantus | Search

Filter Results | Name A-Z | Compare

Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML | Compare | COPAY \$20

CHEMICAL ENTITY: Insulin Glargine Solo Pen-Injector 100 Unit/ML | Step Therapy: 1

TYPE: Insulin - Insulins | CLASS: Insulin - Insulins

COPY TIER: 2

Lantus Subcutaneous Solution 100 UNIT/ML | Compare | COPAY \$20

CHEMICAL ENTITY: Insulin Glargine Inj 100 Unit/ML | Step Therapy: 1

TYPE: Insulin - Insulins | CLASS: Insulin - Insulins

COPY TIER: 2

Make sure to use a network pharmacy

Most pharmacy chains as well as many independent local pharmacies are in the network.

It's important to remember that Walmart/Sam's Club are non-network pharmacies. For those still in the old Food Service Plan (176), other non-network pharmacies are Walgreens, Duane Reade, and USA Drugs.

Call UHH to check whether a pharmacy is in the network or go to uhh.org/fsp-ppo to see a list of network pharmacies. Each plan has a pharmacy lookup tool under the "Find a pharmacy" heading.

Get half-price prescriptions through our mail order pharmacy

Members can save money on prescriptions through our mail order service. *Members pay the same regular 30-day-supply copay for a 60-day supply of most prescriptions.*

Other important phone numbers

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Or register at register.livongo.com/uhhfs

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Access diabetic supplies at the best price

Call UHH first!

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Welldyne's mail order pharmacy offers half-price diabetic medications and insulin <i>Pay just one copay for a two-month's supply!</i>	
Livongo for Diabetes	FREE glucometer and test strips and 24/7 coaching and support (800) 945-4355 Or register at register.livongo.com/uhhfs
Glucometers	Order FREE Glucometers from: <ul style="list-style-type: none"> ● One Touch: (888) 883-7091 or onetouch.orderpoints.com (Order code: 739WDRX01) ● Trividia: (866) 788-9618
Lancets/Lancing Devices/Control Solution	Included with your glucometer. Refills available at network pharmacies (prescription needed to be covered by your plan).
Test Strips	Doctor must prescribe. Available at network pharmacies or through mail order. Brands that are covered include: <ul style="list-style-type: none"> ✓ One Touch ✓ Trividia
Other Diabetic Supplies (Syringes, Pen Needles, Etc.)	Doctor must prescribe. Available at network pharmacies or through mail order. <i>*Your plan covers a variety of diabetic supplies. Please consult your physician to find the best option for you.</i>
Insulin and other Diabetic Medications	Doctor must prescribe. Available at network pharmacies or through mail order. <i>*Your plan covers a variety of diabetic medications. Please consult your doctor to find the best option for you.</i>

Specialty drugs

Q: *What are specialty drugs?*

A: *These include drugs used to treat health conditions such as growth hormone deficiency, hepatitis C, immune deficiency, hemophilia, multiple sclerosis, and rheumatoid arthritis.*

We partnered with a specialty drug mail order pharmacy to get the best service and the best prices for these drugs.

If a member needs a specialty drug, he/she **must** get them through this specialty mail order pharmacy. Healthcare providers must first get approval by calling Hospitality Rx.

Specialty prescription drugs often need to be handled differently than other prescription drugs (they may need special administration or monitoring). Using the specialty pharmacy gives members access to pharmacists and other healthcare providers who specialize in helping people with their condition.

This is different from the Welldyne mail order program for non-specialty drugs listed in the previous chart.

Because of an exciting program we are using, members may pay less some months for their specialty drugs than the listed maximum copay.

Other important phone numbers

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Reimbursement for eye glasses or eye exams

A member's CBA either has a vision reimbursement benefit or a vision network plan through the Fund. The next few steps apply only if a member has the vision reimbursement benefit. Check the CBA for details.

1. When the member goes to the eye doctor or gets new glasses, **save the receipt/bill.**
2. The member must fill out the Vision Reimbursement Form. Download the most up-to-date version at uhh.org/fsp The Vision Reimbursement Form can be found under "Forms" section at the bottom of the page.
3. The member sends the Vision Reimbursement Form to UNITE HERE HEALTH at the email or fax number listed on the form within 1 year of the date of service. Have the member make a copy for his/her records and make a note of the date he/she sends it.



The vision reimbursement allowance is \$200 per covered family member, every 24 months.

Life and Accidental Death & Dismemberment (AD&D) Benefits

Who's eligible

- Members who are eligible to enroll in medical benefits under their CBA
- Members who are eligible for medical benefits but waived their medical benefits are still eligible for Life and AD&D Benefits

- Only UHH members (not their dependents) are eligible for Life and AD&D benefits

Choose a beneficiary

A member should name a beneficiary (a person UHH would pay if the member dies). Members can name as many beneficiaries as they want and can change beneficiaries at any time. Members can choose a beneficiary during online enrollment, download a beneficiary form at uhh.org/fsp, or call the Fund to update their information.

Nurse case managers

The Fund has nurse case managers for members who are seriously ill or in a healthcare crisis.

Nurse case managers are trained to support our members and get them the best care possible.



Examples of people who are candidates for case management include:

- People with planned surgeries
- People with advanced diabetes, dialysis, or heart failure
- People currently hospitalized
- People going home after a hospital stay
- Cancer patients
- Transplant candidates
- People managing other chronic conditions such as heart disease, COPD, serious mental illness, lupus, etc.

If you or a co-worker may be a candidate for case management, call UHH and ask about this option.

Other important phone numbers

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Solving problems

Q: Why do members have to fill out forms just to get their bills paid?

A: These procedures are in place to protect your health fund—your hard-earned pot of healthcare money—from corporations and members who are taking advantage of or abusing the system. Also, sometimes the provider will make a mistake. Here's how to quickly solve a billing problem.

Explanation of Benefits

Every time UHH receives a claim from a provider, the member receives an Explanation of Benefits (EOB). **An EOB is not a bill.**

An EOB explains how much the provider charged for the services, what the network discount is (if the member went to a network provider), how much the Fund paid, and how much is the member's responsibility.

If a claim was not paid, the EOB explains why and what the member's steps should be. A member should have the EOB handy when calling UHH with any questions about claims.

This is an example of an EOB and its envelope:

UHH HEALTH
P.O. BOX 6800
ALBUQUERQUE, NM 87106-0000

Page 1 of 1

Explanation of Benefits
RETURN FOR THE PROVIDER
THIS IS NOT A BILL.

Forwarding Service Requested

Contact Us
Questions? Please call UHH HEALTH at (505) 277-5215 between the hours of 8:30 a.m. - 5:00 p.m. EST. Monday through Friday. OR visit us at: uuh.org/2013

Participant Information
Participant: [Redacted]
Group: [Redacted]
Member ID: [Redacted]
Processed Date: 07/12/2013

Code	Description	Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
99201	Office visit (initial)	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
99202	Office visit (subsequent)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
99203	Office visit (prolonged)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
TOTAL			\$450.00		\$450.00		\$450.00		\$450.00

Amount you may owe: \$0.00

Payment Details
[Redacted]

Reason Code Description
[Redacted]

Amount Remaining
[Redacted]

Important Information
[Redacted]

Important Plan Information

PERSONAL AND CONFIDENTIAL
IF THIS LETTER IS NOT ADDRESSED TO YOU,
DO NOT OPEN.
RETURN TO ORIGINAL ADDRESSEE UNOPENED

FIRST CLASS MAIL
FIRST CLASS MAIL PERMIT NO. 1000 ALBUQUERQUE, NM

Call UHH first!

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**Visit uuh.org/fsp
for more info!**

Find:

- A primary care provider or urgent care center near you
- Benefit summaries
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

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Common reasons claims get denied

The most common reasons claims will be denied are:

- **“Accident inquiry or subrogation”**
- **“Prior authorization”**
- **“Not eligible”**
- **“Coordination of benefits”**

What to do when a claim is denied

Accident inquiry or subrogation

On the EOB from UNITE HERE HEALTH, the denial code will be “ZY” and look like this:

Reason Code	Description
ZY	This claim is denied. We need to know if someone else is responsible for this accident/injury before we can process this claim. You must fill out and return the enclosed form or call us with the info. Refer to the "Subrogation" section in your SPD.

This means: UNITE HERE HEALTH needs to know if someone else should pay for this bill instead of UHH.

How this gets resolved: The member or his/her family member will need to fill out an Accident Inquiry Form and possibly a Subrogation Form when the patient has claims with codes from the doctor indicating they may be the result of an injury or illness caused by someone else. The Accident Inquiry Form can be downloaded from uhh.org/fsp

The member can call UHH to get help with this. We can help the member fill out the forms, but we will still need him/her to sign the Subrogation Form and send it back to us.

Examples of when someone will need an Accident Inquiry and possibly a Subrogation Form is when the patient:

- Is in a car accident
- Falls down the stairs in a home that he/she owns
- Sprains a knee at track practice

Other important phone numbers

Pharmacy prior authorization and clinical assistance
(Hospitality Rx)
(844) 484-4726
hospitalityrx.org

Mail Order Pharmacy
(WelldyneRx)
(844) 813-3860
welldynrx.com

FREE test strips and Glucometer
(Livongo for Diabetes)
(800) 945-4355
Or register at
register.livongo.com/uhhfs

Text POWER to 97779
Text messaging updates

Call UHH first!

FSP II (376):

(833) 637-3519

9:00 a.m. – 7:30 p.m. Eastern,
Monday through Friday

FSP Legacy (176):

(866) 686-0003

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- Twists an ankle walking down the street
- Burns his/her hand in an apartment that the patient is renting or doesn't own

Or when it appears from the claim that any of the mentioned situations may have happened.

Prior authorization

Reason Code Description

PA1 This charge is denied because the service was not prior authorized. A medical necessity review is required. Have your provider call the medical prior authorization phone number on your medical ID card. Refer to the Prior Authorization section of your SPD.

On the EOB, the denial code will be "PA1" and look like this:

This means: The provider must explain the medical reasons for the member's procedure/service/hospital stay.

How this gets resolved: Sometimes a phone call from the provider is enough to get approval. Other times, UNITE HERE HEALTH may request medical records from the provider.

Not eligible

On the EOB from UNITE HERE HEALTH, the denial code will be "NE" and look like this:

Reason Code Description

NE These charges are denied. Unfortunately our records indicate that the member was not eligible for coverage when these charges were incurred. Please refer to the "Eligibility for Coverage" and the "General Exclusions and Limitations" section in your SPD

This means: The member's coverage has not begun or may have stopped, or the member's employer did not report the member correctly to UNITE HERE HEALTH.

How this gets resolved: Have the member call UNITE HERE HEALTH and ask if he/she was eligible for coverage on the date of service. When necessary, UHH will reach out to the member's employer to resolve the issue.

When a member receives a bill directly from a provider

If a claim gets denied for one of the previously mentioned reasons, or the provider does not have the member's insurance information, the provider will send a bill directly to the member.

How this gets resolved: The member should check with the provider to confirm they have a copy of the member's medical ID card and tell them to follow the instructions on the back of their ID card to resubmit the claim.

Coordination of benefits

On the EOB, the denial code will be "O1" and look like this:

Reason Code	Description
O1	This claim is denied. We sent you a request for other insurance information and if received your claim will be reconsidered. Refer to the Coordination of Benefits section in your SPD. You may be responsible for the billed charges if you don't respond.

This means: UNITE HERE HEALTH needs to know if the member or his/her dependent(s) have other insurance that could cover this claim.

ALL of the member's claims for his/her whole family will be denied if this information hasn't been updated.

How this gets resolved: The member must update this information once a year, every single year. He/she can do this by downloading the Coordination of Benefits Form from the *Forms* list on uhh.org/fsp or by calling the Fund.

If the member or any dependent(s) have other insurance, the member will need to provide UNITE HERE HEALTH with the following information:

- Name and phone number of the other insurance carrier
- Effective date of this policy
- Name of the policy holder of this other insurance
- Who is covered under this other insurance plan

Other important phone numbers

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How to file an appeal

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Q: What should members do if their claim is denied and they don't think it should have been, or they think they have a special situation that UNITE HERE HEALTH should consider?

A: Members have the right to appeal. Filing an appeal does not guarantee a claim will be paid.

If a member has tried to resolve a denied claim using the previous suggestions, he/she may file an appeal. The EOB includes instructions on how to do this.

If a member was unable to enroll himself/herself or a dependent in health benefits due to circumstances outside of the member's control, he/she may file an appeal.

- Usually, the member must enroll retroactively to the date the dependent became eligible to enroll. If the member has a co-premium, he/she will need to pay arrears (similar to when enrolling a spouse or child dependent under a qualifying life event).

To file an appeal, call UNITE HERE HEALTH and we will send the member an appeal form in the mail. We can also take some information over the phone about why the member is filing the appeal.

Filing an appeal does not guarantee that the member will be enrolled or that the claim will be paid.

Navigating Short-Term Disability claims

Tips to help speed up the process

- File the claim immediately
- Get the form at uhh.org/fsp
It can be found under "Forms" at the bottom of the web page.
- Fill out the form completely
- Member needs to make sure the doctor submits **ALL** progress notes/ records to UHH until he/she gets a release to go back to work



Coverage begins

- **Day 1**—for an accident or injury
- **Day 8**—for a pregnancy or sickness

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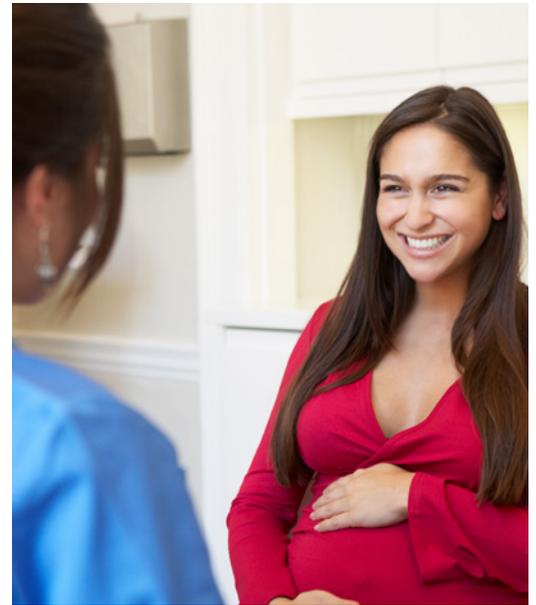
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Special cases

Short-Term Disability benefits for pregnancy start the 8th day after the delivery. If the member can't work before her delivery, her doctor must submit documentation.

Intermittent illness (a chronic illness that happens randomly) may be considered as multiple disability periods. A 7-day waiting period applies to each new disability period.



Call UHH for help. Email forms to disability@uhh.org.

Fax forms to **(630) 786-1674** with a cover letter that says:

Attention—Disability Claims

Subject—Member's name, medical ID number

Reminder

- Benefits are for members only
- Weekly payment and covered time are based on the contract
 - First payment is mailed within 14 days after UHH gets claim
 - Taxes are taken out of the benefit check
- If the accident, illness, or injury was caused by the member's job duties, the member should **NOT** apply for Short-Term Disability benefits. Instead, have him/her apply for Workers' Compensation through the employer.

