

This document constitutes a Summary of Material Modifications (SMM) under the Employee Retirement Income Security Act of 1974, as amended, and summarizes recent actions taken by the Board of Trustees of UNITE HERE HEALTH. It describes benefit and administrative changes affecting the information included in your Summary Plan Description (the SPD).

Please read this information carefully; then, keep it with your SPD for future reference. Except as described in this SMM, the information otherwise contained in your SPD continues to apply.

Free Pharmacy in the UNITE HERE HEALTH – Health Center

Beginning in May 2014, you and your dependents will be able to obtain certain prescription drugs at no cost to you at the UNITE HERE HEALTH – Health Center.

UNITE HERE HEALTH – Health Center
1801 Atlantic Avenue, 3rd Floor
Atlantic City, NJ 08401
(609) 570-2400

The prescription drugs available for free at the Health Center may be different than those that are available at the Ventnor Avenue free pharmacy. Be sure to contact the Health Center at (609) 570-2400 for information about which prescription drugs are available.

You can still use Catamaran's True Choice pharmacy network to get your prescription drugs, including drugs not available through the UNITE HERE HEALTH – Health Center pharmacy. Copays will apply to prescription filled at True Choice pharmacies. Remember, Walgreens is not in the True Choice network.

Health Center Not Available to Spouses When UNITE HERE HEALTH Pays Secondary

Effective February 17, 2014, **the UNITE HERE HEALTH Health Center will not be available to a dependent spouse if the Plan pays secondary to the spouse's other insurance.**

If you are not sure if the Plan pays secondary for a dependent spouse, please contact the Atlantic City regional office.

Pre-certification for Injectable Medications

Effective July 1, 2014, injectable medications must be pre-certified by contacting Horizon at (800) 899-0626.

Horizon has contracted with ICORE Healthcare (ICORE) to administer the Medical Injectables Program, which includes pre-certification for injectable drugs such as chemotherapy drugs, immune

globulin drugs, and drugs for treatment of kidney disease or rheumatoid arthritis. As of the date this SMM was printed, the drugs listed below are part of the Medical Injectables Program. However, the drugs in the program may change from time to time. Contact Horizon to find out if your injectable drug is on the list of drugs that must be pre-certified.

- Immune Globulins, including Bivigam, Carimune Nf, Flebogamma Dif, Gammaked, Gammagard, Gamma-plex, Gamunex-C, Hizentra, Octagam, and Privigen,
- Abatacept (Orencia)
- Certolizumab (Pegol Cimzia)
- Darbepoetin (Aranesp)
- Epoetin Procrit/Epogen
- Filgrastim (Neupogen)
- Infliximab (Remicade)
- Palonosetron (Aloxi)
- Pegfilgrastim (Neulasta)
- Sargramostim (Leukine)
- Tocilizumab (Actemra)
- Bevacizumab (Avastin)
- Cetuximab (Erbix)
- Paclitaxel Protein Bound (Abraxane)
- Panitumumab (Vectibix)
- Pemetrexed (Alimta)
- Rituximab (Rituxan)
- Trastuzumab (Herceptin)

See your SPD for information about the Medical Management Review program.

Improved Mental Health and Substance Abuse Treatment Benefits

Effective April 1, 2014, your covered expenses for mental health and substance abuse treatment will be paid substantially the same as your covered expenses for medical and

If you have any questions about this material, please call (888) 437-3480.

www.uniteherehealth.org

surgical care. The rules for pre-certification of care will also be the same as for medical/surgical treatment. Benefits paid by the Plan for mental health and substance abuse treatment will be as follows:

<i>An Overview of Your Improved Mental Health and Substance Abuse Treatment Benefits</i>		
<i>Mental Health Treatment</i>		
Treatment	Network	Non-Network
<i>For Inpatient Treatment</i>	Once you have met the calendar year deductible, the Plan pays 85% of the remaining covered expenses until the out-of-pocket limit is met.	Once you have met the calendar year deductible, the Plan pays 50% of the remaining covered expenses.
	<i>Benefits may be reduced by \$150 or denied entirely if the Medical Management Review Program is not followed. Call MHN at 888-426-0024 for information on the Medical Management Review Program.</i>	
<i>For Office Visits</i>	You pay a \$10 copay for each office visit. The Plan pays 100% of the remaining covered expenses.	Once you have met the calendar year deductible, the Plan pays 50% of the remaining covered expenses.
<i>Substance Abuse Treatment</i>		
Treatment	Network	Non-Network
<i>For Inpatient Treatment</i>	The Plan pays 100%	Once you have met the calendar year deductible, the Plan pays 50% of the remaining covered expenses.
	<i>Benefits may be reduced by \$150 or denied entirely if the Medical Management Review Program is not followed. Call MHN at 888-426-0024 for information on the Medical Management Review Program.</i>	
<i>For Office Visits</i>	The Plan pays 100%	Once you have met the calendar year deductible, the Plan pays 50% of the remaining covered expenses.

Coordination of Benefits

The “birthday rule” is part of the Plan’s coordination of benefits provisions and determines which plan pays first when a child is covered under both parents’ plans when the parents are not separated or divorced. Under the birthday rule, the plan covering the parent whose birthday is earliest in the calendar year pays first.

Effective as of July 1, 2013, the “birthday rule” also applies when an adult dependent child age 18 or older is covered under both parents’ plans, unless a court order establishes which plan pays first. This rule applies whether the parents are married, or are separated/divorced.

Also effective as of July 1, 2013, if a married dependent child is covered under his or her parents’ plans, and is also covered under a spouse’s plan, the plan that has covered the dependent child the longest pays first.

See your SPD for more information about Coordination of Benefits.