

# READ THESE FIRST

## Your Action Is Required!

1

### **Put the green copay guide in your wallet right now**

Hand this guide to your doctor at every visit. Your doctor can use it to find you the best value, high-quality location for labs, imaging, surgery and any other procedures and visits you need.

2

### **Save money—know your copays**

The benefits chart inside shows where your copays are lowest. For instance, you pay less when you visit an Urgent Care Center (UCC) instead of an ER. Do you know your closest UCC? If not, call your Care Coordinators: (866) 686-0003

3

### **Make sure your prescriptions are covered**

Find out which drugs are covered and which pharmacies are in your network. That way, there are no surprises when you pick up prescriptions.

4

### **Protect your family—submit a Life Beneficiary form**

If your coverage includes life insurance, fill this form out and send it back to the Fund in the envelope provided. Or call your Care Coordinators for help.

5

### **Questions? Call your Care Coordinators**

Always call (866) 686-0003 before you see a specialist or get a service listed on the back of your ID card—make sure your care will be covered!



Food Service Plan

Keep your Summary Plan Document (SPD) handy and refer to it when you have questions about your plan.

**Welcome to UNITE HERE HEALTH!**

The materials in this packet include information about *all* the benefits offered through our Food Service Plans. You may not have all these benefits. *(Your benefits are determined by your collective bargaining agreement and your enrollment choices.)* If you have questions about your coverage or your specific benefits, contact your Care Coordinators:

**(866) 686-0003**

<b>Outpatient Services</b>	<b>What I Pay</b>	
Physical, Occupational and Speech Therapy	Office or Non-Hospital <b>\$20</b>	Hospital <b>\$40</b>
Outpatient Surgery	Surgical Center <b>10%</b>	Hospital <b>20%</b>
Mental Health/ Substance Abuse	<b>\$10</b> <i>office visit</i>	

<b>Emergency &amp; Urgent Care</b>	<b>What I Pay</b>
Urgent Care Center	<b>\$40</b>
Emergency Room Services	<b>\$200</b>
Emergency Room— <i>Routine Care</i>	<b>50%</b>
Ambulance	<b>\$150</b>
Inpatient Hospitalization	<b>20%</b>

*Any percentage (%) listed under "What I Pay" is after the deductible— \$400 individual and \$1,200 family.*

<b>Prescription Drugs</b>	<b>What I Pay</b>
What's covered? <a href="http://www.hospitalityrx.org">www.hospitalityrx.org</a>	
Generic Drugs <i>on the Formulary</i>	<b>\$10</b>
Brand Name Drugs <i>on the Formulary</i>	<b>\$30</b>
Specialty and Biosimilar Drugs	<b>25%</b> <i>\$50 max</i>
Drugs NOT on the Formulary	<b>Not covered*</b>

*\*Certain exceptions apply.*

<b>Outpatient Services</b>	<b>What I Pay</b>		
	Home	Office or Non-Hospital	Hospital
Infusion Medication	<b>\$0</b>	<b>\$10</b>	<b>20%</b> <i>\$200 visit max</i>



Call my Care Coordinators to see if home infusion is right for me.

## INSTRUCTIONS FOR MY DOCTOR

Let's make **SMART CHOICES**  
about my healthcare!



Effective 1/2017

*Refer me to a non-hospital when possible so I pay less out-of-pocket.*

<i>Office Visits</i>	<i>What I Pay</i>
Preventive Care	\$0
Primary Care Provider (PCP) Visit	\$10
Specialist Office Visit— <i>PCP referral</i>	\$20
Specialist Office Visit— <i>No referral</i>	\$40



Call my Care Coordinators to refer me to a specialist so I pay a lower copay.

<i>Lab &amp; Imaging</i> Not part of an office visit	<i>What I Pay</i>	
	Office or Non-Hospital Lab	Hospital Outpatient
Labs	\$20	\$75
X-Rays, Ultrasound	\$20	\$75
Imaging	\$150	\$250

*Benefits listed are network only; visit limits may apply.*



## YOUR FIRST POINT OF CONTACT

**Care Coordinators** can help with specialist referrals, medical and Rx prior authorizations, and general questions.

**(866) 686-0003 • [www.uhh.org](http://www.uhh.org)**

UNITE HERE  
**HEALTH**

*Food Service Plan – Gold Plus (176C)*



**Your Benefits & Copays**

WHAT'S COVERED (Network Only)	WHAT YOU PAY
Preventive Care	\$0
Primary Care Provider (PCP) Visit*	\$10
Specialist Visit* (to get a referral, your PCP must call a Care Coordinator: 866-686-0003)	\$20 with PCP referral
	<b>\$40 without PCP referral</b>
Urgent Care Center	\$40
ER for Emergency* (waived if admitted)	<b>\$200</b>
ER for Routine Care	<b>50% of charges, after deductible</b>
Ambulance (waived if admitted)	\$150
Outpatient Surgery*	10% ambulatory surgical center, after deductible
	<b>20% hospital, after deductible</b>
Inpatient Hospitalization*	<b>20%, after deductible</b>
Mental Health/ Substance Abuse Visit	\$10
Labs, X-rays, Ultrasound (all covered labs, x-rays and ultrasounds are included, even if your doctor's office is in a hospital)	\$20 office or non-hospital lab
	<b>\$75 hospital outpatient</b>
Imaging (CT, MRI, PET)	\$150 office or non-hospital
	<b>\$250 hospital outpatient</b>
Physical, Occupational and Speech Therapy	\$20 office or non-hospital
	<b>\$40 hospital outpatient</b>
Skilled Nursing Facility	20%, after deductible
Home Health Visit	\$10 per visit
Chemotherapy or Infusion Medication	\$0 home
	\$10 office or infusion center
	<b>20%, up to \$200 hospital outpatient</b>
Durable Medical Equipment	20%, after deductible
Prescription Drug Find out what's covered at www.hospitalityrx.org (mail order also available)	\$10 generic drug on the formulary
	\$30 brand name on the formulary
	25% (max of \$50) specialty or biosimilar drugs on the formulary
Deductible (applies to coinsurance %)	\$400 individual/\$1,200 family

\*Includes all care provided during the visit

This is an easy-to-read summary and does not include all benefits or services. If there is a conflict between this summary and your plan documents, then your plan documents are correct.

**Protect your health and your fund...make SMART CHOICES!**



Your plan offers:

- **More copays (\$)** instead of coinsurance (%). Copays let you know exactly what your costs will be. You also don't have to pay the deductible first.
- **Lower copays and coinsurances** at places that are a better value.
- **Higher copays and coinsurances** at places that may overcharge.

**REMEMBER:**

Go to a primary care provider or urgent care center for non-emergencies.

Go to an office, independent lab or non-hospital center instead of a hospital, when possible.

Ask your doctor if you can get outpatient surgery in an office or surgical center instead of a hospital.

Questions? Call your Care Coordinators  
**(866) 686-0003**

Monday – Friday  
8:30 a.m. – 10 p.m. EST

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

Food Service Plan – Gold Plus (176C)

Effective 1/2017

## Your Pharmacy and Drug Benefits



Instead of using an expensive outside company, your health fund manages your pharmacy and drug benefits directly. (This will appear on written materials we send you under the name “Hospitality Rx.”)

### 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 exact same ingredients—are still available at a much better price.

### Make sure your prescriptions are covered

The formulary and copay chart are posted on our website: [www.uhh.org/fspabc](http://www.uhh.org/fspabc).

The formulary may change throughout the year. If your prescription is ever affected, we will notify you right away so your doctor can help you find the best medication for you.

<b>Your Copays</b>	<b>What you will pay (per prescription) starting January 1, 2017 when you use a network pharmacy</b>		
	<b>PLATINUM PLUS (Plan A)</b>	<b>PLATINUM (Plan B)</b>	<b>GOLD PLUS (Plan C)</b>
<b>Generic Drugs on the formulary</b>	\$3 copay	\$3 copay	\$10 copay
<b>Brand Name Drugs on the formulary</b>	\$20 copay	\$20 copay	\$30 copay
<b>Mail Order</b>	60 day supply (same copays as above)		
<b>Specialty or Biosimilar Drugs on the formulary</b>	25% coinsurance (\$35 max copay)	25% coinsurance (\$50 max copay)	25% coinsurance (\$50 max copay)

### Network pharmacies

To find a network pharmacy, visit our website: [www.uhh.org/fspabc](http://www.uhh.org/fspabc)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>✓ CVS</li> <li>✓ Albertsons</li> <li>✓ CVS/Longs</li> <li>✓ Costco</li> <li>✓ Kmart</li> <li>✓ Target</li> <li>✓ Ralph's</li> <li>✓ Randalls</li> <li>✓ Safeway</li> <li>✓ Shoprite</li> <li>✓ Supervalu</li> <li>✓ Tom Thumb</li> <li>✓ United Drug</li> <li>✓ Vons/Pavilion</li> <li>✓ Winn Dixie</li> </ul> | <ul style="list-style-type: none"> <li>✓ RiteAid/Brooks/Eckerd</li> <li>✓ Pathmark/ Waldbaums</li> <li>✓ Martins/Giant/Stop &amp; Shop</li> <li>✓ Kroger/Fred Meyer/Fry's/ King Soopers</li> </ul> |
|---|--|

#### Pharmacies your health plan does NOT cover

- ✗ Walgreens
- ✗ Duane Reade
- ✗ USA Drugs
- ✗ Wal-Mart
- ✗ Certain independent local pharmacies

## Programs your doctor must use!

UNITE HERE HEALTH uses important safeguards to make sure you have access to better-value, high-quality and safe medications:



### Prior authorization

Your doctor must request approval for all Specialty and Biosimilar drugs and some Preferred and Non-Preferred Brand Name drugs before the prescription is picked up. If you need to take a drug that requires prior authorization, your doctor must call **(877) 266-9991**.

### Step therapy

Before using some drugs that are very expensive, you and your doctor must try less expensive drugs. These drugs are proven to work just as well—sometimes they even have the exact same ingredients.

### Quantity limit program

This is sometimes called “dispensing limits.” If you are receiving more than what is considered safe (by the U.S. Food and Drug Administration), your health fund will not pay for it.

- ✓ These programs save you and your health fund money, keep you safe, and prevent abuse and fraud.
- ✓ We know it is sometimes medically necessary to take a drug even if it is the more expensive option. In these situations, your doctor must get approval by calling (877) 266-9991.
- ✓ Medications may be added to the Step Therapy list every January 1, and to the prior authorization list throughout the year. ***If your prescription is ever affected by this, we will notify you before the change.***

## Programs that will save you money

### Mail Order Pharmacy

Your plan will send medicine straight to your mailbox, and it costs less! To enroll, call our mail order pharmacy partner, WelldyneRx, at **(844) 813-3860**.

### Diabetic Supplies

You can get diabetic supplies from any retail pharmacy that’s in the network or by mail order. If you need a new glucometer, get one for FREE by calling:

- **One Touch:** (800) 227-8862 or
- **True Metrix:** (866) 788-9618

## QUESTIONS?

Call Your Care Coordinators  
**(866) 686-0003**

Monday – Friday  
8:30 a.m. – 10 p.m. EST

## SPECIALTY DRUGS

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

- We work with Walgreens Specialty Mail Order Pharmacy to get the best service and the best prices. **If you need a Specialty drug, you MUST get them through this specialty pharmacy.** Your doctor must first get approval by calling **(877) 266-9991**.
- Because of our cutting-edge copay program, you may pay less some months for your Specialty drugs than the listed maximum copay.

**Note:** Walgreens Specialty Mail Order Pharmacy is different than Walgreens retail pharmacies. Walgreens *retail* pharmacies (brick and mortar buildings) are still out of network as noted on page 1.



# LIFE INSURANCE

## BENEFICIARY DESIGNATION FORM

### SECTION I: PARTICIPANT/INSURED INFORMATION

Social Security Number _____				
Last Name of Participant	First	Middle	Date of Birth (month-day-year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		Apt#		
City	County	State	Zip	
Telephone Number (    )		Email Address		

The amount of all shares must total 100%. If you name more than one beneficiary, but do not indicate the percent each beneficiary is to receive, the total amount paid will be shared equally by all surviving beneficiaries. If you name more than one primary beneficiary and one of them predeceases you, his or her share will be divided equally among the beneficiaries that survive you, unless you indicate otherwise. The same rules apply to your secondary beneficiaries.

Coverage is dependent upon the Plan's eligibility requirements and all Plan benefits are subject to the rules adopted by the Board of Trustees of UNITE HERE HEALTH. This form replaces all previous beneficiary designations, and must be signed and dated to be valid, and shall not become effective until received by UNITE HERE HEALTH.

### SECTION II: PRIMARY LIFE INSURANCE BENEFICIARIES

Name	Relationship	Social Security # <i>(if available)</i>	Date of Birth	Share of Benefit _____ %
Address			Phone Number	
Name	Relationship	Social Security # <i>(if available)</i>	Date of Birth	Share of Benefit _____ %
Address			Phone Number	

### SECTION III: SECONDARY LIFE INSURANCE BENEFICIARIES

Please list who you want to receive your life insurance benefit in the event your primary beneficiary(s) listed above do not survive you.

Name	Relationship	Social Security # <i>(if available)</i>	Date of Birth	Share of Benefit _____ %
Address			Phone Number	
Name	Relationship	Social Security # <i>(if available)</i>	Date of Birth	Share of Benefit _____ %
Address			Phone Number	

Print Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN THIS COMPLETED FORM TO  
UNITE HERE HEALTH, P.O. BOX 6557, Aurora, IL 60598-0557

Date Recorded (For Office Use Only)

Traducción al español de este formulario está al lado reverso.



*Have benefit or healthcare questions?*

# Your Care Coordinators are ready to help you

*Sometimes we call you –  
please call us back  
so we can help you!*

**Call us BEFORE you see a specialist or get  
a service listed on the back of your  
ID card!**

- Save money on specialist copays by getting a referral from your primary care provider (PCP). When your PCP calls us BEFORE your specialist visit, your copay gets lowered by half.
- Have your doctor call us BEFORE you get a service listed on the back of your ID card. If you don't, in certain cases, your healthcare claim may not be paid at all.

**UNITE HERE  
HEALTH**  
[www.uhh.org](http://www.uhh.org)

CARE COORDINATORS  
BY QUANTUM HEALTH



**CALL TOLL-FREE: (866) 686-0003**

**Monday – Friday 8:30AM to 10:00PM Eastern Time**