## YOUR ACTION IS REQUIRED!

#### Questions? Call the Fund: (855) 405-FUND

#### Select a Cigna dentist

1

2

Do you have dental benefits? If so, they don't take effect until you select a dentist. Call Cigna at (800) 244-6224 (Cigna24).

#### □ Visit a doctor without leaving home

Video chat with a certified doctor 24/7 for things like cold, flu, prescription refills, and children's health issues. For more information, visit: www.doctorondemand.com/uhh

#### □ Protect your family—submit a life beneficiary form

You never know what can happen. Make sure your family is protected. Fill this form out and send back to the Fund in the envelope provided.

#### □ Make sure your prescriptions are covered

Talk to your doctor and visit our website to make sure the drugs you're taking are covered: www.uhh.org/hospitality



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 Hospitality Plan. 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 the Fund:

(855) 405-FUND • www.uhh.org

# Don't wait to feel better.

Stay in bed and get rid of your cold, flu or almost any common medical issue with Doctor On Demand.

# VIDEO VISIT

with a BOARD CERTIFIED PHYSICIAN

#### **Top Issues Treated**

Cold & Flu Sinus & Allergies Skin & Eye Issues Women's Health (UTI & Yeast Infections) Pediatric Issues Prescription Refills and many more

For more information visit: DoctorOnDemand.com/uhh

#### Set up your account now!

Dr

**Download the App:** App Store Google play



**DOCTOR** ON DEMAND

• •

Dr On Demand

Dr



# Have you selected a Cigna dentist?

Your dental benefits are not effective until you do!

- I still need to choose a dentist
  Call Cigna at (800) 244-6224 (Cigna24)
- I was assigned a dentist

Make sure this is the dentist you want. If not, call Cigna to make a change: **(800) 244-6224** (Cigna24)

□ I've already selected a dentist

Make sure the dentist you chose is the dentist listed on your dental ID card *(mailed separately)* 

**Questions?** Call Cigna!





# Life insurance beneficiary form Return completed form to: UNITE HERE HEALTH, 711 N. Commons Dr., Aurora, IL 60504 | Fax: (630) 236-4392 | Email: docs@uhh.org

| 1: Employee information   |                                  |                      |                    |                    |                      |                                      |
|---|----------------------------------|----------------------|--------------------|--------------------|----------------------|--------------------------------------|
| Last Name 🔻   | First                            | Middle               | Date of Birth (m   | nonth-day-year)    | Gender               |                                      |
|   |                                  |                      |                    |                    | 🗆 Male 🛛 Fer         | nale                                 |
| Street 👻  |                                  | Apt #                | Telephone          |                    | Cell Phone           |                                      |
|   |                                  |                      | ( )                |                    | ( )                  |                                      |
| City 👻  | County State                     | Zip                  | Social Security    | # <b>*</b>         | Email                |                                      |
|   | ,                                | ·                    | _                  | _                  |                      |                                      |
|   |                                  |                      |                    |                    |                      |                                      |
| 2: Primary life insurance b   |                                  |                      |                    |                    |                      |                                      |
| If you name more than one prim<br>dies before you do, his/her share<br>The same rules apply to your sec | will be divided equally betwe    | en the other primar  | y beneficiaries    | (unless you say c  | otherwise).          | All shares<br>must add up<br>to 100% |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   |                                  |                      |                    | Phone #            |                      |                                      |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   | I                                | I                    |                    | Phone #            |                      |                                      |
|   |                                  |                      |                    |                    |                      |                                      |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   |                                  |                      |                    | Phone #            |                      |                                      |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   |                                  | l                    |                    | Phone #            |                      |                                      |
|   |                                  |                      |                    |                    |                      |                                      |
| 3: Secondary life insurance   | e beneficiaries                  |                      |                    |                    |                      |                                      |
| Please list who you want to recei   | ve your life insurance benefit i | n the event your pri | mary beneficia     | ry(s) listed above | e do not survive you |                                      |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   |                                  | Phone #              |                    |                    |                      |                                      |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   |                                  | Phone #              |                    |                    |                      |                                      |
| Name  | Relationship                     | Social Securit       | y # (if available) | Date of Birth      |                      | Share of Benefit                     |
|   |                                  | -                    | -                  |                    |                      | %                                    |
| Address   |                                  |                      |                    | Phone #            |                      |                                      |
|   |                                  |                      |                    |                    |                      |                                      |
| 4: Signature  |                                  |                      |                    |                    |                      |                                      |
| Coverage is dependent upon the<br>HERE HEALTH. This form replaces<br>received by UNITE HERE HEALTH      | s all previous beneficiary desig |                      |                    |                    |                      |                                      |
| Print Name  |                                  |                      |                    |                    |                      |                                      |
| Signature   |                                  |                      |                    | Date               |                      |                                      |
| L   |                                  |                      |                    |                    |                      |                                      |



### 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."**)

#### What are my copays for prescription drugs?

|  | Gold Plus  | Silver Plus  |  |  |
|--|--|--|--|--|
| <b>Generic Drugs</b> on the Formulary  | \$5 copay<br>per prescription  | \$5 copay<br>per prescription  |  |  |
| Brand Name Drugs on the Formulary  | \$30 copay<br>per prescription   | \$30 copay<br>per prescription   |  |  |
| Brand Name Diabetes<br>Oral Medications,<br>Insulin and Supplies<br>on the Formulary | \$15 copay<br>per prescription   | \$15 copay<br>per prescription   |  |  |
| Specialty and<br>Biosimilar Drugs  | <b>Generic:</b> \$5 copay<br>per prescription<br><b>Brand:</b> 25% coinsurance<br>per prescription | <b>Generic:</b> \$5 copay<br>per prescription<br><b>Brand:</b> 25% coinsurance<br>per prescription |  |  |
| Mail Order   | Same copays as above<br>for a 60-day supply  | Same copays as above<br>for a 60-day supply  |  |  |

## How do I make sure to take a prescription drug that is covered (on the "Smart Formulary")?

The list of which drugs fall into the covered Generic, Brand Name drug and Specialty & Biosimilar drug categories are posted on our website, www.uhh.org/hospitality.

Drug companies can change their price and drugs often become too expensive. Other drugs that are just as good—some that even have the same ingredients—are often available at a much better price.

Your health fund is constantly looking to get you the best deal, while maintaining access to the medications you need. That means that some Generic and Brand Name drugs are not covered under your plan (not on the "Smart Formulary"). *If you are currently taking a drug that is NOT on the Smart Formulary for Generic and Brand Name drugs, take this list to your doctor and ask about an alternative medication that is on the Smart Formulary.* The Smart Formulary could change throughout the year. If your prescription is ever affected by this, we will notify you before the change.

In addition, specialty drugs will need to be mail-ordered through a special pharmacy—see "Specialty Drugs" section on page 2.



#### In-network pharmacies

To find an in-network pharmacy, visit our website, **www.uhh.org**/**hospitality** 

- ✓ Walgreens
- Duane Reade
- Target
- Costco
- Kroger/Fred Meyer/Fry's/ King Soopers
- Ralph's
- Safeway
- Vons/Pavilion
- Supervalu
- Albertsons
- RiteAid/Brooks/Eckerd
- Pathmark/ Waldbaums
- Martins/Giant/Stop & Shop
- United Drug
- 🖌 K-Mart
- Shoprite
- Winn Dixie
- ✓ Randalls
- Tom Thumb

#### Pharmacies your health plan does NOT cover

- X CVS
- ✗ CVS/Longs
- 🗙 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 brand name drugs before the prescription is picked up. If you need to take a drug that requires prior authorization, your doctor must call **844-484-4726**.

#### **Step Therapy**

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

#### **Smart Formulary**

Your health plan does not cover some expensive drugs that have less expensive alternatives that are proven to work just as well and are just as safe—sometimes they even have the 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 844-484-4726.
- Medications may be added to the Step Therapy list every January 1<sup>st</sup>, and to the prior authorization list throughout the year. If your prescription is ever affected by these updates, 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 (lifescan):
  888-883-7091(brochure
  code: 739WDRX01) or
- Trividia: 866-788-9618

MORE QUESTIONS? Call us: 855-405-3863

#### **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 **Diplomat 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 **844-484-4726**.
- We will help you with this transition process. If you are currently taking a specialty drug that is on the Specialty Drug Formulary, have your doctor call us at 855-405-3863 to learn how to transition to Diplomat Pharmacy.
- Because of an exciting new program we are using, you may pay less some months for your specialty drugs than the listed maximum copay—we will provide details when we contact you.