PPO PLAN (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.

论 MEDICAL

New prior authorization rules

Effective September 1, 2021, you or your healthcare provider should get prior authorization before any of the following:

- Any inpatient admission, regardless of the type of facility or care, including but not limited to admissions following observation or an emergency visit, skilled nursing facility care, hospice care, acute rehabilitation care, long-term acute facility care, residential treatment, maternity admissions following 48 hours for a vaginal delivery and 96 hours following a Cesarean delivery, and elective Cesarean section (C-section) admissions under 38 weeks
- Bariatric surgery (including but not limited to gastric bypass and banding procedures)
- Blepharoplasty
- Chemotherapy

HealthCheck360

(844) 462-7812 *new number*

(866) 823-9827 (24/7 nurse line)

UNITE HERE (866) 686-0003 • uhh.org UNITE HERE! HEALTH (866) 686-0003 • uhh.org UNITE HERE! P.O. Box 6020, Aurora, IL 60598-0020 Staff

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 (SPD). This SMM addresses changes to all benefits in your SPD and may include changes and benefits that don't apply to you based on your or your employer's elections.

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.

Because of the pandemic, you generally have more time to do certain things, like file or appeal a claim, enroll your new dependent, or elect COBRA and make COBRA payments. Call us for more information.

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WEDICAL (continued)

- Clinical trials
- Diagnostic imaging services as follows:
 - CT, CTA, and CAT scans (computed tomography scintiscan or computerized axial tomography scintiscan)
 - > MRA and MRI (magnetic resonance angiography or magnetic resonance imaging)
 - > PET scan (positron emission tomography scintiscan)
- Dialysis notification only
- Durable medical equipment over \$500 (including breast pumps costing over \$500)
- Electroconvulsive therapy (ECT)
- Gender reassignment surgical services and certain hormone therapy
- Genetic testing
- Gynecomastia surgery
- Habilitative therapy for children with autism spectrum disorder
- Hospice services
- Hyperbaric oxygen therapy treatment
- Hysterectomy
- Select injectable, infused, ingested, or inhaled medications administered by your provider in an outpatient setting
- Joint replacements, including but not limited to hip and knee replacements
- Laminectomy
- Le Fort osteotomy
- Lipectomy and panniculectomy
- Mammoplasty (breast reduction)
- Medical foods for inborn errors of metabolism

Get answers to all your questions: (866) 686-0003 • uhh.org

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BEDICAL (continued)

- Orthognathic surgery
- Orthotics or prosthetics (including podiatric orthotics) over \$500
- · Partial hospitalization and intensive outpatient programs
- Physical, occupational, and speech therapy after the first 12 visits
- Radiation therapy
- Reconstructive surgery
- Sinus surgery (including but not limited to rhinoplasty, and/or septoplasty, and submucous resection)
- Skilled services provided in a home setting, including home healthcare, home therapy (PT, OT, ST) and home infusion
- Sleep studies
- Temporomandibular joint surgery
- Transcranial magnetic stimulation (TMS)
- Transplant services
- Travel and lodging
- Varicose vein procedures (including vein sclerotherapy)

The prior authorization list may change from time to time. Contact the Fund at (866) 686-0003 for the most up-to-date information.

