

## HMO PLAN (Kaiser Permanente)

These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the PPO PLAN with BLUE CROSS BLUE SHIELD, turn to page 5.

# ELIGIBILITY

## Your eligibility rules are changing

Effective beginning with the May 1, 2023 work period, the rules for how you get — and keep — eligibility for coverage are changing. Contact the Fund with questions about your eligibility.

**When your coverage begins** — *This replaces the section with the same title in your SPD*

Your coverage begins at 12:01 a.m. on the first day of the coverage period corresponding to the first work period for which your employer is required to make a contribution on your behalf.

For purposes of establishing initial eligibility:

- **Work period means** the calendar month for which your employer must make contributions to UNITE HERE HEALTH on your behalf, including any payments you are required to make for your share of the coverage.
- **Coverage period** means the calendar month for which coverage is in force as determined by the corresponding work period.

UNITE HERE  
**HEALTH**

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

P.O. Box 6020, Aurora, IL 60598-0020

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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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## ELIGIBILITY *(continued)*

### Example: Establishing Initial Eligibility

Work Period	Coverage Period
June	July

Suppose employer contributions are first required on your behalf for your June work.  
Your coverage will begin on July 1 and will continue for the rest of that month.

**Continuing eligibility** — This replaces the section with the same title in your SPD

Once you establish eligibility, you continue to be eligible as long as your employer is required to make contributions on your behalf.

For purposes of continuing eligibility:

- **Work period** means a calendar month for which your employer must make a contribution to UNITE HERE HEALTH on your behalf, including any payments you are required to make for your share of the coverage.
- **Coverage period** means the calendar month during which coverage is in force as determined by the corresponding work period.

### Example: Continuing Eligibility

Work Period	Coverage Period
July	August
August	September
September	October

Suppose you became covered July 1 because your employer was required to make contributions on your behalf during the June work period. If a contribution is required on your behalf for July, your coverage continues during August. A contribution for August continues your coverage for September, September will continue your coverage for October and so on.

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## ELIGIBILITY *(continued)*

### Transition Rule

To make sure you do not lose coverage as the new eligibility rules go into effect, your employer contributions for the May 2023 work period will give you eligibility for May and June 2023. Your employer contribution for June 2023 will give you eligibility for July 2023, and so on.

### When your coverage ends

Your SPD currently says that your coverage ends on the last day of the month for which your employer was required to make a contribution on your behalf. Beginning with the May 1, 2023 coverage period, your coverage will end on:

- The last day of the coverage period for which your employer was required to make a contribution on your behalf during the corresponding work period. *For example, if your employer's last required contribution on your behalf was for the July work period, your coverage continues through the end of August.*

### **Special termination rule** — *This replaces the section with the same title in your SPD*

Your coverage under the Plan will end if any of the following happens:

**If:** Your employer's Collective Bargaining Agreement expires, a new Collective Bargaining Agreement is not established, but your employer continues making contributions to UNITE HERE HEALTH,

**Then:** Your coverage ends on the last day of the coverage period corresponding to the last work period for which contributions were received.

**If:** Your employer withdraws in whole or in part from UNITE HERE HEALTH, or if the Fund terminates its participation agreement with your employer,

**Then:** Your coverage ends on the last day of the month for which your employer has an obligation to make contributions to UNITE HERE HEALTH.

You should always stay informed about your union's negotiations and how these negotiations may affect your eligibility for benefits.

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## **GENERAL**

### **Covid emergency ends**

*This change only applies if you are in the HMO option.*

- During the COVID-19 pandemic, you had more time to file or appeal a claim, enroll your new dependent, or elect COBRA and make COBRA self-payments. Effective July 11, 2023, the Plan deadlines in place before the COVID-19 emergency will again apply. Contact the Fund if you have questions about your deadlines.
- Under California state law, you will get continued access to COVID-19 tests, vaccines, and treatment with no cost-sharing at least through November 12, 2023. This law applies regardless of whether you use a network or a non-network provider. It also includes up to 8 over-the-counter COVID-19 tests each month.

Contact Kaiser with any questions about your HMO benefits for COVID-19 testing or treatment (including vaccination). Go to [www.kp.org](http://www.kp.org), or call (800) 464-4000.

### **COBRA self-pay mailing address**

COBRA self-payments must be mailed to:

UNITE HERE HEALTH  
Attn: COBRA Department  
P.O. Box 809328  
Chicago, IL 60680-9328

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## **PPO PLAN** (Blue Cross Blue Shield)

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## **PRESCRIPTION DRUG**

### **Prescription histamine blockers covered**

*This change only applies if you are in a PPO prescription drug benefit option.*

Under the prescription drug benefit section, “What’s not covered” includes an exclusion for histamine blockers. However, prescription histamine blockers may be covered under your prescription drug benefit. Non-sedating anti-histamines are still excluded, unless you get them at the UNITE HERE HEALTH – Health Center.

**Hospitality Rx**  
(844) 813-3860

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

**WellDyneRx**  
**Home Delivery**

(844) 813-3860

[wellview.welldyne.com](http://wellview.welldyne.com)



## **GENERAL**

### **Preventive health care clarification**

*This change only applies if you are in a PPO medical benefit option.*

Under “What’s not covered,” the prescription drug benefit exclusion for birth control devices and implants is amended effective April 1, 2023 to read:

*Birth control devices and implants other than preventive healthcare that has been prescribed by a healthcare provider.*

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 **MEDICAL**

# Free podiatry services at the UNITE HERE HEALTH – Health Center

*This change only applies if you are enrolled in the PPO medical benefit option.*

Effective April 1, 2023, podiatry services are available at the UNITE HERE HEALTH – Health Center (Health Center). The services available at the Health Center may change from time to time. Be sure to call the Fund at (866) 686-0003 to find out what services are currently available. Call the Health Center at (609) 570-2400 for an appointment.

Your normal cost-sharing applies to podiatry services at all other locations. The Plan’s rules about what’s covered and what’s not covered still apply.

Remember, the Health Center is not 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 your spouse, call the Fund at (866) 686-0003.

**UNITE HERE HEALTH – Health Center**

1801 Atlantic Avenue,  
3rd Floor  
Atlantic City, NJ 08401

**(609) 570-2400**

*(Located in the same building as the Fund office)*

**Get answers to all your questions: (866) 686-0003 • [uhh.org](http://uhh.org)**

***The UHH Member Portal mobile app gives you 24/7 access to your benefits!***

Scan the QR code or search “UHH Member Portal” in your app store.



IPHONE



ANDROID

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## **MEDICAL** (continued)

### **MD Anderson Cancer Care**

Effective September 1, 2023, the special \$0 benefit for cancer care services at MD Anderson at Cooper (MD Anderson) will end. The regular cost-sharing will apply to all covered services you get at MD Anderson.

However, if you start receiving active cancer treatment at MD Anderson for a cancer diagnosis *before* September 1, 2023, the \$0 benefit, as currently described in your SPD, will still be available until the end of your active cancer treatment. Regular cost-sharing will apply to follow-up care at MD Anderson after your cancer treatment is completed. All cost-sharing waived after September 1, 2023, requires approval from UNITE HERE HEALTH.

## **GENERAL** (continued)

### **Covid emergency ends**

*This change only applies if you are in the PPO option.*

The coronavirus (COVID-19) pandemic emergency has ended. This means that the Plan rules changed in response to the COVID-19 emergency will go back to the way they were before the COVID-19 emergency:

*Effective May 12, 2023:*

- Benefits related to provider testing for COVID and other test kits are going back to the way they were before the COVID-19 pandemic emergency. This means your regular cost-sharing, exclusions and other rules will again apply, including for COVID-19 tests administered by a healthcare professional. (Over-the-counter COVID-19 tests are not covered.)

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## **GENERAL** (continued)

- COVID-19 vaccinations are covered at 100% *if* you use a network provider or network pharmacy. (Remember, non-network preventive health care is generally not covered.)

*Effective July 11, 2023:*

- During the COVID-19 pandemic, you had more time to file or appeal a claim, enroll your new dependent, or elect COBRA and make COBRA self-payments. The Plan deadlines in place before the COVID-19 emergency will again apply. Contact the Fund if you have questions about your deadlines.

## **How to file non-network medical claims**

*This change only applies if you are in a PPO medical benefit option.*

Effective immediately, the rules for submitting non-network medical claims are updated. .

Most providers will file a claim for you. However, if your non-network provider won't file a claim for you or if you paid out-of-pocket for services and need reimbursement, you should send the claim to UNITE HERE HEALTH. Be sure to include a completed claim form and itemized receipts, as well as the other information described in your SPD. You can get the claim form on [uhh.org](http://uhh.org). If you need help filing a claim, contact the Fund at the number on the back of your medical ID card.

UNITE HERE HEALTH  
Attention: Claims Manager  
P.O. Box 6020  
Aurora, IL 60598-0020  
Fax: (630) 236-4394  
Email: [claims@uhh.org](mailto:claims@uhh.org)

*(We're always careful with your personal information, but email is not always private or secure. Please keep this in mind before emailing UNITE HERE HEALTH.)*

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**GENERAL** *(continued)*

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P.O. Box 809328  
Chicago, IL 60680-9328

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**Protect yourself!**

**Talk to your primary care doctor about  
which vaccines are right for you!**

*Vaccines help protect you from getting and spreading serious diseases  
that could result in poor health, missed work, medical bills, and not being  
able to care for your family. **Want more info?** Visit [www.cdc.gov](http://www.cdc.gov)*

