MEDICAL: BLUE CROSS BLUE SHIELD PPO

New prior authorization list

Beginning March 1, 2026, your prior authorization list will change.

You or your healthcare provider must get prior authorization before you get any of the types of care listed below. If you don't get prior authorization before getting these types of care, your claim may be denied. Making sure you get prior authorization first helps you avoid surprise medical bills. If you get treatment, services, or supplies that are not approved, not covered, or are not medically necessary, you pay 100% of your care.

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

Prior authorization does not guarantee eligibility for benefits. The payment of Plan benefits are subject to all Plan rules, including but not limited to eligibility, cost sharing, and exclusions.

The prior authorization list may change from time to time. Contact the Fund for the most up-to-date information. You or your healthcare provider should get prior authorization before any of the following:

- All **inpatient** admissions, including but not limited to:
  - Observation longer than 48 hours
  - Long-term acute care (LTACH) admissions
  - Skilled nursing facility admissions
  - Residential treatment (mental health and substance abuse)

UNITE HERE HEALTH

(866) 686-0003 • uhh.org

PO Box 5348, Oak Brook, IL 60522-5348

UNITE HERE! *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.

MEDICAL: BLUE CROSS BLUE SHIELD PPO *(continued)*

  - Long-term rehabilitation care
  - Maternity admissions following 48 hours for a vaginal delivery and 96 hours following a Cesarean delivery, and elective Cesarean section (C-section) admissions before 38 weeks of gestation
- All **outpatient surgeries** that are not performed in a provider's office. *However*, prior authorization is *not* required for colonoscopies, sigmoidoscopies, or esophagogastroduodenoscopy (EGD)
- **Air ambulance** (non-emergency)
- **Advanced imaging**, including but not limited to:
  - CT, CTA, MRI, MRA, PET
  - Nuclear imaging
  - Non-emergency cardiac radiology services, such as stress testing (myocardial perfusion imaging such as SPECT and PET), and cardiac CT/MRI scans
- **Clinical trials**
- **Cosmetic** (or potentially cosmetic) **procedures**, including but not limited to:
  - Abdominoplasty, lipectomy, or panniculectomy
  - Cosmetic dermatology services (including treatment of keloids)
  - Facial procedures, including blepharoplasty, rhinoplasty or septoplasty
  - Mammoplasty and mastopexy (except in connection with breast cancer treatment)
  - Orthognathic surgery
  - Varicose vein procedures and sclerotherapy
- **Dialysis**—notification only
- **Durable medical equipment** rentals or purchases over $500 (including breast pumps)
- **Gender reassignment** surgical services and certain hormone therapy
- **Genetic testing**
- **Home health care** services, including all skilled services provided in a home setting (such as but not limited to home nursing, home therapy (physical, speech, and occupational therapy), and home infusion)
- **Hospice** services, including both outpatient and inpatient services
- **Medical foods** for inborn errors of metabolism

MEDICAL: BLUE CROSS BLUE SHIELD PPO *(continued)*

- Non-routine outpatient **mental health and substance abuse treatment**, including:
  - Intensive outpatient programs (IOP)
  - Partial hospital programs (PHP)
  - Electro-convulsive treatment (ECT)
  - Transcranial magnetic stimulation (TMS)
  - ABA therapy
- **Physical therapy** after 12 visits per calendar year
- **Occupational therapy** after 12 visits per calendar year
- **Orthotics or prosthetics** rentals or purchases over $500 (including podiatric orthotics)
- **Speech therapy** after 12 visits per calendar year
- **Radiation therapy**
- **Select injectable**, infused, ingested, or inhaled **medications** administered by a healthcare professional in an office or other outpatient setting
- **Travel** and lodging expenses
- **Transplant and CAR-T** services (except for corneal transplants), including the transplant evaluation

For emergency admissions, be sure to call no later than the first business day following the admission. No prior authorization is required for emergency medical treatment, including observation or admissions following an emergency visit.

If you are hospitalized because you are having a baby, you do not need to call HealthCheck360 for prior authorization unless your stay will be longer than 48 hours following a vaginal childbirth, or 96 hours following a Cesarean section. This protection under the Newborns' and Mothers' Health Protection Act (NMHPA) also means your benefits are not restricted during the 48- hour period (or 96-hour period, as applicable). However, NMHPA doesn't prohibit your (or your newborn's) attending provider from discharging you or your newborn earlier than 48 hours (or 96 hours as applicable), after consulting with you first.

Only the prior authorization list is changing. There are no changes to the other rules, including how to appeal a prior authorization denial.

PRESCRIPTION DRUG: PPO BENEFIT OPTION

Change in how to get a free glucometer

You can no longer get a free OneTouch glucometer from LifeScan. Instead, effective September 1, 2025, you can get a free glucometer from True Metrix.

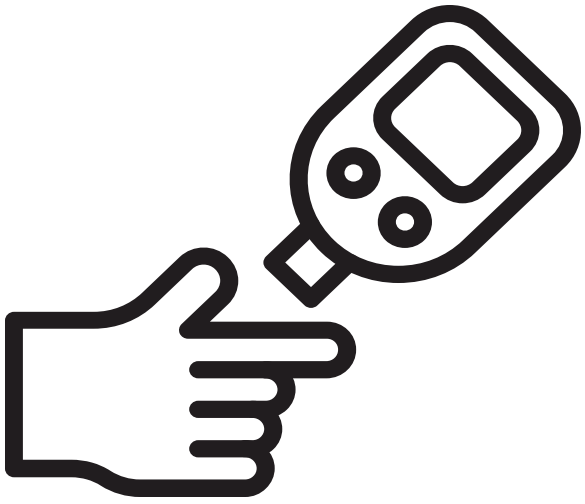
This change only applies if you are in the PPO medical benefit option.

New option!

True Metrix *(by Trividia)*

- Available once every 12 months
- To order, call **(866) 788-9618**
- Or, take your glucometer prescription to a network pharmacy. You'll need the following information:
  - » **BIN:** 018844
  - » **PCN:** 3F
  - » **Group #:** FVTRUEPORT50
  - » **ID #:** TRPT5023493

Manufacturer program details like glucometer model, order code, and other details may change from time to time. Visit www.hospitalityrx.org for the most current information.



Visit www.hospitalityrx.org for more information about other ways to get free glucometers, including frequency limits and how to get a FreeStyle glucometer from Abbott.

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

Tired of paper? Say goodbye mailbox, hello inbox!

Sign up NOW to get legally required documents via email.

Visit www.uhh.org/member

GENERAL

Limited prepaid transportation to get medical care

This benefit applies if you are in a PPO benefit option or if you are in a medical HMO benefit option. The Fund provides this benefit directly to you; Kaiser is not involved. If you have questions about this benefit, please contact the Fund directly, not Kaiser.

In some very limited cases, the Fund may arrange and pre-pay for car rides to get you to your critical medical appointments with local network providers. This is a short-term way to make sure you get critical medical care when you have no other transportation options. It is not a long-term, regular travel alternative. You must meet strict rules, and the number of available pre-paid round trip rides is limited. If you qualify, the health promoters will reach out to you.

Only the Fund's pre-paid local transportation is covered under this benefit that is effective November 1, 2025. (See your SPD for information about other travel needs that may apply.)

Contact the Fund if you need help getting to a critical medical appointment.

The Fund has moved!

What is changing

- Any references to the "Aurora office" in your SPD are now considered references to the "Oak Brook office." (This includes for claims filing and appeals, providing any required notices to the Fund, and to your right to review any Collective Bargaining Agreement or a list of employers or employee organizations participating in the Fund.)
- The Oak Brook address is now the address for the Appeals Subcommittee and the Subrogation Coordinator.
- The Oak Brook address is now the address for Hospitality Rx (if applicable to you because you get your prescription drug benefits through Hospitality Rx).
- The Oak Brook address is the address for the Plan Administrator (the Chief Executive Officer) of the Fund and can be used for service of legal process.

NEW FUND ADDRESS

UNITE HERE HEALTH
2715 Jorie Blvd, Suite 200
Oak Brook, IL 60523

The P.O. Box for most communications with the Fund is also changing. However, the P.O. Box to make payments to the Fund is not changing.

GENERAL *(continued)*

P.O. Box for Mailing to the Fund *(NEW!)*	P.O. Box for Making Payments to the Fund *(no change)*
UNITE HERE HEALTH P.O. Box 5348 Oak Brook, IL 60522-5348	**UNITE HERE HEALTH** P.O. Box 809328 Chicago, IL 60680-9328
When to use this address: • To elect COBRA or tell the Fund about a COBRA-qualifying event (if applicable*)—but not to make COBRA payments • To file a claim with the Fund (see your SPD for information about filing your specific type of claim) • To file an appeal with the Appeals Subcommittee or Plan Administrator • To file a claim or appeal with Hospitality Rx (only applies if you get your prescription drug benefit through Hospitality Rx) • To communicate about subrogation • To tell the Fund you want someone to be your authorized representative • To provide the Fund with written notice of portability under your active eligibility rules (if applicable) ***Please do not send any payments to this P.O. Box!***	**SEE YOUR SPD FOR MORE INFORMATION** • To send any type of payment to the Fund Examples of payments that go to the Chicago P.O. Box include (as applicable): COBRA self-payments, payments for your share of your or your dependents' coverage, etc.
** See your SPD for more information about your COBRA rights (if applicable).*	

What is not changing

- Any regional office described in your SPD is not changing.
- The phone numbers you use to call us are not changing.

Visit www.uhh.org for more information about how to contact us!