



## 100% coverage for the coronavirus vaccine if you don't have Medicare

*This change does not apply if you have Medicare.*

Effective January 1, 2021, the Fund will cover the coronavirus vaccine at 100% (you have \$0 cost-sharing), if you get the vaccine through a network or a non-network provider, including pharmacies. Any medically necessary associated administration costs will also be covered at 100%. When the Department of Health and Human Services declares the national emergency related to the coronavirus (COVID-19) has ended, the coronavirus vaccine will be covered through network providers only.

The Fund will not pay amounts over the allowable charge — if you use a non-network provider, you may have to pay those amounts even though you won't have to pay your cost-sharing.

## 100% coverage for the coronavirus vaccine if you have Medicare

*This change only applies if you have Medicare.*

Effective January 1, 2021, the Fund will cover the coronavirus vaccine at 100% (you have \$0 cost-sharing), if you get the vaccine through a network or a non-network pharmacy. Any medically necessary associated administration costs will also be covered at 100%. When the Department of Health and Human Services declares the national emergency related to the coronavirus (COVID-19) has ended, the coronavirus vaccine will be covered through network pharmacies only.

Remember, the Fund will not pay amounts over the allowable charge — if you use a non-network pharmacy, you may have to pay those amounts even though you won't have to pay your cost-sharing



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



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.*

## PRESCRIPTION DRUG

### Your prescription drug annual maximum is increasing

Effective April 1, 2021, your family's annual maximum benefit for prescription drugs is increasing to \$16,600.

The Plan will pay 100%, after you pay any applicable copay, for your family's prescription drugs, up to the annual maximum benefit. Once the Plan has paid the annual maximum benefit for your family's prescription drugs during a calendar year, the Plan will not pay for any more prescription drugs for anyone in your family during the rest of that calendar year.

## GENERAL

### New customer service number

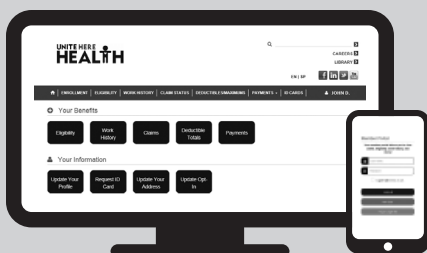
*This change only applies if you are enrolled in the Medicare Supplement Benefit.*

If you are enrolled in the Medicare Supplement benefit, contact the Fund at **(833) 637-3519** when you need help or have questions.

If you are not enrolled in the Medicare Supplement benefit, continue to contact the Fund at **(866) 686-0003**.

*Get answers to all your questions:*

Medicare Supplement: (833) 637-3519 | Non-Medicare Supplement: (866) 686-0003 | [uhh.org](http://uhh.org)



## Save time, go online!

Visit your member portal at [uhh.org/member](http://uhh.org/member) to make a payment, view your benefits, request an ID card, and update your contact info. so you don't miss important benefit notices!



## ELIGIBILITY

### Medicare supplement eligibility change

*This change only applies to the Medicare supplement.*

Effective January 1, 2018, anyone who has Medicare, regardless of how old he or she is, gets the Medicare supplement. The PPO medical benefits are for retirees and dependents who do not have Medicare. (Previously, you had to be age 65 or older to sign up for the Medicare supplement.)

The Fund's Medicare supplement benefits will pay for most cost-sharing that traditional Medicare would otherwise require you to pay. For example, these Medicare supplement benefits pay your Medicare Part A deductible, and cost-sharing for skilled nursing facility confinements, as well as your Medicare Part B deductible and coinsurance.

Contact the Fund for help signing up for the Medicare supplement or find more information online:  
[www.uhh.org/govt](http://www.uhh.org/govt)



## DENTAL

### Correction to your dental benefits

*This change only applies if you are enrolled in the Dental Benefits.*

The following corrections are made to your dental benefits:

- The rule only covering gold restorations when another filling material cannot be used is deleted.
- Under "What's covered," "Other services" includes implants. The \$2,000 annual maximum for non-orthodontic care does not apply to implants.
- The following exclusion under "What's not covered" is deleted: Any prosthodontic appliance connected to an implant.

*Get answers to all your questions:*

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## ELIGIBILITY

### COBRA language replaced

Effective May 1, 2020, the COBRA language in your SPD is replaced in its entirety with the following language:

### COBRA Continuation Coverage

The right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan, was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. **This SMM explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** For more information about your rights and obligations under the Plan and under federal law, you should read this SMM or contact the Fund.

#### *What is COBRA continuation coverage?*

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this section. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage, except that you cannot continue life and accidental death and dismemberment insurance. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct; or
- Your employer withdraws from UNITE HERE HEALTH.

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## ELIGIBILITY *(continued)*

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse's employer withdraws from UNITE HERE HEALTH;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee's employer withdraws from UNITE HERE HEALTH;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

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## ELIGIBILITY *(continued)*

- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both); or
- Commencement of a proceeding in bankruptcy with respect to the employer.

UNITE HERE HEALTH uses its own records to determine when participants' coverage under the Plan ends.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to UNITE HERE HEALTH.

You should use the Fund's forms to provide notice of any qualifying event, if you or a dependent are determined by the Social Security Administration to be disabled, or if you are no longer disabled. You can get a form by calling the Fund at **(866) 686-0003**.

### ***How is COBRA continuation coverage provided?***

Once the Plan Administrator receives notice that a qualifying event has occurred, it will determine if you or your dependents are entitled to COBRA continuation coverage.

- If you or your dependents are **NOT** entitled to COBRA continuation coverage, you or your dependent will be mailed a notice within 14 days after UNITE HERE HEALTH has been notified of the qualifying event. The notice will explain why COBRA continuation coverage is not available.
- If you or your dependents **ARE** entitled to COBRA continuation coverage, you or the dependent will be mailed a description of your COBRA continuation coverage rights and the applicable election forms. The description of COBRA continuation coverage rights and the election forms will be mailed within 45 days after UNITE HERE HEALTH has been notified of the qualifying event. These materials will be mailed to those entitled to continuation coverage at the last known address on file.

COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA

*If you have a  
qualifying event,  
contact us within  
60 days*

### **UNITE HERE HEALTH**

Attn: COBRA  
Department  
P.O. Box 6557  
Aurora, IL  
60589-0557

***Get answers to all your questions:***

Medicare Supplement: (833) 637-3519 | Non-Medicare Supplement: (866) 686-0003 | [uhh.org](http://uhh.org)



## ELIGIBILITY *(continued)*

continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

You must complete a COBRA continuation coverage election form and submit it within 60 days from the later of the following dates:

- The date coverage under the Plan would otherwise end.
- The date the Fund sends the election form and a description of the Plan's COBRA continuation coverage rights and procedures.

If your or your dependents' election form is received within the 60-day election period, you or your dependents will be sent a premium notice showing the amount owed for COBRA continuation coverage. The amount charged for COBRA continuation coverage will not be more than the amount allowed by federal law.

- UNITE HERE HEALTH must receive the first payment within 45 days after the date it receives your election form. The first payment must equal the premiums due from the date coverage ended until the end of the month in which payment is being made. This means that your first payment may be for more than one month of COBRA continuation coverage.
- After the first payment, additional payments are due on the first day of each month for which coverage is to be continued. To continue coverage, each monthly payment must be postmarked no later than 30 days after the payment is due.

Payments for COBRA continuation coverage can be made by check or money order (or other method acceptable to UNITE HERE HEALTH), payable to UNITE HERE HEALTH.

Generally, COBRA continuation coverage is a temporary continuation of coverage that lasts for up to 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

*Mail your COBRA  
payment to:*

**UNITE HERE  
HEALTH**

Attn: COBRA  
Department  
P.O. Box 809328  
Aurora, IL  
60680-9328

*Get answers to all your questions:*

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## ELIGIBILITY *(continued)*

### *Disability extension of 18-month period of COBRA continuation coverage*

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability has to have started at some time on or before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To qualify for this special extended COBRA Coverage, the individual must send (or bring) to the Fund Office the Social Security disability determination before the initial 18 months of continuation coverage expires. After the Plan receives a copy of the disability determination, you will be notified of any increase in cost required to continue the COBRA Coverage for the extended period (the period between 18 and 29 months). Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined to no longer be disabled under the SSA, you must notify the Plan of that fact within 30 days after that determination.

### *Second qualifying event extension of 18-month period of continuation coverage*

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **When will COBRA continuation coverage end?**

COBRA continuation coverage will end when you have reached the maximum period of time for which coverage can be continued. However, continuation coverage will end sooner if any of the following occur:

- The end of the month for which a premium was last paid, if you or your dependents do not pay any required premium when due.
- The date the Plan terminates.
- The date Medicare coverage becomes effective if it begins after the person's election of COBRA (Medicare coverage means you are entitled to coverage under Medicare; you have applied or enrolled for that coverage, if application is necessary; and your Medicare coverage is effective).

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## ELIGIBILITY *(continued)*

- The date the Plan's eligibility requirements are once again satisfied.
- The end of the month occurring 30 days after the date disability under the Social Security Act ends, if that date occurs after the first 18 months of continuation coverage have expired.
- The date coverage begins under any other group health plan.

If termination of continuation coverage ends for any of the reasons listed above, you will be mailed an early termination notice shortly after coverage terminates. The notice will specify the date coverage ended and the reason why.

### **Are there other coverage options besides COBRA continuation coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through self-pay (if you have that option), or the Health Insurance Marketplace, in Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.HealthCare.gov](http://www.HealthCare.gov).

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out-of-pocket than you would under COBRA because the new coverage may impose a new deductible.

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

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## ELIGIBILITY *(continued)*

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.). For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

*Plan contact  
information:*

**UNITE HERE  
HEALTH**

Attn: COBRA  
Department  
P.O. Box 6557  
Aurora, IL  
60589-0557

**(866) 686-0003**

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