



PRESCRIPTION DRUG

Important changes to your prescription drug benefits Effective January 1, 2022

New formulary

Your formulary is changing to the focus formulary (including at the Atlantic City Health Center). If you are taking a drug that is not on the focus formulary, you will need to change to a drug that is on the focus formulary so the Plan will pay for your drug. Ask your healthcare provider to prescribe a drug that is on the focus formulary. If your healthcare provider wants you to take a drug not on the focus formulary, he or she should reach out to HospitalityRx at (844) 813-3860 for a formulary exception. The formulary exception process allows your healthcare provider to ask for approval for you to get coverage for a prescription drug not on the formulary. Remember, though, that the Fund will not consider a non-formulary drug for coverage until you have tried all of the formulary prescription drug alternatives that are medically appropriate to your situation.

However, *your copays are not changing.*

UNITE HERE
HEALTH

(866) 686-0003 • 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.



PRESCRIPTION DRUG *(continued)*

Prescription Drug Benefits—What You Pay

	Retail Pharmacy <i>up to a 34-day supply</i>	Mail Order Pharmacy <i>up to a 60-day supply</i>	
Formulary Prescription Drug Benefits at Network Retail Pharmacies and Mail Order	Per Prescription		
Smoking Cessation Drugs and Supplies (including prescription generic over-the-counter products, generic products, and certain brand products)	\$0		
Covered Immunizations	\$0		
Generic and Some Brand Drugs	\$15		
Preferred and Non-Preferred Drugs	\$30		
Select Specialty and Select Biosimilar Drugs*	Not covered	Generic	Brand
		\$15	25%
Non-Formulary Prescription Drugs and Supplies	Not covered, unless an exception is approved		

*** Current pharmacy benefit provider will actively manage and determine drugs in tier. Specialty drugs are only available through the specialty mail order pharmacy or the Atlantic City Health Center. However, effective January 1, 2022, if you take specialty medications as part of your HIV treatment plan, you may be able to receive an exception to use your network retail pharmacy instead.**

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



PRESCRIPTION DRUG *(continued)*

New specialty drug pharmacy

Remember, you must use WellDyne Specialty Pharmacy or the Atlantic City Health Center to get all of your specialty drugs. However, effective January 1, 2022, if you take specialty medications as part of your HIV treatment plan, you may be able to receive an exception to use your network retail pharmacy instead of WellDyne Specialty Pharmacy. The specialty drug copays will apply, even if you get an exception. A copy of the form you must fill out to request this exemption is included with this SMM. You can also get a copy by calling HospitalityRx at (844) 484-4726.

Your specialty pharmacy is changing to:

WellDyne Specialty Pharmacy

(800) 373-1879

welldynespecialty.com

Change to how you can get a free glucometer

You can get a free glucometer every 12 months from either of these providers

New option!

FreeStyle *(by Abbott)*

(866) 224-8892

www.ChooseFreeStyle.com

use order code U2L65MBU

One Touch *(by LifeScan)*

(888) 883-7091

www.OneTouch.orderpoints.com

use order code 739WDRX01

If you don't want to use one of the Fund's free glucometers, you have to pay the full cost of the glucometer up front. You may submit a claim under the medical benefits for the glucometer, but you may not be reimbursed for the full amount (see your SPD for the cost-sharing required for durable medical equipment).

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



COVID-19 treatment and network telehealth cost-sharing required

This change does not apply if you are in the Medicare supplement benefit.

Effective January 1, 2022, your cost-sharing (copays, deductibles, or coinsurance) is no longer waived for COVID-19 treatment (network or non-network) or for network phone or video (telehealth) visits. Your regular cost-sharing and Plan rules will apply (including any rules about non-network coverage).

This change doesn't affect your \$0 cost-sharing for medically necessary COVID-19 **testing** (including a telehealth visit when the primary purpose of the visit is to get a COVID-19 test).

Colorectal cancer screening coverage expanded Effective September 1, 2021

This change does not apply if you are enrolled in the Medicare supplement benefit.

Routine colorectal cancer screening, not just colonoscopies, will be covered in accordance with the guidelines established by the United States Preventive Services Task Force for preventive colorectal cancer screenings. Contact the Fund with questions about routine colorectal cancer screenings.

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



*If you've moved or changed your phone number, update your information in the member portal:
www.uhh.org/member*

You can also visit the member portal to:

- Make **self-payments**
- Review your **benefits**
- Check your **claims**
- Request an **ID card**



GENERAL

New 173 Member Service Number

If you are in the Medicare Supplement benefit, your new member services phone number to reach the Fund is (866) 686-0003.

New internal coordination of benefits rules

Effective January 1, 2022

This change does not apply if you are in the Medicare supplement benefit.

The following language replaces the Coordination of Benefits section in your SPD titled “If you and your spouse are both employees under this Plan”:

When the Plan coordinates with itself

If you are covered under this Plan as both an employee and a dependent (for example, if you are an employee **and** your spouse’s or your parent’s dependent), or your dependents are also covered as the dependent of another employee (for example, if you and your spouse both cover your children), this Plan coordinates most of your coinsurance and copays with itself, reducing what you pay out of pocket.

However, this Plan will **not** coordinate any of the following items:

- Benefit maximums (for example, visit limits or dollar maximums).
- Deductibles.
- Coinsurance and copays for non-emergency treatment at a network or out-of-network emergency room.
- Coinsurance and copays for out-of-network providers (except for in-hospital consultations or providers like anesthesiologists, pathologists, radiologist, or emergency room providers that the Plan pays as a network provider).

See your SPD for more information about Coordination of Benefits.