

Beginning July 1, 2023 UNITE HERE HEALTH provides two benefit options to retirees — a Retiree PPO and a Retiree HRA.



- If you are covered under the prescription drug benefit under the **Retiree PPO**, you will continue to have creditable coverage.
- If you are covered under the **Retiree HRA**, you will no longer have creditable coverage as of July 1, 2023. Be sure to read this notice – if you do not get creditable coverage within 60 days, you may have to pay more for any Medicare Part D drug plan you enroll in in the future.



Prescription drug coverage and Medicare

Keep this notice! If you enroll in a Medicare drug plan, you may need to show this notice to avoid a higher premium.

You can enroll in a Medicare drug plan if you are eligible for Medicare (you are 65 or older, receiving Social Security disability benefits, or have endstage renal disease). When you join Medicare, you may choose to get a Medicare drug plan, too. Medicare drug plans provide at least a standard level of coverage set by Medicare. If you don't join a Medicare drug plan when you become Medicare eligible, you can join one during the yearly Medicare open enrollment (October 15 - December 7).

UNITE HERE HEALTH provides **two benefit options for retirees**: the Retiree PPO and the Retiree HRA. If your benefit option changes from the Retiree PPO to the Retiree HRA, your prescription drug coverage changes from creditable to non-creditable coverage. Similarly, if your benefit level changes from the Retiree HRA to the Retiree PPO, your prescription drug coverage changes from non-creditable to creditable coverage. Changes in your benefit option can affect when to enroll in a Medicare drug plan and how much your premium will be. See right for more details about the Retiree PPO and the Retiree HRA prescription drug coverage.

Retiree PPO:

Creditable coverage

UNITE HERE HEALTH has determined that the Retiree PPO prescription drug coverage is creditable coverage.

- This means that your drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays.
- It also means you can keep your UNITE HERE HEALTH coverage and not pay a higher premium (a penalty) if you enroll in a Medicare drug plan later.

Retiree HRA:

Non-creditable coverage

Under the Retiree HRA, your Plan does not directly pay for prescription drug coverage. Therefore, UNITE HERE HEALTH has determined that the Retiree HRA does not provide creditable coverage. This means that if you move from the Retiree PPO to the Retiree HRA, you will lose creditable coverage as of the date you lose coverage under the Retiree PPO.

(continued on next page)

Prescription drug coverage and Medicare *(continued)*

Retiree HRA *(continued)*:

- This means that UNITE HERE HEALTH will not pay out benefits for prescription drugs that would be at least as much as what the standard Medicare prescription drug coverage pays.
- It also means you may have to pay a higher premium (a penalty) if you enroll in a Medicare drug plan later.

Because your coverage is not creditable, you might want to consider enrolling in a Medicare Part D prescription drug plan. This is important because you'll get more help with your drug costs if you join a Medicare drug plan. You can use your Retiree HRA to help you pay for the cost of a Medicare Part D plan. You can also use your Retiree HRA to help pay your out-of-pockets costs under a Medicare Part D plan.

No effect on Medicare drug coverage

If you decide to join a Medicare drug plan, your UNITE HERE HEALTH coverage won't be affected.

- Your UNITE HERE HEALTH coverage will continue as long as you are eligible.
- **Retiree PPO:** Because this is creditable coverage, you may be allowed to sign up for a Medicare drug plan during a 2-month special enrollment period if your UNITE HERE HEALTH Retiree PPO coverage ends or if your benefit level changes from the Retiree PPO to the Retiree HRA. Check with Medicare if you're eligible for a special enrollment period.
- **Retiree HRA:** Because this is not creditable coverage, you can only sign up for a Medicare drug plan between October 15th and December 7th each year if you haven't already enrolled in a Medicare drug plan. This may mean the number of months you have to wait for coverage will be longer, and you may have to pay a higher premium.

Avoid higher premiums

If you lose UNITE HERE HEALTH's Retiree PPO coverage, or if you have Retiree HRA coverage, and don't enroll in a Medicare drug plan as soon as you're allowed to, you may have to pay a higher premium when you do enroll.

- If you go 63 continuous days or longer without creditable coverage, your monthly premium for a Medicare drug plan goes up at least 1% for every month you don't have creditable coverage. (You may have to pay this higher premium as long as you have a Medicare Part D drug plan.) Example: You enroll in Medicare, but not a Medicare drug plan. You go 19 months without creditable prescription drug coverage. Then you enroll in a Medicare drug plan. Your premium will be at least 19% higher than it normally would be. Also, you may have to wait until the next Medicare open enrollment (October 15 - December 7 each year) to sign up for a Medicare drug plan.

Learn more about Medicare Part D

Get more information about Medicare drug plans in the Medicare handbook, "Medicare & You." Medicare will mail you this handbook if you're eligible for Medicare. Also, Medicare drug plans may contact you directly. In addition, you can:

- Visit www.medicare.gov
- Call Medicare: 1 (800) 633-4227 (TTY: 1 (877) 486-2048)
- Call your State Health Insurance Assistance Program. (See your copy of "Medicare & You" for the phone number.)

Prescription drug coverage and Medicare *(continued)*

Get financial help

If you have limited income and resources, you may qualify for “Extra Help.” This program helps pay the costs of a Medicare drug plan.

- To learn more or apply, visit:
www.socialsecurity.gov/extrahelp
- Or call the Social Security Administration:
1 (800) 772-1213 (TTY: 1 (800) 325-0778)

Questions?

Contact UNITE HERE HEALTH for more details (or to request another copy of this notice).

- Each year, you’ll receive a copy of this notice before Medicare’s open enrollment.
- If your Plan’s coverage changes from creditable to non-creditable, UNITE HERE HEALTH will notify you.

IMPORTANT CHANGES

Your retiree benefits are changing effective July 1, 2023

- The Medicare Supplement benefit is replaced with a new Health Reimbursement Account (HRA) program
 - ▶ The Fund does not directly provide healthcare benefits to people in the HRA
 - ▶ If you got life insurance under the Medicare Supplement benefit, you'll still get life insurance under the HRA
- Some people who have Medicare may now be offered the Retiree PPO (R-PPO)
- Some retirees may get only ancillary (non-medical) benefits based on their (former) employer's contributions
- The Fund's life insurance benefits, dental benefits, and vision benefits are not changing

You have likely already heard from UNITE HERE, UNITE HERE HEALTH, and VIA Benefits about this change. If not, or if you have questions, please contact **John McCaffrey**, Senior Human Resources Director, at UNITE HERE: **(718) 986-6388**.

**UNITE HERE
HEALTH**

(866) 686-0003 • uhh.org

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

**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.



IMPORTANT CHANGES *(continued)*

The chart on page A-4 of your SPD is replaced with the following table:

How Your Retiree Benefits Work		
	<i>Retiree PPO</i>	<i>HRA Program</i>
Retiree Contribution Required	Yes (deducted from pension benefit)	No
Medical Benefits	“Retiree PPO medical benefits” (see page C-1 of your SPD); also includes hearing aid benefit <i>Not available to certain grandfathered retirees and dependents</i>	Not provided directly through UNITE HERE HEALTH You can use your HRA account to reimburse yourself for certain health care premiums and expenses <i>(This SMM describes the HRA program in more detail)</i>
Prescription Drug Benefits	“Prescription Drug Benefits” (see page E-1 of your SPD)	
Dental Benefits	“Dental Benefits” (see page F-1 of your SPD) <i>Only available to certain grandfathered retirees and dependents</i>	
Vision Benefits	“Vision Benefits” (see page G-1 of your SPD) <i>Not available to certain grandfathered retirees and dependents</i>	
Life Insurance Benefits <i>(retirees only)</i>	“Life Insurance Benefits” (see page H-1 of your SPD) <i>Only available to certain grandfathered retirees</i>	

All references in your SPD to medical and/or pharmacy benefits for retirees and dependents who are not eligible for Medicare (retirees and dependents who do not have Medicare) are replaced with references to the R-PPO.

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



IMPORTANT CHANGES *(continued)*

What happens next?

As of July 1, 2023, your benefits are no longer only based on whether or not you have Medicare. ***Instead, your (former) employer's contributions determine which benefits you (and your dependent) get.*** Your benefits may be any combination of medical, prescription drug, dental, vision, life insurance, or no coverage at all.

- If your (former) employer contributes on your (or your dependent's) behalf for the HRA program, **you (or your dependent) will be covered under the HRA program**. In addition:
 - ▶ You will no longer get medical, prescription drug, dental, and/or vision benefits through UNITE HERE HEALTH (even if you did on June 30, 2023). Instead, you can use your HRA account to reimburse yourself (pay yourself back) for certain health care premiums and health care expenses.
 - ▶ You will get the same life insurance benefits (if any) you got on June 30, 2023.
 - ▶ If you have Medicare but decided not to sign up for benefits through UNITE HERE HEALTH, your (former) employer may give you a one-time chance to enroll in the HRA program. Via Benefits will reach out to people who fall into this category. You have until January 1, 2024 to sign up for the HRA program.
 - ▶ Your (former) employer pays 100% of the cost of the HRA program. You do not pay anything for your or your dependent's HRA benefits. (You still have to pay for your dependent's share of the cost of coverage if your dependent is enrolled in any non-HRA benefits.)
- If your (former) employer contributes on your (or your dependent's) behalf for the Retiree PPO (R-PPO) benefit, **you (or your dependent) will be covered under the R-PPO benefit**.
 - ▶ Unlike in the past, you can get the R-PPO even if you have Medicare. (Generally, the Fund will pay secondary to Medicare. See "Coordination of Benefits" in your SPD for more information.)
 - ▶ In addition to the R-PPO medical (and hearing aid) and prescription drug benefits, you will get the same dental and/or vision benefits (if any) you got as of June 30, 2023.
 - ▶ You will get the same life insurance benefits (if any) you got on June 30, 2023.
 - ▶ Your share of the cost of coverage for yourself (and/or your dependent) will be deducted from your pension benefit based on your (former) employer's participation agreement (PA).

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



IMPORTANT CHANGES *(continued)*

- If your (former) employer makes contributions only for ancillary benefits (prescription drug, dental, vision, and/or life insurance benefits only) on your behalf, you (and your dependent) will get only those benefits.
 - ▶ Your share of the cost of coverage for yourself (and/or your dependent) will be deducted from your pension benefit based on your (former) employer's PA.

Special note about dependents: You may be in the HRA program, and your dependent may be in the R-PPO benefit. Or, you may be in the R-PPO benefit and your dependent may be in the HRA program. Your (former) employer's contribution determines who gets which benefit (or who gets neither benefit).

However, your dependent gets the same dental and/or vision benefits you get. If you don't get one or both of these benefits, neither will your dependent.

Remember, dependents do not get life insurance, even if you do.

New HRA program

The Fund has contracted with EXTEND HEALTH, LLC, a Willis Towers Watson company (collectively called "Via Benefits") to administer the HRA program for you and your dependents.

Via is reaching out to retirees to tell you about your new HRA program and help you sign up for Via Benefit Exchange plans. Be sure to talk to Via Benefits to get enrolled and get your questions answered.

What is the HRA program?

The HRA program helps you pay for certain health care premiums and health care expenses. You can file a claim to get paid back from your HRA account.

If your (former) employer makes HRA contributions on your and/or your dependent's behalf (including on behalf of a surviving spouse or surviving dependent child), the contribution will be credited to your family's HRA account every month. Your (former) employer's PA determines the amount of your (former) employer's monthly HRA contribution. This amount may change from time to time. Contact your (former) employer with questions about your PA or the amount of the monthly HRA contribution.

Via Benefits

my.viabenefits.com/UHH

(833) 414-1439

Download the Via Benefits Accounts app from the App Store or Google Play

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



IMPORTANT CHANGES *(continued)*

The HRA program is intended to qualify as a self-funded health care reimbursement plan for purposes of Sections 105 and 106 of the Internal Revenue Code, as amended (“Code”), as well as a health reimbursement arrangement as defined in IRS Notice 2002-45.

How does the HRA program work?

Although (former) employer HRA contributions are required separately for you and for any dependent, all HRA contributions for you and your dependent will be credited to one joint family HRA account. You can use your family HRA account to pay yourself back for certain health care premiums and health care expenses for you and any dependents who are also in the HRA program (see “What can I use my HRA for?”).

The HRA program is only available if you have Medicare (see “Who can use the HRA program?”).

Via Benefits will review any claims you file (see “How do I file a claim”). Once your claim is approved, you will be paid back for the expense, and your HRA account balance will be reduced by the amount you are paid back. (You cannot “assign” your HRA account or reimbursement to a third party.)

Reimbursements are limited to the amount of your HRA account. However, if a claim is denied (in whole or in part) because your account balance isn’t enough for full reimbursement, you may submit another claim for the unreimbursed amount as soon as your HRA account balance is large enough.

Your HRA account balance automatically rolls over from year to year. (You can only submit claims for expenses incurred while you are (or your dependent is) eligible.)

The HRA program is not a bank account, and funds can only be withdrawn to pay you back for certain health care premiums and health care expenses.

***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

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



IMPORTANT CHANGES *(continued)*

Who can use the HRA program?

You can use the HRA program if you meet all of the following rules:

- You meet the definition of a “retiree” described in your PA. Your dependent, including a surviving spouse, must meet the definition of a “dependent” described in your PA.
- Your (former) employer makes HRA contributions for you (or your dependent).
- You meet the eligibility rules described in your SPD.
- You (or your dependent) have Medicare.
- You (or your dependent) are not covered as an employee, retiree, or dependent under any other UNITE HERE HEALTH Plan Unit.
- You (or your dependent) are enrolled in a Via Benefits’ Exchange medical and/or prescription drug plan. (Other types of plans, like hearing, dental, or vision plans, don’t count.)

This rule will not apply if you:

- ▶ Live outside of the 50 contiguous states of the United States (plus the District of Columbia);
- ▶ Have benefits through TRICARE or the Veterans Administration;
- ▶ Have Medicaid; or
- ▶ Are enrolled in a Medigap or Medicare Advantage plan as of July 1, 2023.

If you do not meet all of the above rules, your HRA account will be frozen, meaning you can’t get paid back for healthcare expenses or healthcare premiums until you meet all of the above rules. While your account is frozen, your (former) employer’s HRA contributions (if any) will be credited to your HRA account.

What can I use my HRA for?

You can use your HRA account to pay yourself back for certain health care premiums and health care expenses, as allowed by IRS Code Section 213(d). In general, you can use your HRA account for the following types of expenses:

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



IMPORTANT CHANGES *(continued)*

- Premiums for health insurance policies, such as:
 - Medicare supplement (Medigap) policies or Medicare Advantage policies.
 - Individual or family insurance policies.
 - Medicare Parts A or B.
 - Medicare Part D policies or other prescription drug insurance policies.
 - Dental or vision insurance policies.
 - Hearing insurance policies.
 - Long-term care policies.
- Out-of-pocket payments for medical care, prescription drugs, dental care, vision care, or hearing care, such as:
 - Cost-sharing (deductibles, copays, and coinsurance), including through private insurance.
 - Health care costs that are not covered by a health insurance policy.
 - Medicare Part A and Part B deductibles, copays and coinsurance.

Examples of reimbursable expenses

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Acupuncture • Ambulance transportation • Chiropractic care • Certain cosmetic surgery to treat a congenital abnormality, accident, or disfiguring disease • Dental care • Diagnostic services (labs, X-rays) • Eyeglasses and contact lenses • Hearing exams and hearing aids • Inpatient and outpatient hospital care | <ul style="list-style-type: none"> • Medical appliances (teeth, limbs, crutches, elastic stockings, hearing aids, etc.) • Medical equipment and repairs (wheelchairs, walkers, crutches, CPAP equipment and supplies, etc.) • Prescription drugs, including insulin • Over-the-counter drugs and supplies (diabetic supplies and testing equipment, first aid supplies, adult incontinence supplies) | <ul style="list-style-type: none"> • Health care professional fees (nurses, physicians, psychologists) • Oxygen equipment and oxygen • Physical, speech, and occupational therapies • Surgical fees • Travel expenses related to health care • Transportation expenses for medical care (ambulance, personal vehicle mileage, transportation services) • Vaccinations and immunizations |
|--|--|--|

Visit www.irs.gov/pub/irs-pdf/p502.pdf for more information about what health care expenses are reimbursable.

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



IMPORTANT CHANGES *(continued)*

Reimbursement rules

- Claims are incurred on the date the service or supply is provided, not the date you are billed or the date you pay the bill.
- Expenses paid in advance (for example pre-payments to physician's offices) are not reimbursable until the service or supply is actually provided.
- Health insurance policy premiums are incurred on the first day of the month, the first day of coverage, or the date the premium is paid, even if you paid the premium before the first day of the policy year.
- You may need to submit a letter of medical necessity from a healthcare provider for reimbursement of certain expenses. This letter must document that the claim is related to the diagnosis, treatment, mitigation, or prevention of a disease or medical condition.
- If you claim or plan to claim a health care expense as a tax deduction, you cannot also file a claim under the HRA program. (You should discuss any tax questions with a qualified tax advisor.)
- You cannot get reimbursed for expenses for a dependent who is not enrolled in the HRA program, or for claims incurred while you or a dependent are not eligible for the HRA program.

Good health starts with knowing your benefits!

- Your most up-to-date benefits information is always available online. Visit www.uhh.org/library to view your SPD, SBC, and other SMMs. These documents help you understand what your benefits are and how to use them. They also tell you the plan's rules and regulations.
- Your Benefits at a Glance, an overview of your benefits in an easy-to-read format, is also online. Go to www.uhh.org and select your plan.



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



IMPORTANT CHANGES *(continued)*

Catastrophic Coverage Special Payments Program for Prescription Drugs

Applies to certain prescription drug expenses incurred from July 1, 2023 through December 31, 2023

The Catastrophic Coverage Special Payments program provides you with additional funds if you have high prescription drug expenses. This benefit helps you pay out-of-pocket expenses once you meet Medicare Part D's catastrophic coverage threshold:

- For 2023, the catastrophic coverage threshold is \$7,400 in out-of-pocket expenses.
- Beginning January 1, 2024, no cost-sharing applies after you reach Medicare Part D's catastrophic coverage threshold. Therefore, the Catastrophic Coverage Special Payments program will end as of January 1, 2024.

To file a claim, you must submit a Catastrophic Coverage Special Payments reimbursement request form **and** an Explanation of Benefits statement from your Medicare Part D plan showing you met your Medicare Part D catastrophic coverage threshold. Each time you incur a prescription drug expense, you must submit either an updated EOB or receipts showing your out-of-pocket payments, plus any other required documentation.

You can file a claim for your cost-sharing (deductibles, coinsurance, and copays) for prescription drugs covered under your Medicare Part D plan. You must file claims for the Catastrophic Coverage Special Payments program by March 31, 2024.

You cannot use the Catastrophic Prescription Drug Coverage program for premium payments (including for a prescription drug policy), or out-of-pocket prescription drug costs reimbursed by any other source. You also cannot use the Catastrophic Prescription Drug Coverage program for prescription drug costs you pay before meeting your Medicare Part D catastrophic coverage threshold.

Once your claim is approved, you will usually get paid back within 14 days.

Contact Via Benefits
for a claim form or
with questions:

my.viabenefits.com/UHH

(833) 414-1439

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



IMPORTANT CHANGES *(continued)*

What types of expenses aren't covered under the HRA program?

Only expenses authorized by IRS Code Section 213(d) are reimbursable under the HRA program. The Code may change from time to time. In general, the following types of expenses are not reimbursable:

- Assisted living or long-term care expenses. However, medical care received at the facility may be reimbursable.
- Babysitting charges so you can go to a health care provider's appointment.
- CBD products.
- Controlled substances (marijuana, laetrile, etc.) not legal under federal law, even if they are legal under state law.
- Cosmetic surgery other than for treatment of a congenital abnormality, accident, or disfiguring disease. This exclusion includes breast augmentation, face lifts, hair transplants, electrolysis, liposuction.
- Cosmetics, toiletries, toothpaste, etc.
- Dietary supplements and certain vitamins.
- Expenses that are also payable under any insurance policy (Medicare or Medicaid or supplemental plans, individual health insurance, Section 125 cafeteria plan, etc.).
- Expenses incurred while you (or your dependent, if applicable) are not eligible for the HRA program (for example, before you became covered, or after your eligibility ends).
- Expenses for any services or supplies that Via Benefits cannot administer.
- Expenses you claim as a tax deduction on your tax return.
- Funeral or burial expenses.
- Health spas, health club dues, and exercise classes. However, if you have a letter of medical necessity stating the exercise program is designed to treat a specific, named condition, these may be reimbursable.
- Household and domestic help.
- Massage therapy.
- Premiums for life insurance policies, critical illness policies, income protection policies, disability insurance policies, or cost-sharing insurance policies (Healthcare Sharing Ministries, Medishare).
- Weight-loss programs or classes, except as part of the treatment of a specific disease diagnosed by a physician (for example obesity, hypertension, or heart disease), or weight-loss food or beverages.

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



IMPORTANT CHANGES *(continued)*

The federal government lets you take a deduction on your income tax return for certain health care expenses. However, you cannot claim the same expense under both this HRA program and as a tax deduction. You should discuss any tax questions with a qualified tax advisor.

How do I file claims?

Filing a Claim

You must submit any information Via Benefits requires in order to process your claim, such as information identifying who incurred the claim and proof that the claim was actually incurred. For example, you will need to provide any of the following applicable information:

- Your name.
- Your dependent's name and your relationship to the dependent.
- An itemized bill showing the name of the provider or insurance carrier and the date of the policy or the date of service.
- Proof of coverage letter or premium statement from your insurance carrier.
- Explanation of Benefits (EOB) form.
- A completed claim form.
- Itemized receipts detailing the expenses, the date of service or purchase, and the provider or merchant name.
- A statement that you have not been and will not be reimbursed from any other source, and you will not claim the health care expense as a tax deduction.

Via Benefits

P.O. Box 981156
El Paso, TX 79998-1156
Fax: (866) 886-0878

You can also file claims through the Via Benefits app (available through the App Store or Google Play)

You should file a claim within 18 months of incurring the expense. However, if your or your dependents' eligibility for the HRA program ends (for example due to death, divorce, or loss of Medicare), you **must** file a claim within six months of the date of your loss of eligibility.

See your SPD for more information about who can file a claim, when Via Benefits must make a decision on your claim (see "Post-service healthcare claims not involving concurrent care decisions"), your obligation to follow all levels of claims and appeals, and other information about the claims and appeals process.

You may also be able to set up an automatic process to get paid back for ongoing premium payments. Contact Via Benefits for more information.

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



IMPORTANT CHANGES *(continued)*

If a benefit claim is denied

If your claim for benefits is denied, either in full or in part, you will receive notice explaining the reasons for the denial, including all information required by federal law. The notice will also include information about how you can file an appeal and any related time limits, including how to get an expedited (accelerated) review for emergency treatment/urgent care, if appropriate.

As explained below, your claim may be subject to one or two levels of appeal. All appeals must be in writing (except for appeals involving urgent care), signed, and should include the claimant's name, address, and date of birth, and your (the employee's) Social Security number. You should also provide any documents or records that support your claim.

If you are appealing a denial of your eligibility for the HRA program, you must submit the appeal directly to the Appeals Subcommittee of UNITE HERE HEALTH at the address shown under "Second level" below within 12 months of your receipt of the claim denial.

- **First level:**

All appeals for claims reimbursement denied under the HRA program – other than denials based on your eligibility for the HRA program – must be sent within 180 days of your receipt of the claim denial to:

Via Benefits
P.O. Box 981156
El Paso, TX 79998-1156
Fax: (866) 886-0878

- **Second level:**

If all or any part of the original denial is upheld (meaning that the claim is still denied, in whole or in part, after your first appeal) and you still think the claim should be paid, you or your authorized representative must submit a second appeal within 90 days of the date of the first-level denial:

The Appeals Subcommittee
UNITE HERE HEALTH
711 N. Commons Drive
Aurora, IL 60504-4197

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



IMPORTANT CHANGES *(continued)*

Filing a claim incurred before July 1, 2023

- You can file claims for covered expenses under the Medicare Supplement benefit or the prescription drug benefit incurred before July 1, 2023. You have 18 months from the date a service or supply was provided to file a claim.
- You can file a claim for covered expenses under the dental benefits incurred before July 1, 2023. You have 90 days to file claims for dental care. (However, claims for your dental care may be submitted for up to one year if the 90-day deadline can't be reasonably met.)

See your SPD for more information about filing a claim.

When does my HRA program eligibility end?

Termination of eligibility

Your eligibility will end as shown in the section of your SPD titled “Termination of Eligibility”. In addition, your or your dependents’ eligibility to use the HRA program will end on the earliest of the following:

- The date you become covered as an employee, retiree, or dependent under any other UNITE HERE HEALTH Plan Unit.
- The date your Medicare eligibility terminates.
- The date the HRA program is terminated.
- The last day of the coverage period for which the last HRA contribution made on your behalf is received by the Fund.
- The date Via Benefits determines you have submitted a fraudulent claim under the HRA program.

If your eligibility for the HRA program terminates, you may use your HRA account for reimbursement of health care expenses incurred on and after the date you once again meet the eligibility rules.

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



IMPORTANT CHANGES *(continued)*

When does my HRA program eligibility end?

Termination due to death

- In the event of **your (the retiree's) death**:
 - ▶ If your surviving dependents are receiving HRA contributions, those contributions will continue to be credited to the family HRA account. Your surviving dependents may use the family HRA account as long as they remain eligible for the HRA program.
 - ▶ If no dependents are receiving HRA contributions, your HRA account will be forfeited immediately upon your death. However, your estate has six months following your death to submit claims for reimbursement of health care expenses.
- In the event of **your dependent's death**:
 - ▶ If you are receiving HRA contributions, those contributions will continue to be credited to the family HRA account. You may use the family HRA account as long as you remain eligible for the HRA program.
 - ▶ If you are not receiving HRA contributions, your dependent's HRA account will be forfeited immediately upon his or her death. However, your dependent's estate has six months following the dependent's death to submit claims for reimbursement of health care expenses.

COBRA coverage

Your HRA program is subject to the COBRA rules shown in your SPD.

However, if you and your spouse divorce, and either or both of you elect COBRA coverage, your HRA account balance and your spouse's HRA account balance will each be credited with half the amount of your family's HRA account balance as of the day before the divorce.

Example: Your family HRA balance on September 14 is \$1,500. Your divorce date is September 15:

- Your individual HRA account balance as of September 15 is \$750.
- Your spouse's individual HRA account balance as of September 15 is \$750.

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



IMPORTANT CHANGES *(continued)*

Other important information

Address changes

You should keep Via Benefits (and the insurance carrier of the plan(s) you select) informed of changes to your address and other contact information. You must also tell UHH about changes to your contact information, even if you tell Via Benefits.

Only employer contributions permitted

Only your (former) employer may contribute to your HRA account – you do not contribute towards the cost of your or your dependent’s coverage under the HRA program. The IRS will not allow anyone else – you, your dependent, etc.– to contribute to your HRA account. You will not have to make any payments for the cost of HRA program. (You may have to continue paying part of the cost of your dependent’s coverage for any benefits other than the HRA – for example, for the R-PPO, or for dental or vision benefits.)

The Fund holds all HRA contributions in trust

You will not earn any interest or other earnings on your HRA account balance. You will also not pay taxes on the contributions, or on any reimbursements or payments made from your HRA account.

No cash benefits are provided under the HRA program, other than reimbursement from your HRA account.

Overpayments

If you get an overpayment, or if a payment is made by mistake, you must refund the amount to your HRA account. If you do not, future reimbursements from your HRA account may be withheld to offset the amount owed. If you don’t repay the amount of the overpayment or the amount mistakenly paid to you, the overpayment or mistaken payments may be reported to the IRS as income to you.



IMPORTANT CHANGES *(continued)*

Unclaimed payments

Any unclaimed HRA payments (for example uncashed benefit checks or unclaimed electronic transfers) will be forfeited 18 months from the date on the check or the date the payment was otherwise approved.

Via Benefits may make reasonable attempts to reissue payments. You may also ask Via Benefits to reissue a payment. However, if you do not contact Via Benefits prior to the end of the 18-month forfeiture deadline, the unclaimed reimbursement will be credited back to your HRA account. However, if your HRA account has been closed, the reimbursement will be forfeited entirely, and will revert to general Fund assets.

HRA program not vested benefits

Retiree benefits – including the HRA program – provided through the Fund are not vested or accrued benefits. This means the retiree benefits are not guaranteed to continue indefinitely. The Trustees have full and exclusive authority to change or terminate the benefits and the eligibility requirements at any time.

Read your SPD

The rules in your SPD generally apply to the HRA program (unless superseded by the information in the SMM).

However, the following sections of your SPD do not apply to the HRA program, but may apply to other benefits you receive through UNITE HERE HEALTH:

- Medical benefits if you are not Medicare eligible (now “R-PPO benefits”)
- Medical benefits if you are Medicare eligible (no longer applicable as of July 1, 2023)
- Hearing aid benefits
- Prescription drug benefits (now “Prescription drug benefits under the R-PPO”)
- Dental benefits
- Vision benefits
- Life insurance benefits
- General exclusions and limitations
- Coordination of benefits
- Subrogation
- Definitions

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