PRESCRIPTION DRUG: BLUE CROSS BLUE SHIELD PPO

Prescription drug annual maximum eliminated

Currently, your family's annual maximum benefit for prescription drugs is \$47,000. Effective January 1, 2025, the annual maximum no longer applies.

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

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

UNITEHERE (866) 686-0003 uhh.org UNITE HERE! staff 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.

シ MEDICAL: BLUE CROSS BLUE SHIELD PPO

New network, new rules for transplant and CAR-T services

Effective January 1, 2025, the following changes apply to all transplantrelated and CAR-T therapy-related services. (CAR-T is a type of cancer immunotherapy that uses a patient's T cells to fight cancer.)

You must use the Fund-designated transplant and CAR-T network to get benefits for these services. The Fund-designated network for these very specialized types of care gives you access to the highest quality and experienced health care providers across the country.

The Plan will only pay benefits for transplant and CAR-T cell therapy (CAR-T) services (and any related services) if you use the transplant and CAR-T network, available through Optum and Cigna LifeSOURCE. *This is not the same network as your PPO network.*

What the Plan pays for the covered transplant and CAR-T services is not changing. (For example, any office visit cost-sharing still applies to office visits.)

Get prior authorization for transplant and CAR-T services

You or your healthcare provider must call HealthCheck360 *before*:

- Getting a transplant evaluation (or any transplant services) except for cornea transplants; or
- Getting CAR-T services.

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

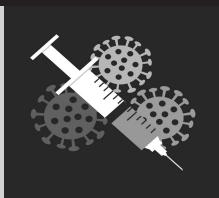
To find providers in the Transplant & CAR-T Network contact HealthCheck360 or visit uhh.org/transplant

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

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 <u>www.cdc.gov</u>



Section 2010 Continued) MEDICAL: BLUE CROSS BLUE SHIELD PPO (continued)

Covered transplant expenses

The rules governing benefits for transplant services are generally not changing. (See "What's Covered" under the Medical benefits section of your SPD). However, there are two changes to how transplant services are covered:

• Transplants (and related services) will only be covered if you use the Fund-designated transplant network. No benefits are payable under the medical benefits for any transplant services if you don't use the transplant network.

To get prior authorization, call toll free:

HealthCheck360 (844) 462-7812

• The exclusion for donor expenses if the donor has other coverage no longer applies.

A new exclusion is added to "What's not covered" under the Medical benefits section of your SPD:

Transplant-related and CAR-T-related services not provided through the Fund-designated transplant and CAR-T network, if use of the network is required.

Exceptions to the network rule for transplant and CAR-T services

These new rules do not apply if the Plan does not pay primary for you (the employee or dependent). See the "Coordination of Benefits" section of your SPD for more information about the order the Plan pays your benefits if you have other health coverage.

These rules also don't apply to cornea transplants or emergency medical treatment, or if the Fund or its designee approves a network exception before you get the transplant-related or CAR-T-related services.

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

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.

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シ MEDICAL: BLUE CROSS BLUE SHIELD PPO (continued)

If you already started getting transplant services and had your transplant evaluation before January 1, 2025, this change will not apply to your transplant.

If your provider leaves the network

If your transplant or CAR-T provider leaves the network, the provider's contract with the transplant and CAR-T network will determine how your continuity of care works. You will be contacted with more information about how the continuity of care rules may apply to you and how to apply, if required.

Clarification to your prior authorization list

You must get prior authorization for physical, occupational, and speech therapy after the first 12 visits for each type of therapy *each calendar year*. This means that you must get prior authorization for any additional physical therapy visits after your first 12 physical therapy visits during a calendar year. This rule applies separately to occupational therapy visits and to speech therapy visits (e.g., after 12 visits of each type of therapy each calendar year, you must get prior authorization for any additional visits).

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