



GENERAL

Changes to legal language in your SPD

The following sections of your SPD are replaced, effective May 1, 2026.

Appeals under the sole authority of the Plan Administrator

The Trustees have given the Plan Administrator full discretionary authority to decide all appeals resulting from the following circumstances:

- Late COBRA payments and applications to continue coverage under the COBRA provisions.
- Late applications, including late applications to enroll for dependent coverage.

You must submit your appeal within 12 months of the date the late payment or late application was refused to:

The Plan Administrator
UNITE HERE HEALTH
P.O. Box 5348
Oak Brook, IL 60522-5348
Fax: (630) 236-5232
Email: appeals@uhh.org

Interpretation of Plan provisions

For benefits provided on a fully insured basis, the applicable insurer has the sole discretionary authority to interpret applicable plan or policy documents, make final and binding decisions about benefits, claims and appeals, and decide all questions or controversies with respect to the applicable policy of insurance.

For claims paid under the HRA program, the HRA administrator will pay claims based on the terms of its contract with the Fund, and the HRA administrator will have the authority to make decisions within the scope of that contract. However, the Trustees retain the final authority, in their sole and exclusive discretionary



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PO Box 5348, Oak Brook, IL 60522-5348

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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.



GENERAL *(continued)*

authority, to direct the HRA administrator to pay claims denied in whole or in part, or to otherwise arrange for the payment of claims denied in whole or in part.

The Board of Trustees of UNITE HERE HEALTH has delegated its full discretionary authority with respect to appeals of claims denied in whole or in part to the Appeals Subcommittee, comprised of a subset of the Trustees, to make all appeal decisions in accordance with Plan terms. The Appeals Subcommittee has full discretionary authority to decide questions of fact, interpret all Plan documents and associated administrative rules and procedures, and to decide any other question that arises in connection with an appeal. The Appeals Subcommittee acts autonomously in connection with such appeal reviews and decision-making. Unless the denied claim is subject to the independent external review procedures, any decision made by the Appeals Subcommittee shall be final and binding on all persons.

The Board of Trustees of UNITE HERE HEALTH has delegated its full discretionary authority with respect to appeals related to a failure to meet Plan deadlines for self-payments, COBRA payments, and COBRA applications, to the Plan Administrator as described in “Appeals under the sole authority of the plan administrator” under the claim filing and appeal provisions section of your SPD.

Except as specified above, the Board of Trustees of UNITE HERE HEALTH retains all other authority, including but not limited to the sole and exclusive discretionary authority to:

- Make final decisions about applications for or entitlement to Plan benefits, including:
 - Increasing, decreasing, terminating, or otherwise changing Plan provisions to efficiently administer the Plan or to further the purposes of UNITE HERE HEALTH,
 - Obtaining or providing information needed to coordinate benefit payments with other plans,
 - Obtaining second medical or dental opinions or authorizing an autopsy when not forbidden by law;
- Interpret all Plan provisions and associated administrative rules and procedures.
- Decide all questions of fact.
- Authorize all payments under the Plan or recover any amounts in excess of the maximum amounts required by the Plan.

The Trustees’ decisions are final and binding on all persons dealing with or claiming benefits from the Plan, unless the appropriate authorized person or entity determines, in its sole discretion, that the original decision was in error and corrective action is taken. However, if a decision is challenged in court or arbitration, it is the intention that such decision is to be upheld, unless determined to be arbitrary or capricious by a court of competent jurisdiction.

Benefits under this Plan will be paid only when the Board of Trustees of UNITE HERE HEALTH, or person delegated by it, determines in their sole discretionary authority, that an applicant is entitled to benefits under the terms of the Plan.

The Plan gives the Trustees, and their delegates, full discretion and sole authority to make the final decision in all areas of Plan interpretation and administration, including eligibility for benefits, the level of benefits provided, and the meaning of all Plan language (including this Summary Plan Description). In the event of a conflict between this Summary Plan Description and the Plan Document governing the Plan, the Plan Document will govern.