

## HMO PLAN (Kaiser Permanente)

These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the PPO PLAN with BLUE CROSS BLUE SHIELD, turn to page 7.

# VISION

The changes described in this SMM also affect your Summary of Benefits and Coverage (SBC). Remember, you can always get a copy of your SBC by visiting [www.uhh.org/library](http://www.uhh.org/library) or by calling (866) 686-0003.

## Changes to your vision benefit

Effective January 1, 2023, your vision benefits are improving. Davis Vision will administer self-funded vision benefits for you and your dependents. These claims will not be coordinated with any other plans.

Generally, if you use a Davis Vision provider, you do not need to file a claim for vision care because Davis Vision providers will file the claim on your behalf. However, if you need to file a claim because you used a provider who is not in the Davis Vision network, submit it within 365 days of the date the claim was incurred to: Davis Vision, Vision Care Processing Unit, P.O. Box 1525, Latham, NY 12110.

*If you need to file a claim, submit it within 365 days to:*

### **Davis Vision Vision Care Processing Unit**

PO Box 1525  
Latham, NY 12110

**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.*

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.

## **HMO PLAN** (Kaiser Permanente)

*These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**, turn to page 7.*

## **VISION** (continued)

If your claim for benefits is denied, in whole or in part, you may file an appeal. One level of appeal applies to Davis Vision claims. See your SPD for more information about filing appeals for claims with one level of appeal.

The following language replaces the section titled “Vision Benefits” in your SPD:

## **Vision benefits**

UNITE HERE HEALTH has contracted with Davis Vision to administer the vision benefits provided to you and your dependents.

<b>Vision Benefits — What You Pay</b>		
<b>Benefits covered once every calendar year</b>	<b>Davis Vision Network Provider</b>	<b>Non-Network Provider</b>
Eye Exam	\$0 copay	\$0 copay; \$75 maximum
Retinal Imaging	\$20 copay	Not covered
Lenses	\$0 copay	\$0 copay; \$175 maximum for all materials, evaluations, and fittings combined
Frames	\$0 copay for Davis collection Fashion, Designer, or Premier frames \$0 copay; \$150 benefit maximum for all other frames	
Elective Contact Lenses, in lieu of Glasses	\$0 copay for Davis collection contacts \$0 copay; \$150 benefit maximum, plus \$60 benefit maximum for the evaluation and fitting, for all other contacts	
Medically Necessary Contact Lenses	\$0 copay	

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

## **HMO PLAN** (Kaiser Permanente)

These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the PPO PLAN with BLUE CROSS BLUE SHIELD, turn to page 7.

## **VISION** (continued)

### Network and non-network vision providers

The Plan pays benefits based on whether you get treatment from a network provider or a non-network provider.

### What you pay

You pay any copays shown in the chart at the beginning of this section. You also pay for any expenses the Plan does not cover, including costs that are more than a particular maximum benefit.

### Upgrade options through network providers

Although the Plan will not pay for any upgrades or options, if you use a network provider, you can get certain upgrades or options. Some options may be available at no cost; others may have a set fee. Your costs depend on which upgrade(s) you pick.

You can also get discounts on laser eye surgery. (Benefits are not payable for laser eye surgery.)

Get your questions about upgrades and options answered by contacting Davis Vision, or by asking your network provider.

To find a network provider near you, contact:

#### **Davis Vision**

(800) 999-5431

[www.davisvision.com](http://www.davisvision.com)

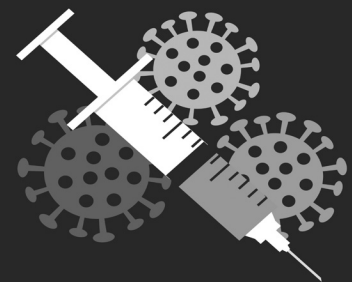
(Register for detailed information)

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



## **HMO PLAN** (Kaiser Permanente)

*These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**, turn to page 7.*

# **VISION** *(continued)*

## *What the Plan pays*

The Plan pays 100% of covered expenses after you make any applicable copay. If you use a non-network provider, the Plan only pays up to the maximum shown in the table for your vision care.

## *What's covered*

Benefits are available every calendar year. For example, if you have an exam and get glasses on January 15, 2023, the next time the Plan would cover your exam and lenses would be January 1, 2024.

- Exams (including dilation when professionally indicated).
- Retinal imaging provided by a network provider.
- Plastic lenses, including single vision, bifocal lenses, trifocal lenses, or lenticular lenses.
- Frames.
- Standard contact lenses (disposable or planned replacement), including evaluation & fitting, in lieu of glasses.
  - ▶ Disposable and planned replacement contacts will be supplied in quantities determined by Davis Vision.
- Medically necessary contacts, with prior authorization from Davis Vision.
- Low vision services provided by a network provider, with prior authorization from Davis Vision:
  - ▶ One low-vision evaluation is covered every five calendar years, with a maximum of \$300.
  - ▶ Four follow-up care visits are covered in a five-calendar-year period, with a maximum of \$100 per visit.
  - ▶ Up to \$600 for low-vision aids every five calendar years, subject to a lifetime maximum of \$1,200.

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

## **HMO PLAN** (Kaiser Permanente)

*These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**, turn to page 7.*

## **VISION** *(continued)*

### **What's not covered**

The section of your SPD titled “General exclusions and limitations” explains what the Plan won’t cover. In addition to that list, the following vision treatments, services, and supplies are not covered under the vision benefits:

- Retinal imaging provided by a non-network provider.
- Non-prescription lenses.
- Any type of lenses, frames, services, supplies, or options that are not covered under the Davis Vision contract.
- Two pairs of glasses instead of bifocals.
- Contacts and eyeglasses during the same calendar year.
- Low vision services or supplies that are not pre-approved, or that are more than the maximum benefits or frequency limits specified in the contract with Davis Vision.
- Medical treatment of eye disease or injury (may be covered under “Medical benefits”).
- Replacement of lost or broken contacts, lenses, or frames, except as available under Davis Vision’s warranty.

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

***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

## **HMO PLAN** (Kaiser Permanente)

These changes only apply if you have the **HMO PLAN** with **KAISER PERMANENTE**.  
If you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**, turn to page 7.



## Travel & lodging benefit

Effective July 20, 2022, travel and lodging benefits have been added to help you if you do not have access to certain services in the state in which you live, and if you must travel more than 50 miles to another state to get these services.

Contact Kaiser for more information about how to get help paying for travel and lodging to get these services, including how to file a claim. The rules (for example, how much you can get reimbursed, what type of medical care is eligible for travel and lodging reimbursement, how to get reimbursed, and where you can go to get medical care) may change from time to time. Call Kaiser at the number on the back of your ID card to get more information.

**Get answers to all your questions: (866) 686-0003 • [uhh.org](http://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](http://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](http://www.uhh.org) and select your plan.



**PPO PLAN**  
(Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.

 **VISION**

The changes described in this SMM also affect your Summary of Benefits and Coverage (SBC). Remember, you can always get a copy of your SBC by visiting [www.uhh.org/library](http://www.uhh.org/library) or by calling (866) 686-0003.

## Changes to your vision benefit

Effective January 1, 2023, your vision benefits are improving. Davis Vision will administer self-funded vision benefits for you and your dependents. These claims will not be coordinated with any other plans.

Generally, if you use a Davis Vision provider, you do not need to file a claim for vision care because Davis Vision providers will file the claim on your behalf. However, if you need to file a claim because you used a provider who is not in the Davis Vision network, submit it within 365 days of the date the claim was incurred to: Davis Vision, Vision Care Processing Unit, P.O. Box 1525, Latham, NY 12110.

*If you need to file a claim, submit it within 365 days to:*

**Davis Vision  
Vision Care  
Processing Unit**  
PO Box 1525  
Latham, NY 12110



**(866) 686-0003 • uhh.org**  
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.*

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.

## **PPO PLAN** (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.

## **VISION** (continued)

If your claim for benefits is denied, in whole or in part, you may file an appeal. One level of appeal applies to Davis Vision claims. See your SPD for more information about filing appeals for claims with one level of appeal.

The following language replaces the section titled “Vision Benefits” in your SPD:

## Vision benefits

UNITE HERE HEALTH has contracted with Davis Vision to administer the vision benefits provided to you and your dependents.

<b>Vision Benefits — What You Pay</b>		
<b>Benefits covered once every calendar year</b>	<b>Davis Vision Network Provider</b>	<b>Non-Network Provider</b>
Eye Exam	\$0 copay	\$0 copay; \$75 maximum
Retinal Imaging	\$20 copay	Not covered
Lenses	\$0 copay	\$0 copay; \$175 maximum for all materials, evaluations, and fittings combined
Frames	\$0 copay for Davis collection Fashion, Designer, or Premier frames \$0 copay; \$150 benefit maximum for all other frames	
Elective Contact Lenses, in lieu of Glasses	\$0 copay for Davis collection contacts \$0 copay; \$150 benefit maximum, plus \$60 benefit maximum for the evaluation and fitting, for all other contacts	
Medically Necessary Contact Lenses	\$0 copay	

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



## **PPO PLAN** (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the HMO PLAN with KAISER PERMANENTE, turn to page 1.

## **VISION** (continued)

### Network and non-network vision providers

The Plan pays benefits based on whether you get treatment from a network provider or a non-network provider.

### What you pay

You pay any copays shown in the chart at the beginning of this section. You also pay for any expenses the Plan does not cover, including costs that are more than a particular maximum benefit.

### Upgrade options through network providers

Although the Plan will not pay for any upgrades or options, if you use a network provider, you can get certain upgrades or options. Some options may be available at no cost; others may have a set fee. Your costs depend on which upgrade(s) you pick.

You can also get discounts on laser eye surgery. (Benefits are not payable for laser eye surgery.)

Get your questions about upgrades and options answered by contacting Davis Vision, or by asking your network provider.

To find a network provider near you, contact:

#### **Davis Vision**

(800) 999-5431

[www.davisvision.com](http://www.davisvision.com)

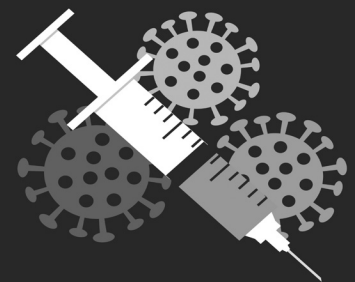
(Register for detailed information)

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



## **PPO PLAN** (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.

# **VISION** *(continued)*

## **What the Plan pays**

The Plan pays 100% of covered expenses after you make any applicable copay. If you use a non-network provider, the Plan only pays up to the maximum shown in the table for your vision care.

## **What's covered**

Benefits are available every calendar year. For example, if you have an exam and get glasses on January 15, 2023, the next time the Plan would cover your exam and lenses would be January 1, 2024.

- Exams (including dilation when professionally indicated).
- Retinal imaging provided by a network provider.
- Plastic lenses, including single vision, bifocal lenses, trifocal lenses, or lenticular lenses.
- Frames.
- Standard contact lenses (disposable or planned replacement), including evaluation & fitting, in lieu of glasses.
  - ▶ Disposable and planned replacement contacts will be supplied in quantities determined by Davis Vision.
- Medically necessary contacts, with prior authorization from Davis Vision.
- Low vision services provided by a network provider, with prior authorization from Davis Vision:
  - ▶ One low-vision evaluation is covered every five calendar years, with a maximum of \$300.
  - ▶ Four follow-up care visits are covered in a five-calendar-year period, with a maximum of \$100 per visit.
  - ▶ Up to \$600 for low-vision aids every five calendar years, subject to a lifetime maximum of \$1,200.

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

## **PPO PLAN** *(Blue Cross Blue Shield)*

*These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.*

# **VISION** *(continued)*

## **What's not covered**

The section of your SPD titled “General exclusions and limitations” explains what the Plan won’t cover. In addition to that list, the following vision treatments, services, and supplies are not covered under the vision benefits:

- Retinal imaging provided by a non-network provider.
- Non-prescription lenses.
- Any type of lenses, frames, services, supplies, or options that are not covered under the Davis Vision contract.
- Two pairs of glasses instead of bifocals.
- Contacts and eyeglasses during the same calendar year.
- Low vision services or supplies that are not pre-approved, or that are more than the maximum benefits or frequency limits specified in the contract with Davis Vision.
- Medical treatment of eye disease or injury (may be covered under “Medical benefits”).
- Replacement of lost or broken contacts, lenses, or frames, except as available under Davis Vision’s warranty.

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

***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

## **PPO PLAN** (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the HMO PLAN with KAISER PERMANENTE, turn to page 1.

# HEARING

## New hearing aid benefit added

Effective January 1, 2023, a hearing aid benefit is added to your Plan! (Hearing *exams* are covered under your medical benefits.) A new section titled “Hearing Aid Benefit” is added to your SPD to read:

## Hearing Aid Benefit

*This benefit is only available if you are covered under the section titled “PPO Medical Benefits.”*

The Plan provides benefits for hearing aids prescribed by any licensed hearing healthcare professional, including an audiologist, otologist, or otolaryngologist. You must get services while covered under the Plan. If you are examined and a hearing aid is ordered, but your eligibility ends before you get the hearing aid, no benefits are payable unless the hearing aid is delivered within 60 days of your exam and no more than 30 days after your coverage ends.

Hearing Aid Benefit	What the Plan pays
Maximum benefit every 3 calendar years	Plan pays 100% up to \$3,000

### What the Plan pays

The Plan will pay 100% up to \$3,000 every three calendar years. The maximum benefit is measured from January 1 of the calendar year in which covered expenses for hearing aids are first incurred.

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

## **PPO PLAN** (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.

# **HEARING** *(continued)*

## What's not covered

In addition to the section titled “General exclusions and limitations” in your SPD, the following are not covered under the hearing aid benefit:

- Hearing exams (exams are covered under your medical benefits).
- Hearing aids not prescribed by a licensed healthcare professional.
- Services for speech therapy, speech readings, or lessons in lip reading.
- Rental or purchase of amplifiers.
- Once your maximum benefit is reached, replacement of a hearing aid for any reason until the start of a new three-calendar year benefit period.
- Hearing aid repair.
- Hearing aid batteries.

**Get answers to all your questions: (866) 686-0003 • [uhh.org](http://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](http://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](http://www.uhh.org) and select your plan.



## **PPO PLAN** (Blue Cross Blue Shield)

These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.

# **MEDICAL**

## Changes to your travel & lodging benefit

Effective July 1, 2022, the Fund expanded your travel and lodging benefit to help you get medical care not available near your home.

	<i><b>What the Plan pays</b></i>
Travel and Lodging	Plan pays 100% up to \$10,000 per episode of care, including up to \$200 per day for lodging and up to \$50 per day for meals

The following language replaces the travel and lodging covered expense under the Medical Benefits section of your SPD:

Reimbursement for reasonable travel, lodging, and meal costs to get covered medical treatment that is not available from a network provider within 100 miles of your home. The following rules apply:

- Except in limited situations, the Plan generally requires you get prior authorization of these expenses in order to receive reimbursement. Be sure to contact the Fund before you obtain services to get more information.
- Expenses that are not primarily for and essential to medical care are not covered.
- The travel, lodging, and meal costs of one other person traveling with you (same day as you) will also be covered.
- Travel expenses are reimbursable for airfare or rail travel at the coach rate, taxi or ground transportation, or mileage reimbursement at the current mileage rate issued by the IRS for the most direct route between your residence and the facility. Tolls and parking expenses are also considered eligible travel expenses.

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

## **PPO PLAN** *(Blue Cross Blue Shield)*

*These changes only apply if you have the **PPO PLAN** with **BLUE CROSS BLUE SHIELD**.  
If you have the **HMO PLAN** with **KAISER PERMANENTE**, turn to page 1.*

## **MEDICAL** *(continued)*

- Expenses that are not directly related to travel and lodging are not covered. This includes but is not limited to: alcohol, tobacco, laundry, dry cleaning, telephone, charges exceeding coach class rates, travel or personal trip insurance, child care, house sitting or kennels, reimbursement for any lost wages, charges in connection with a family support person not incurred during your stay at the facility, car maintenance, clothes, entertainment, flowers, cards, stationery, household utilities, cell phone chargers, maid services, security deposits, toiletries, fines or traffic tickets.
- Reimbursement is limited to \$10,000 per episode of care for you and your traveling companion combined. This includes up to \$200 each day for lodging and up to \$50 per day for meal costs for you and your traveling companion combined.
- You must provide the Plan with receipts and any information necessary to process your claim.
- You must participate in any case management programs required by the Fund.
- You cannot get reimbursed for expenses related to your participation in a clinical trial or for services outside of the United States.
- The Fund may prearrange or prepay certain travel or lodging costs instead of requiring you to pay yourself and then file for reimbursement.

If your reimbursement exceeds certain IRS limits, it is considered “imputed income” (benefits that aren’t part of your wages but are taxed as income) and the Fund will send you a tax form. More details about the benefit are available upon request.

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