



Changes to your vision benefit Non-Medicare

This change does not apply to the Fund's supplemental benefits if you are Medicare-eligible, or to certain grandfathered retirees and their dependents who are not eligible for vision benefits.

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 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.

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.


VISION *(continued)*

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

Vision benefits

Vision benefits are not available to you (or your dependents) if you are Medicare-eligible.

In addition, certain grandfathered retirees and their dependents are not eligible for vision benefits. For more information about who is eligible for vision benefits, contact the Fund at (866) 686-0003.

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

Vision Benefits — What You Pay		
Benefits covered once every calendar year	Davis Vision Network Provider	Non-Network Provider
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

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.

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.

To find a network provider near you, contact:

Davis Vision

(800) 999-5431

www.davisvision.com

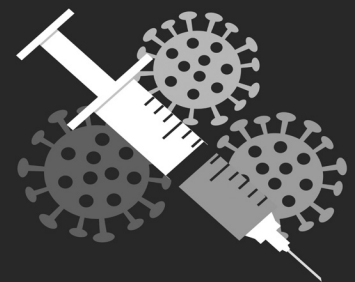
(Register for detailed information)

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 www.cdc.gov*



 **VISION** *(continued)*

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.

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.

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 **VISION** *(continued)*

- 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.

 **HEARING**

New hearing aid benefit added Non-Medicare

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 “Medical benefits if you are not Medicare-eligible.”

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.

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

HEARING *(continued)*

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.

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

***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.



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