

## Prescription Drug

### Reminder—Get a free glucometer

You can get a free glucometer through Hospitality Rx every 12 months.

1. Pick either TrueTest or OneTouch.
2. Call toll-free, or go online, to request a glucometer.
3. Check your blood sugar as directed by your healthcare provider!

#### TrueMetrix (by Trividia)

(866) 788-9618

*no order code is needed*

#### OneTouch (by LifeScan)

(888) 883-7091

[www.OneTouch.orderpoints.com](http://www.OneTouch.orderpoints.com)

*Use order code 739WDRX01*

### Formulary exception process clarification

The Plan only covers prescription drugs that are on the formulary (the formulary is the list of drugs covered by the Plan). However, if your healthcare provider wants you to take a drug that is not on the formulary, he or she should reach out to Hospitality Rx for a formulary exception.

The formulary exception allows your healthcare provider to ask the Plan for approval for coverage for a prescription drug not on the formulary. Remember, the Fund will not consider coverage for a non-formulary drug until you have tried all of the formulary prescription drug alternatives that are medically appropriate to your situation.

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.

# Updates to Your Benefits



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## **Prescription Drug** (continued)

### Refilling your prescription drugs

Your prescription drug will only be refilled once you have used up most of your current supply of the drug. This usually means you must use at least 75% of the drug before it can be refilled. However, as of January 1, 2017, the Fund may have different requirements for certain drug types or categories. For example, you may need to use 90% of an opioid painkiller before you can get a refill.

(You can still choose to get an early refill as long as you pay the entire cost of the drug yourself. The pharmacy will tell you if you are trying to refill the drug too soon so you can make this decision.)

However, the Fund will allow you to get an early refill in a few specific instances:

- You show you will be out of the country when you will run out of a prescription drug.
- Your drug is lost or stolen.
- **Effective April 1, 2017:** If you run out of a prescription drug too soon because you misunderstood the instructions or accidentally used too much, you may be able to get a one-time early refill per lifetime for that drug.

An early refill is subject to the quantity limits explained in your SPD. The refill quantity will not exceed the time for which you are eligible for benefits. The Fund may apply a surcharge after the first early refill of a drug each year. This surcharge can be up to \$50 (or, if less, the cost of the drug) in addition to the applicable copay. You may also have to participate in the case management program to get an early refill.

Call us if you have questions about when you can refill your drug.

***Prescription Drug*** (continued)

## Thyrogen covered under your medical benefits

Your SPD incorrectly shows that Thyrogen, an injectable drug usually used for diagnostic testing, is a covered prescription drug. However, as of April 1, 2017, Thyrogen is covered under your medical benefits, not your pharmacy benefits.

***Medical***

## No time frame applies to reconstructive surgery

Cosmetic, plastic, or reconstructive surgery is generally excluded, unless it is either to treat an accidental injury within 24 months of the accident, or for breast reconstruction following a mastectomy. However, as of April 1, 2017, the Plan no longer requires you to undergo an otherwise covered plastic surgery within 24 months following the accidental injury.

## No time frame applies to repair of injured teeth

The Plan covers repair of injury to sound natural teeth as a medical benefit. As of April 1, 2017, the Plan no longer requires you to seek otherwise covered medical treatment for injured teeth within 6 months of the injury.

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***Medical*** (continued)

## **\$2,500 annual limit on medical food removed**

The \$2,500 annual limit on medical food for persons with inborn errors of metabolism is removed effective as of April 1, 2017. This means the Plan will reimburse 100% of the cost for medical food when the Plan's criteria are met and you get prior authorization for the medical food.

## **Free medical care in Atlantic City**

As of January 1, 2017, if you are in Atlantic City, New Jersey, you and your family have access to the UNITE HERE HEALTH—Health Center (Health Center) services. The Health Center has many services available at no cost to you, including primary care, laboratory services, pharmacy services, counseling services through video or in-person, physical therapy, ultrasounds, and x-rays. New services may become available from time to time, so be sure to call the Fund at **(888) 437-3480** to learn about all of the free services available.

Health Center services are not available to spouses who have other primary insurance that the Plan pays secondary to under coordination of benefits rules.

Call for an appointment,  
and visit the Health Center at:

**UNITE HERE HEALTH—  
Health Center**

1801 Atlantic Ave, 3rd Floor  
Atlantic City, NJ 08401

**(609) 570-2400**

## General

### New exclusion added

As of April 1, 2017, the following general Plan exclusion is added to your benefits:

*Charges or claims incurred as a result, in whole or in part, of fraud, false information, or misrepresentation.*

### Prepare a will through Beneficiary Resource Services

*This section applies only if you are eligible for life insurance benefits. If you are not sure if you are eligible for this benefit, please call us to find out.*

When you are eligible for life insurance you also get access to certain services like Beneficiary Resource Services (provided through Bensinger, DuPont & Associates) and Travel Resource Services, as shown in your SPD. Beneficiary Resource Services now includes a will preparation service that lets you create a will online. Previously, online will preparation was offered through ComPsych. You can create a will and access other resources by visiting [www.beneficiaryresource.com](http://www.beneficiaryresource.com) and entering the username: Dearborn National.

### Correction to your SPD

You have 180 days **from the date you receive a denial letter** from Hospitality Rx to file a first level appeal. Your SPD described the appeal deadline incorrectly.

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## **General** (continued)

# **Amendment or termination of UNITE HERE HEALTH**

*This language is effective September 27, 2016.*

The Trustees reserve the right to amend or terminate UNITE HERE HEALTH, either in whole or in part, at any time, in accordance with the Trust Agreement. For example, the Trustees may determine that UNITE HERE HEALTH can no longer carry out the purposes for which it was founded, and therefore should be terminated.

In accordance with the Trust Agreement, the Trustees also reserve the right to amend or terminate your Plan or any other Plan Unit, or to amend, terminate, or suspend any benefit schedule under any Plan Unit at any time. Such termination or suspension, as well as the termination, expiration, or discontinuance of any insurance policy under UNITE HERE HEALTH shall not necessarily constitute a termination of UNITE HERE HEALTH.

If UNITE HERE HEALTH is terminated, in whole or in part, or if your Plan, any other Plan Unit or any schedule of benefits is terminated or suspended, no employer, participant, beneficiary, or other employee benefit plan will have any rights to any part of UNITE HERE HEALTH's assets. This means that no employer, plan, or other person shall be entitled to a transfer of any of UNITE HERE HEALTH's assets on such termination or suspension. The Trustees may continue paying claims incurred before the termination of UNITE HERE HEALTH or any Plan Unit, as applicable, or take any other actions as authorized by the Trust Agreement. Payment of benefits for claims incurred before the termination of UNITE HERE HEALTH, any Plan Unit, or any schedule of benefits will depend on the financial condition of UNITE HERE HEALTH.

Your Plan and all other Plan Units in UNITE HERE HEALTH are all part of a single employee health plan funded by a single trust fund. No Plan Unit and no schedule of benefits shall be treated as a separate employee benefit plan or trust.