

Participant Guide

Your Hospitality Plan benefits and services!



Revised January 2025 (Replaces Participant Guide dated January 2024)

Your Collective Bargaining Agreement (CBA, Union contract) determines which benefit options you have.

All of the information in this Participant Guide is based on the Summary Plan Description (SPD). However, in the event of a conflict between the Participant Guide and the Plan Document, the Plan Document will govern.

For the latest information, please visit www.hospitalityplan.org or call Customer Service at **855-405-3863**.

Contact Information

Questions? Concerns? Contact us...

UNITE HERE HEALTH

855-405-3863

Monday - Friday

8am - 5pm CT

www.hospitalityplan.org

Helpful numbers:

- **Delta Dental**
(find a dentist)
 - DeltaCare DHMO
800-422-4234
 - Delta Dental PPO
800-323-1743
- **VSP (find an eye doctor)**
800-877-7195
- **Hospitality Rx (pharmacy)**
844-484-4726
- **WellDyne Specialty Pharmacy** 800-373-1879
- **Advocacy Line**
(your helpers)
800-225-1538
- **Nevada Health Solutions**
(care team & prior authorization)
855-487-0353
866-201-5601 (fax)
- **Teladoc**
(video appointments)
1-800-835-2362

Advocacy



Your advocates can help you with all your questions!

Advocates are your personal Hospitality Plan "helpers." They can answer questions about your:

- medical benefits
- dental plan
- eye plan
- coverage
- programs
- services
- and more

Call them at **800-225-1538** or email them at **hospitalityhelp@uniteherehealth.org**.

Using Your Benefits

How to use your benefits:

1

Know your benefits

Put a check mark next to the benefits that you have.

Your health plan:

- Silver Plan *or* Gold Plan

Other benefits you may have:

- DeltaCare DHMO *or* Delta Dental PPO
- VSP (eye care)
- Life insurance
- Short-term disability

2

Choose your primary care doctor

A primary care doctor is the main doctor you should go to. They are often called a PCP.

If you need help finding a doctor:

- Call **855-405-3863** *or*
- Go to **www.hospitalityplan.org**.

3

Use your benefits

- Schedule a checkup with your doctor.
- You will get your health insurance card in the mail. Take it with you when you go to the doctor or pharmacy.

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Open Enrollment

When you can make changes to your coverage

You can make changes to your coverage **once a year** at open enrollment. Your benefit changes will start January 1.

Open enrollment gives you the chance to:

- **Sign up** for coverage if you declined it
- **Change your plan** if your job offers more than 1 plan
- **Change your coverage tier**
Example: You can change your coverage from *self to family*.
- **Add or remove dependents**
- **Add or change your benefits**
Example:
You can add dental and vision benefits to your plan.

Open enrollment happens **once** a year!

Questions about enrollments?
Call **855-405-3863**.

Special Enrollment

There are a few special reasons you can enroll when it is not open enrollment. Those reasons are qualifying life events.

Qualifying life events are:

- Getting married
- Having a baby
- Adoption or placement for adoption of a child under 26 years old
- Losing health coverage that you had when you declined your initial coverage
- A child from a foreign country comes to live with you
- You or your dependents lose Medicaid or a Children's Health Insurance Program (CHIP)
- You or your dependents become eligible for Medicaid or a CHIP

To enroll yourself or your dependents after a qualifying life event:

- Call **855-405-3863** or
- Go online to **www.hospitalityplan.org**.

You **must** enroll within **60 days** after a qualifying life event.

Silver Plan Benefits

Check this box if this is your plan

You get your health benefits from **UNITE HERE HEALTH** through **Blue Cross and Blue Shield of Illinois.**

When you go to the doctor, let them know you are covered through Blue Cross Blue Shield.

Benefit	Silver Plan
Who has coverage?	Participants and their eligible dependents
Annual deductible	\$750 per person; \$1,500 per family
Maximum annual benefit	No maximum
*Dental care benefit	Delta Dental
*Eye care benefit	VSP

*Benefits are based on your CBA

Want to learn more about your Silver Plan benefits?
Call **855-405-3863**.

Gold Plan Benefits

Check this box if this is your plan

You get your health benefits from **UNITE HERE HEALTH** through **Blue Cross and Blue Shield of Illinois.**

When you go to the doctor, let them know you are covered through Blue Cross Blue Shield.

Benefit	Gold Plan
Who has coverage?	Participants and their eligible dependents
Annual deductible	No deductible
Maximum annual benefit	No maximum
*Dental care benefit	Delta Dental
*Eye care benefit	VSP

*Benefits are based on your CBA

Want to learn more about your Gold Plan benefits?
Call **855-405-3863**.

Eye Care

Vision Service Plan (VSP)

You get your eye care benefits through VSP.

You can choose from any eye doctor in the VSP network.

To find an eye doctor near you:

- Call VSP at **800-877-7195** or
- Go to **www.vsp.com**.



What is covered?

- Exams
- Lenses
- Frames
- Contacts

You can get a new pair of glasses or supply of contacts once every calendar year!

What you pay

Services covered once every calendar year	VSP Provider	Non-Network Provider
Vision Exam	\$0 copay	\$0 copay; up to \$45
Prescription Glasses	\$25 copay	\$25 copay
Frames	\$175 frame allowance	Up to \$70
Lenses	\$25 copay (*materials) Included in Prescription Glasses: single vision lined bifocal, lined trifocal lenses, and impact-resistant lenses for children.	\$25 copay (*materials) Up to \$30 for single vision lenses. Up to \$50 for lined bifocal lenses. Up to \$65 for trifocal lenses

Dental Care

Delta Dental Plans

You get your dental benefits through Delta Dental.

The Hospitality Plan has 2 dental plans:

- DeltaCare DHMO (see page 14)
- Delta Dental PPO (see page 15)



Not sure which plan you have?

Call **855-405-3863**.

To find a dentist near you:

- Call **855-405-3863** or
- Go to **www.hospitalityplan.org**.

Want more information about your dental benefits?

Call DeltaCare DHMO at **800-422-4234** or
Delta Dental PPO at **800-323-1743**.

DeltaCare DHMO

Your benefits and how to use them

The DeltaCare DHMO dental plan, only lets you go to your assigned in-network primary dentist. It costs less.

This plan also has **no limit** on how much the plan will pay for your covered dental care. This plan may be right for you if you need a lot of dental care.

Benefit	DeltaCare DHMO Details
Deductible	No annual deductible
Yearly maximum	No maximum (except for braces)
Picking your dentist	Can only go to an in-network dentist
	You must go to your primary dentist
	Fewer dentists you can go to
What you pay	You only pay your copay for each visit
	No copays for routine cleanings, exams and x-rays
Who's covered?	Participants and their eligible dependents
Specialists	Must get a referral from your primary dentist to see specialists
Braces	•For children (under 19 years old): \$1,700 total. •For adults (19 years and older): \$1,900 total.

Important:

- You will be assigned a primary dentist.
- Your assigned primary dentist is the only dentist you can go to.
- You can change your primary dentist if you want.
- You'll just need to pick another in-network dentist.

To change your primary dentist, please call DeltaCare DHMO at **800-422-4234**.

Delta Dental PPO

Your benefits and how to use them

The Delta Dental PPO is the dental plan that lets you go to any dentist. But it costs more.

This plan has a **limit** on how much the plan will pay for your covered dental care. This plan may be right for you if you don't need a lot of dental care.

Benefit	Delta Dental PPO Details
Deductible	Annual deductible (\$50 single/ \$150 family)
Annual maximum	\$2,000 per person each calendar year
Picking your dentist	Can go to in-network or out-of-network dentists More dentists you can go to
What you pay	You pay your deductible and a part of the cost for most visits No copays for routine cleanings, exams and x-rays
Who's covered?	Participants and their eligible dependents
Specialists	Can see specialists without referrals
Braces	For each person , the plan pays half of the costs (up to \$2,500 total). \$2,500 is the most the plan will pay for each person during their whole life. You are responsible for the rest of the costs.

Going to a **Delta Dental PPO or Delta Dental Premier network dentist** can save you money!

Want more information about your dental benefits?
Call Delta Dental at **800-323-1743**.

Pharmacy Benefits

Where to get your medicine

You get your pharmacy benefits through **Hospitality Rx.**



Find an in-network pharmacy near you

You can go to:

- Walgreens
- Albertsons
- Costco
- Duane Reade
- Ralph's
- Safeway
- Vons/Pavillion
- Supervalu
- Rite Aid/Brooks/Eckerd
- Pathmark
- Martins/Giant/Stop & Shop
- United Drug
- K-Mart
- Shoprite
- Winn Dixie
- Randalls
- Tom Thumb
- Some independent local pharmacies
- and more

To find more pharmacies near you call Hospitality Rx at **844-484-4726** or go to **www.hospitalityrx.org**.

Questions about your pharmacy benefits?
Call **855-405-3863**.

Pharmacy Benefits

How much you pay for medicine



Your in-network prescription copays

	Silver Plan	Gold Plan
Generic and Some Brand Drugs	\$5 per prescription	\$5 per prescription
Preferred Drugs	\$15 per prescription	\$15 per prescription
Non-Preferred Drugs	\$30 per prescription	\$30 per prescription
Select Specialty and Select Biosimilar Drugs	Generic: \$5 copay Brand name: 25% coinsurance	Generic: \$5 copay Brand name: 25% coinsurance
Mail order	Same copay as above for 60-day supply	Same copay as above for 60-day supply

The most you will pay for prescriptions each year is \$1,600 per person or \$3,200 per family. This is your maximum annual out-of-pocket limit. This is for in-network pharmacies only.

Pharmacy Benefits

Medicine and supplies in your plan

How do you make sure to get a prescription that's covered?

It's important for you to make sure your medicine is covered by your pharmacy benefits. Use the drug look up tool online to find covered medications!

Here's how to use the drug look up tool:

- 1 Go to drugs.hospitalityrx.org
- 2 Select Hospitality Plan Gold and Silver
- 3 Look for a drug by its name or by the drug class

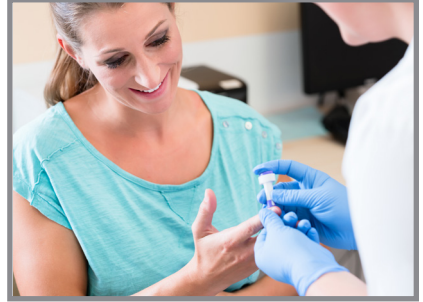
What if you need a specialty medicine?

- You or your doctor need to get prior authorization for all specialty and biosimilar drugs. Call Hospitality Rx at **844-484-4726** to get prior authorization.
- Once you have prior authorization, call **WellDyne Specialty Pharmacy** at **800-373-1879** to order your specialty medicine.

Pharmacy Benefits

Diabetic Supplies

You can get your diabetic supplies from any in-network retail pharmacy or by mail order.



You can get a free glucometer once a year. A glucometer is a tool to check the amount of sugar in your blood. It's an important part of staying healthy with diabetes.

You can choose your free glucometer from 1 of the options below:

For a **FreeStyle Glucometer:**

- Call **866-224-8892** or
- Go to **www.choosefreestyle.com**
(use order code RAFITLWP).

For a **OneTouch Glucometer:**

- Take your glucometer prescription to an in-network pharmacy, along with the following information (or voucher):
 - **Free LifeScan OneTouch Glucometer**
 - **BIN:** 601341
 - **RxPCN:** OHS
 - **Group ID#:** OH6504161
 - **ID#:** NOCHARGEMETR

Questions about your diabetic supplies?
Call Hospitality Rx at **844-484-4726**.

Pharmacy Benefits

Mail Order Pharmacy

Save time and money with the Mail Order Pharmacy.



Get your medicine delivered straight to your home for less money. If you take a medicine regularly, this service is great for you.

Reasons to use the Mail Order Pharmacy:

- **Get a 2-month supply for one copay.**
So you don't have to refill each month.
- **Save gas and time.**
No trips to the pharmacy or waiting in line.
- **Get refill reminders by phone or email.**
That way you won't run out of your medicine.
- **Order your refill online or by phone.**

Call Hospitality Rx at **844-484-4726** for more details about the Mail Order Pharmacy.

Short-term Disability

If you get hurt or sick and can't work

You can apply for short-term disability benefits when you can't work because of an injury or sickness. You get these benefits if you got hurt or sick when you were not at your job.



- **How much money will you get?**
 - \$200 - \$400 per week for **up to 26 weeks**

Please note:

- The benefit amount depends on your CBA (union contract).
- Taxes will be taken out of your disability pay.
- **When will your short-term disability start?**
 - The **1st day** if your disability is from an injury
 - The **8th day** if your disability is from a sickness or pregnancy
- **What happens if you need disability more than once?**
 - If you're disabled more than once for the same illness or injury, you can get disability again after you go back to work for **at least 2 weeks**.
 - If you're disabled for a new injury or illness, you can get disability again after you go back to work for **at least 1 day**.

Call **855-405-3863** to:

- Find out if you have short-term disability benefits.
- Complete a form to get your benefits.
- Get more information.

Life Insurance

Make sure you choose a beneficiary



- **What is life insurance?**

Life insurance is a benefit that you get at no cost to you. The person you choose as your beneficiary will be paid your life insurance benefit if something happens to you.

- **Who can you pick as a beneficiary?**

You can pick whoever you want. Just turn in a Life Insurance Beneficiary Form to Blue Cross Blue Shield of Illinois. Go to www.hospitalityplan.org/forms_and_info for the form. You can change your beneficiary at any time.

- **How much money will my beneficiary get?**

- \$10,000 - \$30,000

Please note:

- The benefit amount depends on your CBA (union contract).

- **Who is covered under the policy?**

You have a policy as long as you're eligible for Hospitality Plan benefits. And your CBA also includes these benefits. Your dependents aren't covered.

- **What other coverage do you have?**

You may also be eligible for accidental death and dismemberment (AD&D) benefits. This means you or a beneficiary get money if you pass away due to an accident, lose a body part, or lose your eyesight.

Call **855-405-3863** for more information.

Nevada Health Solutions

Nevada Health Solutions (NHS) is the care team for the Hospitality Plan. You may get a call from NHS about prior authorization (see page 24).



NHS has a team of nurses and health coordinators to help you get the medical care you need:

- at home
- in the hospital, or
- in the community

What can you get help with?

Nevada Health Solutions will:

- help you find a family doctor or specialist
- help you get ready for surgery
- make sure you get the care you need
- help you with your transition when you get out of the hospital
- call you if you have been to the Emergency Room to make sure you are okay
- help coordinate care if you have:
 - ✓ Cancer
 - ✓ Trauma or head Injury
 - ✓ Heart problems or stroke
 - ✓ High risk pregnancy or premature birth
 - ✓ COPD or asthma

Call Nevada Health Solutions at **855-487-0353**.

Prior Authorization Program

What is prior authorization?

Prior authorization means getting approval before you get certain kinds of care. It helps make sure you get the right care in the right setting.

You **must** get prior authorization before you get certain types of medical care and surgery.



Examples of what you need prior authorization for:

- MRA or MRI
- PET scan
- Dialysis
- Surgery
- Transplant services
- Home health care
- Medical equipment

If you get treatment, services, or supplies that are **not covered or approved**, you may pay all of the cost.

To get prior authorization, call Nevada Health Solutions at **855-487-0353**.

What you need to do Before & After Surgery

We understand a surgery can be stressful and you might not know what you need to do.

Nevada Health Solutions would like to help you get ready for your surgery and have a fast recovery.

The Nevada Health Solutions care team is ready to help you. Call **855-487-0353** if you have questions or need help.



Here are some things to keep in mind before your surgery:

- Always tell your doctor all of the medications that you take.

Plan for your return home. Things to think about are:

- Who will take you home after surgery?
- Do you have to use stairs to get into your home?
- Do you have stairs inside your home?
- Will you need to stay with family or friends after your surgery?

Remember, your surgery and recovery will be easier if you and your family plan ahead.

Breast Care

Mammograms

There's **no copay** for routine mammograms when you use a network provider.

How often can I get a mammogram?

- One per calendar year for all women age 35 and older
- One per calendar year for women under age 35 who are at high risk for breast cancer



To get a mammogram:

1 Get a referral from your doctor.

2 Go to a network provider. To find a provider call **855-405-3863** or go to **www.hospitalityplan.org**.

3 There is no copay for a routine mammogram from a network provider.

Important Information

Sometimes, women need to go back for more views or a diagnostic mammogram. If this happens to you, do not panic. This may be because the technician did not get enough clear images. Or, it may be because your doctor needs to see more. These other views and diagnostic mammograms will have a copay. They may include:

- **Ultrasound**
- **MRI of the breast**
- **Another mammogram**

Urgent Care

When should you go to an Urgent Care?

- When your doctor is not available
- Outside of normal office hours (nights & weekends)
- When you need medical care right away



Urgent Care is for emergencies that are **NOT** a danger to your life.

Examples of problems treated at urgent care:

- Accidents and falls
- Allergies or asthma
- Sprains and strains
- Vomiting or diarrhea
- Fever or flu
- Bleeding cuts that need stitches
- Sore throat

Need to find an Urgent Care location near you?

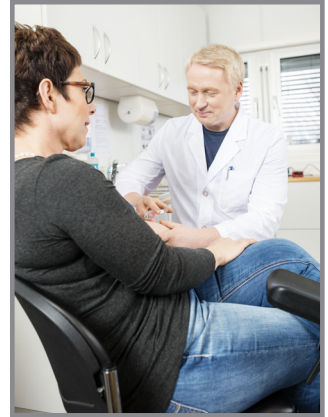
- Visit our website at www.hospitalityplan.org or
- Call **855-405-3863**.

Labs (blood work & other tests)

Your doctor may ask you to get laboratory services (labs) done.

Labs are blood work and/or other tests. Labs give your doctor important information about your health.

There are many places you can go to get your labs done.



Need help finding a place to get your labs?

- Call **855-405-3863** or
- Go to **www.hospitalityplan.org**.

Your in-network copays for labs

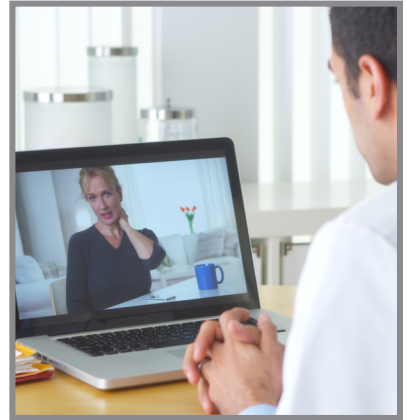
	Silver Plan	Gold Plan
Your provider's office or non-hospital facility	\$25 per visit	\$20 per visit
Hospital outpatient department	\$100 per visit	\$80 per visit

Teladoc

You can use computers or mobile devices (smart phones, tablets) to video visit with a board certified doctor.

This means you can see a doctor even if you can't go to an office.

Get help 24 hours a day,
7 days a week!



There's no cost for your visits!

Reasons to use Teladoc:

- Sore throat
- Fever and flu
- Sinus problems and allergies
- Vomiting and diarrhea
- Get a prescription
- Dermatology (skin) issues
- Pediatric care
- Behavioral health visits (such as help with anxiety or depression)



How to use Teladoc

1. Visit **teladoc.com**.
2. Set up your account and follow the instructions.
3. Video visit with doctors.

Important Terms to Know

There are many important terms we use to explain your benefits. Knowing them will help you understand your costs.

Here are a few terms you should know:

- **Premium**
How much your benefits cost per month.
- **Co-premium**
How much you pay toward the premium, if anything. This is negotiated in your union contract. They are usually paid through payroll deductions by your employer.
- **Deductible**
How much you have to pay before your plan will start paying. Some plans do not have a deductible, so the plan covers costs right away.
- **Copay**
How much money you pay for a medical service or office visit. It is a fixed amount for the service. You usually pay this at the time of a visit.
- **Co-insurance**
How much you pay for a medical service. The amount you pay changes. You pay part (percentage) of the total service charge. You usually get a bill after your visit with the amount you owe.
- **Explanation of Benefits (EOB)**
A document sent by your health plan. **It is not a bill.** It shows the medical services you got, how much your plan will pay, and how much you may need to pay. Review your EOB carefully and compare it to the receipt or bill from your doctor or provider.



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