This is a Summary of Material Modifications (SMM). It explains some of the changes and additions made to your benefits by the Board of Trustees of UNITE HERE HEALTH (UHH). These updates affect the information in your Summary Plan Description (SPD).

Please read this information carefully so that you understand your benefits. Be sure to keep this with your SPD. If you have any questions about your benefits, please call the Hospitality Plan Customer Service Office at 855-405-3863.

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 or by calling 855-405-3863.

New Member Services Contact Information
Effective January 1, 2022

For Disability, Workers’ Compensation, Subrogation, Appeals and Life Insurance:
UHH Hospitality Plan
9121 W. Russell Road, Suite 219
Las Vegas, NV 89148-1239

Appeals fax: 702-216-9501
Email: UNITEHEREAppeals@zenith-american.com

Subrogation fax: 702-892-7389
Email: UNITEHERESubrogation@zenith-american.com

Disability fax: 702-691-5634
Email: UNITEHEREDisability@zenith-american.com

For Claims:
UHH Hospitality Plan
P.O. Box 211755
Eagan, MN 55121

For COBRA and any other inquiries:
UHH Hospitality Plan
1901 Las Vegas Blvd S., STE 107
Las Vegas, NV 89104
855-405-3863
COVID-19 Treatment and Network Telehealth Cost-Sharing Required

Effective January 1, 2022, your cost-sharing (copays, deductibles, or coinsurance) is no longer waived for COVID-19 treatment (network or non-network) or for network phone or video (telehealth) visits. Your regular cost-sharing and Plan rules will apply (including any rules about non-network coverage).

This change doesn't affect your $0 cost-sharing for medically appropriate COVID-19 testing (including a telehealth visit when the primary purpose of the visit is to get a COVID-19 test).

COVID-19 Immunization

- COVID-19 vaccine is covered at 100% at PPO providers

New Benefits

Kaiser HMO

- Effective May 1, 2021 a New Kaiser HMO SFO Option for Northern California was added to the Plan for members working in the San Francisco Airport.
- This plan includes Pediatric, Dental and Vision coverage for dependent children up to age 19.
- If you have questions call Kaiser at 888-956-1616 or visit the website at www.kp.org.

For the New Kaiser HMO SFO Option for Northern California, for airline catering members working at the San Francisco Airport only, effective April 1, 2021 eligible dependents also include:

- Registered domestic partners and children of domestic partners, as long as the Fund is provided with a valid Declaration of Domestic Partnership from the State of California.
- Foster child as long as the Fund is provided foster care papers that show the name of the person who was placed in foster care and date of the placement for foster child and the papers must be signed by a government official.
- Minor legal ward as long as the Fund is provided court documents for a minor legal ward.
# Important Changes to Your Prescription Drug Benefit

**Effective January 1, 2022, there are formulary and copay changes.**

Your formulary is changing to the focus formulary. If you are taking a drug that is not on the focus formulary, you will need to change to a drug that is on the focus formulary so the Plan will pay for your drug. Ask your healthcare provider to prescribe a drug that is on the focus formulary. If your healthcare provider wants you to take a drug not on the focus formulary, he or she should reach out to HospitalityRx at (844) 813-3860 for a formulary exception. The formulary exception process allows your healthcare provider to ask for approval for you to get coverage for a prescription drug not on the formulary. Remember, though, that the Fund will not consider a non-formulary drug for coverage until you have tried all of the formulary prescription drug alternatives that are medically appropriate to your situation.

<table>
<thead>
<tr>
<th>FORMULARY PRESCRIPTION DRUG BENEFITS (not at a Participating Health Center)</th>
<th>Network Providers</th>
<th>Non-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Healthcare Services Drugs</td>
<td>$0 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Generic and Some Brand Drugs</td>
<td>$5 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred Drugs</td>
<td>$15 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-Preferred Drugs</td>
<td>$30 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Select Specialty and Select Biosimilar Drugs*</td>
<td>Generic: $5 Brand: 25%</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* CURRENT PHARMACY BENEFIT PROVIDER WILL ACTIVELY MANAGE AND DETERMINE DRUGS IN TIER. SPECIALTY DRUGS ARE ONLY AVAILABLE THROUGH THE SPECIALTY MAIL ORDER PHARMACY. HOWEVER, EFFECTIVE JANUARY 1, 2022, IF YOU TAKE SPECIALTY MEDICATIONS AS PART OF YOUR HIV TREATMENT PLAN, YOU MAY BE ABLE TO RECEIVE AN EXCEPTION TO USE YOUR NETWORK RETAIL PHARMACY INSTEAD OF THE SPECIALTY PHARMACY.

| NON-FORMULARY PRESCRIPTION DRUGS AND SUPPLIES | Not covered, unless approved by the Fund or its designee, then subject to Plan benefit based on tier | Not covered |

* Current pharmacy benefit provider will actively manage and determine drugs in tier. Specialty drugs are only available through the specialty mail order pharmacy. However, effective January 1, 2022, if you take specialty medications as part of your HIV treatment plan, you may be able to receive an exception to use your network retail pharmacy instead of the specialty pharmacy.
New Specialty Pharmacy

Your specialty pharmacy is changing to: **WellDyne Specialty Pharmacy**
(800) 373-1879  
https://welldynespecialty.com

You must use WellDyne Specialty Pharmacy to get all of your specialty drugs. However, effective January 1, 2022, if you take specialty medications as part of your HIV treatment plan, you may be able to receive an exception to use your network retail pharmacy instead. The specialty drug copays will apply, even if you get an exception. A copy of the form you must fill out to request this exemption is included with this SMM. You can also get a copy by calling HospitalityRx at (844) 484-4726.

Change to How You Can Get a Free Glucometer

You can get a free glucometer every 12 months from either of these providers:

<table>
<thead>
<tr>
<th>New option!</th>
<th>One Touch (by LifeScan)</th>
</tr>
</thead>
</table>
| FreeStyle (by Abbott)  
(866) 224-8892  
www.ChooseFreeStyle.com  
*Use order code U2L65MBU* | One Touch (by LifeScan)  
(888) 883-7091  
www.OneTouch.orderpoints.com  
*Use order code 739WDRX01*

If you don’t want to use one of the Fund’s free glucometers, you have to pay the full cost of the glucometer up front. You may submit a claim under the medical benefits for the glucometer, but you may not be reimbursed for the full amount (see your SPD for the cost-sharing required for durable medical equipment).

Revised Prescription Drug Exclusion

Specialty drugs and medications not purchased through the specialty mail order pharmacy or certain Participating Health Center locations are excluded unless the Fund or its designee approves an exception request for drugs for the treatment of HIV/AIDS.

Changes to Your Benefits

Colorectal Cancer Screening  
**Effective September 1, 2021**

- You can now get routine colorectal cancer screening with no copay earlier!
- One per calendar year for ages 45 to 75 years (previously, it was 50 to 75 years).
Other Important Information

Reminder about Massachusetts individual mandate
This only applies to you if you (or your dependent) live in Massachusetts. UNITE HERE HEALTH believes the Hospitality Plan meets Massachusetts’s definition of minimum creditable coverage. Because the Hospitality Plan is minimum creditable coverage, you should not owe an individual mandate tax penalty to Massachusetts for months you are covered under the Hospitality Plan. (UNITE HERE HEALTH is not offering tax advice or any guarantee under any tax law.) If you live in Massachusetts and need help understanding how the Plan meets Massachusetts’s rules for minimum creditable coverage, or to get a copy of your MA Form HC-1099, please call your Care Coordinators at (866) 686-0003.

Medical HMO

For Members enrolling in any Medical HMO dependents will include domestic partners, and children of domestic partners, as long as the Fund is provided with a valid Declaration of Domestic Partnership from the State of California.

Technical Corrections

The following corrections are made to your SPD/ SMM:

Delta Dental PPO
- Major restorative service is being corrected as follows:

<table>
<thead>
<tr>
<th>What you Pay</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-network Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major restorative</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Vision Service Plan (VSP)
- The $25 material copayment applies for non-network frames and lenses.
- The plan pays up to $30-$65 for lenses, depending on the lens type.

Hospice
- All Hospice services require prior authorization.
New Travel Resources Through Your Life Insurance Benefit

Your life insurance benefits include medical emergency and travel emergency assistance programs when you're traveling 100 or more miles from home. Beginning April 1, 2021, these programs are provided through Assist America.

Medical Emergency Assistance helps you and your dependents get care and support during a medical emergency. Examples of services currently offered include:

- Medical referrals
- Medical monitoring
- Medical evacuation
- Foreign hospital admission assistance
- Prescription assistance

Assist America

(800) 872-1414 (tollfree in the U.S.)
(609) 986-1234 (outside the U.S.)
medservices@assistamerica.com
Reference number: 01-AA-TRS-12201
You can also get the mobile app