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www.santamonicauniteherefunds.org

June 2024 SMM (Summary of Material Modifications)

The Board of Trustees for the Santa Monica UNITE HERE Health Benefit Fund has made the following changes to your health plan:

1. The Event Center Plan

The Event Center Plan has been created for employees who work in seasonal venues (Sofi Stadium, The Santa Anita Racetrack, etc.) and has the following special rules:

Eligibility for the Event Center Plan:

- **80** hours worked or paid per month are required for eligibility for employees with **5** years or more of employment at one or more Fund employers
- 100 hours worked or paid per month are required for eligibility for employees with less than 5 years of employment at one or more Fund employers
- An employee may have up to 11 months with fewer than the required hours and maintain eligibility
- After 12 months with fewer than the required hours, an employee will need to build up eligibility again
- Build up is 5 consecutive months with at least the minimum required hours

Monthly Payment for the Event Center Plan:

- MLK Care coverage requires a \$0 per month payment to the Fund
- Health Net coverage requires a \$25 per month payment to the Fund
- Kaiser coverage requires a \$50 per month payment to the Fund- waiting period applies
- Delta Dental PPO or Liberty Dental HMO, VSP Vision, and Life Insurance/ADD&D is included with every medical option

Please refer to the SPD (Summary Plan Description) for more details about the excellent coverage available for participants and their families.

2. Enhanced Benefits for Kaiser and MLK Care Participants

Kaiser Participants - Effective June 1, 2024, the Durable Medical Equipment (DME) benefit (including some prosthetic and orthotic benefit enhancements) will now include additional items when prescribed by your physician, such as Continuous Positive Airway Pressure (CPAP) machines; wheelchairs; patient lifts; commode chairs; continuous passive motion machines; devices & accessories; pressure-reducing support surfaces; negative wound pressure therapy; suction pumps; hospital beds; oxygen; and walkers.

MLK Care Participants – Effective July 1, 2024, the Durable Medical Equipment (DME) benefit will be expanded to include additional items when prescribed by your physician, such as IV poles; peak flow meters; phototherapy blankets for treatment of jaundice in newborns; dry pressure mattress pads; and negative wound pressure therapy.

3. Express Scripts – Additional Programs and Benefits

Effective September 1, 2024, the following is being added to the Express Scripts prescription drug benefit, and applies to all eligible participants in the Fund:

- Lancets (small needles used by diabetic patients to obtain the small blood sample used to check blood sugar) are now covered under the benefit. It requires a prescription from a physician, and your cost is the lesser of the copayment or the actual cost of the prescription.
- Prior Authorization Changes Prior authorizations will now be required for certain medications
 prescribed to treat inflammatory conditions, and prior authorization requirements are being
 expanded for certain diabetic medications (GLP-1s). Express Scripts will contact you and your
 doctor if you are impacted by this change.
- Home Delivery \$0 Generics The copayment will be waived for certain generic medications filled at the Express Scripts pharmacy (mail order). The medications under this program include 48 scripts. The \$0 copayment under this program is available through June 30, 2026.

4. Price Comparison Tool - MLK Care Participants

Good news! MLK Care has no copays for services, except for the ER (emergency room). Thanks to this, it's unlikely that members will need to use the price comparison tool described below.

The Consolidated Appropriations Act and the Transparency in Coverage regulations issued under the Patient Protection and Affordable Care Act require plans and issuers to make price comparison information available to participants, beneficiaries, and enrollees through an internet-based self-service tool or, if requested, in paper form. This tool is referred to as a "Price Comparison Tool" (PCT) and provides information about medical services available in each geographical area, and allows participants to compare medical providers and facilities, including estimated pricing. The PCT for the Santa Monica UNITE HERE Health Benefit Fund participants enrolled in the Martin Luther King Community Healthcare Program is available for use.

To access the PCT go to the Funds website at: www.santamonicauniteherefunds.org and under the drop-down tab Medical Plan Information search for santamonicaunitehere.medexperthealth.com. Use the member Login Portal feature on the website. If you do not have login credentials click, register and complete the registration form. Your Home Page allows you to scroll through pages on your phone or computer and be able to shop for services, view your own reports or look at a history page of all your activities. Start Shopping for Services, by clicking on "Shop" in the navigation bar or simply scroll down

and click on your shopping cart. Enter your Search Subject, you can search for any topic. Your address will be at the center of the generated map. Click on "Preview Services at this Provider" to learn more. The results are calculated and based on the services billed by each provider. As the information changes, the results are updated daily. Under Achievements, you can look at your health expenses, reports, and achievements. If you have any questions surrounding the PCT, please contact MEDEXPERT at (800)999-1999, 7:00 a.m. – 7:00 p.m. Monday- Friday.

5. Clarifying language about Mental Health and Substance Use Disorder effective July 1, 2024 – MLK Care Participants

Mental Health is important! The Fund has excellent coverage for mental health. The Fund changed some wording in the SPD to better reflect what is covered and what is not covered under benefits for Mental Health and Substance Use Disorder.

On page 28, item 9 of the SPD, the following covered service is being revised as follows:

Mental Disorder and Substance Use Disorder Services – Outpatient and Partial Hospitalization

For Outpatient Mental Disorder conditions, benefits are provided for care by a licensed psychologist, psychiatrist, therapist, and licensed social worker. Outpatient services include psychological and neuropsychological testing and other outpatient treatment. For the treatment of Substance Use Disorder, covered services include outpatient detoxification, intensive outpatient care programs, and day treatment.

On page 36 of the SPD, the "Nonstandard Therapies" exclusion is revised as follows:

Nonstandard Therapies. Services that do not meet national standards for professional medical or mental health practice, including, but not limited to, Erhard/The Forum, aromatherapy, bioenergetic therapy, sleep therapy, hypnotherapy, crystal healing therapy, rolfing, herbal medicine, homeopathy, transcendental meditation and yoga, tai chi, massage therapy, electromagnetic therapy, reiki, qigong, hypnosis, naturopathy, and megavitamin therapy.

On page 45 of the SPD, the definition of Mental Disorder is revised as follows:

Mental Disorder. Any illness or condition, regardless of whether the cause is organic, that is classified in the current edition of <u>Diagnostic and Statistical Manual of Mental Disorders</u>, published by the American Psychiatric Association.

On page 47 of the SPD, the definition of Substance Use Disorder is revised as follows:

Substance Use Disorder ("SUD"). Any illness or condition, regardless of whether the cause is organic, that is classified in the current edition of <u>Diagnostic and Statistical Manual of Mental Disorders</u>, published by the American Psychiatric Association.

Please refer to the SPD (Summary Plan Description) for more details about the excellent coverage available for participants and their families.

If you should have any questions regarding this notice, please contact the Fund's Administrative Office at (866) 345-5189 or (562) 463-5075.