



Participant Guide

Learn more about your Hospitality Plan benefits and services

Revised April 2020 for benefits beginning January 1, 2020
(Replaces Participant Guide dated September 2019)

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.

Contact Information

Questions? Concerns? Contact us...

UNITE HERE HEALTH

855-405-3863

Monday - Friday

9am - 5pm CT

www.uhh.org/hospitality

Helpful numbers:

- **Delta Dental**
(find a dentist)
 - **DeltaCare DHMO**
800-422-4234
 - **Delta Dental PPO**
800-323-1743
- **Nevada Health Solutions**
(care team &
prior authorization)
855-487-0353
866-201-5601 (fax)
- **Hospitality Rx (pharmacy)**
844-813-3860
- **VSP (find an eye doctor)**
800-877-7195
- **Dearborn National**
(life insurance)
800-348-4512
- **Teladoc**
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 Plus or ☐ Gold Plus

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 UNITE HERE HEALTH at 855-405-3863 or

☐ Go to www.uhh.org/hospitality

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
- **Add or remove dependents**
- **Change your coverage tier**
- **Add or change your benefits**

Example:

You can change your coverage from *self* to *family*.

Example:

You can add dental and vision benefits to your plan.

Open enrollment happens **once** a year!

Questions about enrollments?

Call UNITE HERE HEALTH at **833-569-9638**.

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 UNITE HERE HEALTH at **833-569-9638** or
- ☐ Go online to **www.uhh.org/hospitality**

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

Silver Plus 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 Plus
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 Plus benefits?
Call UNITE HERE HEALTH at **855-405-3863**.

Gold Plus 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 Plus
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 Plus benefits?
Call UNITE HERE HEALTH at **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
- Frames
- Lenses
- Contacts

You can get a new pair of glasses or supply of contacts once every 12 months!

What you pay		
Benefit	VSP Network	Non-network
Eye exam	No copay	Plan pays up to \$45. You pay the rest.
Frames	\$25 copay; plan pays up to \$175 for frames	Plan pays up to \$70. You pay the rest.
Lenses		Plan pays up to \$30-\$65, depending on lens type. You pay the rest.
Elective contact lenses <i>Instead of glasses</i>	Up to \$50 for exam; plan pays up to \$175	Plan pays up to \$120. You pay the rest.

Need more information?
Call UNITE HERE HEALTH at **855-405-3863**.

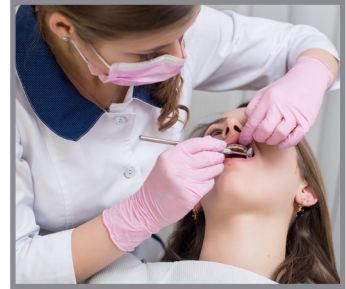
Dental Care

Delta Dental Plans

You get your dental benefits through Delta Dental.

The Hospitality plan has two dental plans:

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



Not sure which plan you have?

Call UNITE HERE HEALTH at **855-405-3863**.

To find a dentist near you:

- Call UNITE HERE HEALTH at **855-405-3863** or
- Go to **www.uhh.org/hospitality**

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** is a dental plan that makes you pick one primary dentist. This is the only dentist you can go to. If you want to change your primary dentist, please call Delta Dental at **800-422-4234**.

This plan 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
	Must pick a 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.

To use your dental benefits you **must**:

- 1

Pick a primary dentist in the DeltaCare DHMO network.
If you don't pick a primary dentist, you'll be assigned one.
- 2

Call Delta Dental at **800-422-4234** to:
 - Get help finding a dentist.
 - Tell Delta Dental who you picked as your dentist.
- 3

Only go to your primary dentist.

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/Waldbaums
- 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 **844-813-3860** or go to **www.hospitalityrx.org**.

Questions about your pharmacy benefits?
Call UNITE HERE HEALTH at **855-405-3863**.

Pharmacy Benefits

How much you pay for medicine



Your in-network prescription copays

	Silver Plus	Gold Plus
Generic	\$5 per prescription	\$5 per prescription
Brand name <i>On the formulary</i>	\$30 per prescription	\$30 per prescription
Brand Name Diabetes Oral Medications, Insulin, and Supplies <i>On the formulary</i>	\$15 per prescription	\$15 per prescription
Select Specialty Drugs and Select Biosimilars	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. To make sure your medicine is covered:

- Ask your doctor to only give you medicine that is on the **Hospitality Plan List of Medications**. The list is on pages 15-25 of the Pharmacy Benefits Book.
- Use the drug look up tool online.

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

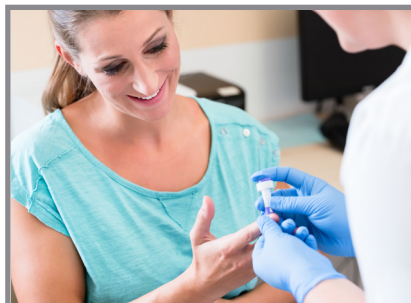
What if you need a specialty medicine?

- You or your doctor need to get prior authorization for all specialty and biosimilar drugs. Call Hospitality Rx at **844-813-3860** to get prior authorization.
- Once you have prior authorization, call **Diplomat Specialty Pharmacy at 844-857-5772** 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.

To get your free glucometer:

- Call Trividia at **866-788-9618** or
- Call One Touch at **888-883-7091** or visit their website at www.onetouch.orderpoints.com.
Use brochure code: **739WDRX01**.

Questions about your diabetic supplies?
Call Hospitality Rx at **844-813-3860**.

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 **844-813-3860** 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 (your 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

- **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 UNITE HERE HEALTH at **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 Dearborn National. Go to uhh.org/hospitality 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 (your 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 gets money if you pass away, lose a body part, or lose your eyesight.

Need more information about your life insurance benefits?
Call UNITE HERE HEALTH at **855-405-3863**.

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
- Physical therapy
- 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 UNITE HERE HEALTH at 855-405-3863 or go to www.uhh.org/hospitality.
- 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.uhh.org/hospitality** or
- Call UNITE HERE HEALTH at **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 UNITE HERE HEALTH at 855-405-3863
- Go to www.uhh.org/hospitality

Your in-network copays for labs

	Silver Plus	Gold Plus
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!



You pay \$15 per visit.

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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