

# SEIU Local 1 & Participating Employers *Health Trust*

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www.seiu1benfunds.org

April 2024

## IMPORTANT PLAN CHANGES

To All Plan Participants in the SEIU Local 1 & Participating Employers Health Trust

Regarding

### **COVID-19 TESTING & VACCINATION, ORGAN TRANSPLANT BENEFITS, and NO SURPRISES ACT**

Dear Participant,

The Trustees of the SEIU Local 1 & Participating Employers Health Trust (“Fund”) are pleased to inform you of the following changes to the Health Fund benefits.

Please note that all coverage continues to be subject to the Plan provisions, requirements, and limitations, such as “In-Plan” benefit provisions and only paying and reimbursing for charges which are “usual and customary” and “medically necessary.” As a reminder care is considered “In-Plan” if the care is provided at a UHS Center, or if the care is performed or arranged by a UHS doctor.

#### ***COVID-19 Testing and Vaccination***

The COVID-19 emergency period ended on May 11, 2023. However, the Fund will continue to provide the same COVID-19 benefits as during the emergency period. This means that you will not have to pay anything when you receive your COVID-19 vaccination or if you are tested for COVID-19:

At the pharmacy: The Fund continues to cover at 100% and without cost-sharing eight Plan-approved over-the-counter COVID-19 tests per covered individual per month, as well as COVID-19 testing and vaccinations, at participating OptumRx pharmacies. For a list of participating OptumRx pharmacies or a list of which OTC tests are considered “Plan-approved,” please call OptumRx Customer Service at 1-866-207-5263.

#### ***Organ Transplants***

Effective December 1, 2023, the Plan was amended to provide coverage of organ transplants, including the necessary post-transplant prescriptions and donor expenses when appropriate, subject to medical necessity and normal cost-sharing provisions.

#### ***No Surprises Act and Definition of Emergency Medical Condition***

##### ***No Surprises Act Background***

The No Surprises Act is a law designed to protect people from unexpected medical bills, especially from out-of-network providers during emergencies or scheduled care. It aims to prevent surprise medical bills and ensure fair billing practices for patients. Fortunately, the Fund already provides these protections for its participants, meaning you won’t face unexpected or surprise medical bills when seeking treatment, so long as you stay “In-Plan.” To ensure you stay In-Plan, always contact Union Health Service as soon as possible if you are experiencing an emergency, and always have your non-emergency care provided or referred by your UHS doctor.

### ***Emergency Medical Condition***

Effective October 1, 2022, the Plan's definition of "Emergency" was changed to comply with the No Surprises Act. The term "Emergency" was replaced with the term "Emergency Medical Condition," meaning a medical condition, including a mental health condition or substance use disorder, manifested by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or placing the health of a woman or her unborn child in serious jeopardy.

Remember that if you experience an Emergency Medical Condition, you or a family member must contact UHS as soon possible, to ensure that any care you receive as a result will be considered "In-Plan." Care for an Emergency Medical Condition that does not receive a referral from UHS will be deemed "Out-of-Plan," and the Plan will only pay 80% of the billed charges instead of the 100% the Plan would pay should your treatment have been "In-Plan."

### **IMPORTANT INFORMATION**

It is important that you contact Union Health Service when you and your dependents need medical services.  
**UHS CONTACT NUMBER (312) 423-4200**

If you need additional information regarding your eligibility and benefits, please contact the Fund Office at  
**(312) 233-8888**

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### **NOTICE REGARDING GRANDFATHERED STATUS**

The Trustees of the SEIU Local 1 & Participating Employers Health Trust believe this is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer Protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at 111 East Wacker Drive, Suite 1700, Chicago, IL 60601-4200, telephone (312) 233-8888. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1 (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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Please keep this notice with your Summary Plan Description booklet for future reference.

• **Summary of Material Modifications** • EIN: 36-2857218 PN: 501 •