

NEW UTILIZATION MANAGER: TELLIGEN

January 2026

To All Plan Participants:

The Trustees of the UFCW Calumet Region Insurance Fund have adopted the following Plan changes.

Effective December 1, 2024, the Plan has a new utilization manager, Telligen, Inc. (Telligen). Telligen provides services to the Plan as described in this SMM.

Effective December 1, 2024, the Fund adopted the following changes for the Plan. The following information is provided as an update to your SPD at pages 20-24.

In addition, all other references to Medical Cost Management (MCM) in the SPD are changed to Telligen.

PLAN CHANGES

Pre-certification

Your Health Plan requires pre-certification of certain expenses. If you do not obtain the required pre-certification, the expense may not be covered, benefits may be reduced, and an additional \$100 Non-Compliance Penalty may be applied.

The following chart includes examples of certain expenses that require pre-certification. If you have any questions regarding whether an expense requires pre-certification, please contact the Fund's UR/UM Vendor at (855) 210-8738 or the Fund Office at (800) 621-5133.

For This Treatment	Contact Us at this Time
Scheduled Hospital admission (for stays longer than 23 hours)	Before you are admitted to the Hospital (Non-Compliance Penalty applies)
Emergency Hospital admission	As soon as possible or within 48 hours of the admission (Non-Compliance Penalty applies)
Admission for childbirth (this is considered a scheduled admission). Pre-certification is required for Hospital stays beyond 48 hours for a vaginal delivery and 96 hours for a caesarian section.	Any time during pregnancy (must be before admission)
Inpatient or out-patient surgery	Before you are scheduled for surgery (Non-Compliance Penalty applies)

For This Treatment	Contact Us at this Time
Skilled nursing facility care, and certain outpatient benefits such as Physical therapy, Occupational therapy, Speech therapy, Home health care, Hospice care, Durable medical equipment (>\$500 per line item for purchase or monthly rental price).	Before care or before purchase or rental of equipment
Certain outpatient benefits such as non-emergency ambulance, Partial Hospital Program (PHP), Intensive Outpatient (IOP), Chemotherapy (Subcutaneous/IV infusion), IV/Injectable Medications, Genetic Testing, ABA therapy	Before care (Non-Compliance Penalty applies)
Advanced diagnostic tests such as MRI, MRA, PET, PTA, or CT scans, or Thallium stress tests	Before care (Non-Compliance Penalty applies)
Ultrasound guidance for outpatient arthrocentesis or therapeutic joint injections	Before care (Non-Compliance Penalty applies)
IV sedation utilized in conjunction with outpatient epidural or other pain management interventional injections or procedures	Before care (Non-Compliance Penalty applies)

When to Notify the Funds UR/UM Vendor

Pre-certification must be done by the Fund's UR/UM Vendor, Telligen, not by BlueCross BlueShield—you or your Doctor should speak directly with Telligen.

(Note: Covered services and supplies must be reviewed for Medical Necessity. For certain services, you must also obtain the required pre-certification, or the expense may not be covered, or benefits may be reduced. Certain services and supplies are also subject to an additional \$100 Non-Compliance Penalty for the failure to pre-certify. The services and supplies that are subject to possible reduction or possible penalty and are listed below.)

Inpatient Hospital Admission. You must contact Telligen before the start of the Hospital stay. If you do not pre-certify your hospitalization, an additional \$100 Non-Compliance Penalty will apply and the covered expense may be less than the billed expense. This penalty does not apply to maternity stays that are less than 48 hours postpartum for a vaginal delivery and less than 96 hours postpartum for delivery by caesarian section.

Emergency Care. When emergency care is required that results in you or an Eligible Dependent being admitted to the Hospital, contact Telligen within 48 hours of the admission. In addition, non-emergency ambulances must be pre-certified. If you do not contact Telligen, an additional \$100 Non-Compliance Penalty will be applied.

Surgery. You must contact Telligen before a scheduled inpatient or outpatient surgery, including all surgeries/procedures performed in a surgery center or Hospital, pain management injections, prophylactic mastectomy, and bariatric surgery. If you do not precertify the surgery, an additional \$100 Non- Compliance Penalty will be applied before any benefits are paid and the covered expense may be less than the billed expense. If you do not pre-certify expenses for bariatric surgery, it will not be considered Medically Necessary and the Plan will not cover the expenses.

The Second Opinion Surgery Program helps to determine whether a proposed surgery is Medically Necessary or whether an effective alternative approach exists. You may be required to obtain a Second Opinion. The types of surgeries that require a Second Opinion include but are not limited to:

- CABG
- Varicose Vein ligation/stripping
- Sclerotherapy
- Coccygectomy
- Coccyx Reduction
- Discectomy
- Laminectomy
- Spinal Fusion
- Exploratory Surgery
- Blepharoplasty
- Cataract removal
- Cystocele
- Hysterectomy
- Penile implant
- Prostatectomy/TURP
- Rectocele
- Uterine Suspension
- Intestinal Surgery
- Arthrotomy
- Joint Replacement
- Maxillary/mandible surgery
- Nasal fracture reduction
- Septoplasty
- Submucous resection nasal septum
- Foot surgery – surgeon/assistant fees >\$2,000

If you have surgery without obtaining a Second Opinion when required, the Plan will pay 50% of covered expenses related to the surgery. You will be responsible for the remaining expenses. The additional amount you pay will not count towards your out-of-pocket maximum.

If the Second Opinion does not agree with the recommended procedure or surgery, then a third medical examination and opinion is also necessary.

If the majority of Doctors do not agree that the procedure or surgery is Medically Necessary or if a required third examination is not performed, no benefits will be payable.

Advanced Diagnostic Testing. It is required that you contact the Fund's UR/UM Vendor (not BlueCross BlueShield) before undergoing advanced testing such as magnetic resonance imaging (MRI) scans, computerized tomography (CT) scans, positron emission tomography (PET) scans, nerve conduction studies, and Thallium stress tests. If you do not pre-certify the expense for advanced diagnostic testing, an additional \$100 Non-Compliance Penalty will be applied and the covered expense may be less than the billed expense.

Durable Medical Equipment. Get pre-certified approval before purchasing or renting durable medical equipment that is more than \$500 per line item for purchase or monthly rental price. If the expense is not approved, it will not be considered Medically Necessary and the Plan will not cover it.

Weight Loss Treatment. Get pre-certified approval before incurring expenses for weight loss treatment, including surgery. If certain conditions are not met and if the expense is not approved, it will not be considered Medically Necessary and the Plan will not cover it. Exception: Obesity screening and counseling obtained in-network is covered.

Skilled Nursing Facility Care, and certain outpatient benefits such as Rehabilitation Therapy, Home Health Care and Hospice. Before incurring expenses for care in a skilled nursing facility, for rehabilitation therapy, for home health care, or for care in a hospice, you must contact the Fund's UR/UM vendor for approval. If the expense is not approved, it will not be considered Medically Necessary and the Plan will not cover it.

Physical Therapy. Physical therapy is limited to 25 sessions per Illness or Injury. Additional benefits may be payable for treatment of certain conditions. These additional benefits must be pre-certified or payment will be limited to 50% of Medically Necessary covered expenses.

Occupational Therapy. Occupational therapy is limited to 25 sessions per Illness or Injury. Additional benefits may be payable for treatment of certain conditions. These additional benefits must be precertified or payment will be limited to 50% of Medically Necessary covered expenses.

Speech Therapy. Speech therapy is limited to 25 sessions per Illness or Injury. Additional benefits may be payable for treatment of certain conditions. These additional benefits must be precertified or payment will be limited to 50% of Medically Necessary covered expenses.

Outpatient benefits such as ABA Therapy, Partial Hospital Program (PHP), Intensive Outpatient (IOP), and Genetic Testing. It is required that you contact the Fund's UR/UM Vendor before receiving ABA therapy, partial hospitalization, intensive outpatient treatment, and genetic testing. If you do not pre-certify these services, an additional \$100 Non-Compliance Penalty will be applied.

Chemotherapy, IV, and Injectable Medications. It is required that you contact the Fund's UR/UM Vendor before receiving chemotherapy, or certain intravenous or injectable medications, certain provider-administered drugs, and IV sedation for outpatient pain management procedures. If you do not pre-certify these services, an additional \$100 Non-Compliance Penalty will be applied.

How to Notify the Fund's UR/UM Vendor

You may contact them directly at:

Telligen

1776 W. Lakes Pkwy, West Des Moines, IA 50266

(855) 210-8738

telligenconnect.com/ufcw-calumet/

When you contact Telligen to request pre-certification, you will generally need to supply:

1. Your full name and UFCW ID number or Social Security number
2. Patient's full name and relationship to you
3. Doctor's name, address and phone number
4. Diagnosis
5. Proposed treatment

See your Insurance Card instructions for additional details.

Case Management

In addition, Telligen provides Case Management services to individuals with certain chronic or serious conditions. Telligen identifies individuals who may benefit from Case Management services and will reach out to offer assistance with managing conditions, with the goal of improving health outcomes and quality of life. Services include locating in-network providers, developing a care plan, and helping reduce health care costs. Case management is available for the following conditions:

- Non-catastrophic conditions
- Catastrophic conditions
- Behavioral health (mental health, substance use disorders, gender affirming care)
- Oncology
- Bariatric surgery – pre-operative
- Transitional Care
- Transplants

Case Management is a voluntary service, with the exception of individuals seeking bariatric surgery. If you are seeking bariatric surgery, you will be required to participate in Telligen Case Management first in addition to obtaining pre-authorization.

If you have questions about your benefits, call the Fund Office at 800-621-5133.

Sincerely,

The Board of Trustees

Please read this notice carefully and keep it with your Summary Plan Description booklet.