

# United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund

9550 W. Higgins Road, Suite 310 ♦ Rosemont, IL 60018 ♦ 800-621-5133 ♦ FAX 847-384-0197 ♦ [www.ufcwmidwest.org](http://www.ufcwmidwest.org)

## IMPORTANT NOTICE ABOUT YOUR PLAN

August 2022

To All Active Plan Participants:

The Trustees of the UFCW Unions and Employers Midwest Health Benefits Fund have adopted the following Plan changes as described in your summary plan description (SPD). Please keep this document, which is called a summary of material modifications (SMM), with your SPD and other important Plan papers. Also, please know that this SMM and the SPD provide a summary of your benefits. The legal terms of your coverage are described in the formal Plan Document. In the event of a conflict between the SPD and the Plan Document, the Plan Document controls.

### PLAN CHANGES

The Fund has adopted the following Plan for claims incurred on or after June 14, 2022.

1. The following row of the chart under the **Cost Containment Features of the Health Plan** section on page 22 is revised to read:

Skilled nursing facility care Rehabilitation therapy ABA therapy Home health care Hospice care Durable medical equipment	Before care or before purchase or rental of equipment
---	---

2. The following paragraph under the **When to Notify the Fund's UR/UM Vendor** subsection of the **Cost Containment Features of the Health Plan** section on page 26 is revised to read:

**Skilled Nursing Facility Care, Rehabilitation Therapy, ABA Therapy, Home Health Care and Hospice.** Before incurring expenses for care in a skilled nursing facility, for rehabilitation therapy, for ABA 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.

3. Item 15 of the of the **Covered Medical Expenses** section of the **Comprehensive Medical Benefit** on page 33 is revised to read:

15. reconstructive treatment because of an Injury or congenital disease or anomaly that results in a functional defect or deformity from trauma, infection, or other disease of the involved body parts, or in relation to a mastectomy or other covered benefit.

4. Item 22 of the **Covered Medical Expenses** section of the **Comprehensive Medical Benefit** on page 33 is revised to read:
  22. skilled nursing facility care, rehabilitation therapy and hospice care. Expenses for Medically Necessary care in a skilled nursing facility, rehabilitation therapy, and hospice care are covered if pre-certified. The Plan will not consider these expenses Medically Necessary and will not cover them if you do not receive pre-certification for them. The skilled nursing facility must be in-network unless an in-network facility is unavailable.
5. Item 31 of the **Covered Medical Expenses** section of the **Comprehensive Medical Benefit** on pages 35-36 is revised to read:
  31. nutritional counseling. Expenses for up to four nutritional counseling sessions per Calendar Year will be covered if the following conditions are met:
    - the patient must have a known history of an eating disorder, diabetes, renal failure, hepatic insufficiency, morbid obesity, or a genetic metabolic disorder requiring diet modification;
    - the counseling must be ordered by a Doctor as part of a comprehensive treatment plan and the expense must be pre-certified; and
    - the counseling must be provided by a Registered Dietician or a comparably credentialed professional.
6. Item 33 of the **Covered Medical Expenses** section of the **Comprehensive Medical Benefit** on page 36 is revised to read:
  33. mental health or substance use disorder treatment expenses except when provided as an inpatient in a residential care facility that does not meet the Plan's definition of a Hospital (see page 90). Eligibility for all inpatient and outpatient therapy will be subject to all Plan Provisions, including, but not limited to, a determination that the therapy is Medically Necessary and Appropriate. Expenses for treatment by a residential care center must be pre-certified in writing by the Benefits Fund Office.
7. Item 43 of the **Covered Medical Expenses** section of the **Comprehensive Medical Benefit** on page 36 is revised to read:
  43. Applied Behavior Analysis (ABA) therapy for treatment of autism/autism spectrum disorders is a covered service if pre-certified.
8. The following paragraph under the **Covered Prescription Drugs** section of the **Prescription Drug Benefit**, on page 45, is removed:

Coverage of drugs related to treatment of the Hepatitis C Virus will be determined by the Fund's medical consultant who will apply the current guidelines of the American Association for the Study of Liver Diseases.

9. The following exclusion under the **What is Not Covered** section of the **Prescription Drug Benefit**, on page 46, is revised to read:

- Any drugs for which an acceptable, Medically Necessary and Appropriate reason for continued long-term drug usage has not been established; or that are not covered or are excluded because of their intended use including, but not limited to, drugs used for cosmetic purposes such as "Retin-A";

10. The following exclusion under **General Exclusions and Limitations** on page 63 is revised to read:

- Covered Expenses for services and supplies for the care and treatment of an Illness or Injury resulting from an Intentionally Destructive Act by an Eligible Employee or Eligible Dependent who is not of diminished capacity due to a physical or mental impairment that would preclude reasonable compliance with treatment ordered by a Physician. However, this exclusion shall not apply with respect to care and treatment of mental health or substance use disorders.

If you have questions about these changes or the Plan, contact the Fund Office at: 800-621-5133.

\*\*\*

#### NOTICE REGARDING GRANDFATHERED STATUS

The UFCW Unions and Employers Midwest Health Benefits Plan 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 the law was enacted. Being a grandfathered health plan means that you 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 plan administrator at: UFCW Midwest Benefits Fund, 9550 West Higgins Road, Suite 310, Rosemont, IL 60018; 800-621-5133. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 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.

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

\*\*\*

Summary of Material Modifications

EIN: 36-6598490 PN: 501