

Sacramento Independent Hotel, Restaurant and Tavern Employees Trust Funds

Date: November 2023

To: All Plan Participants and Dependents

From: Board of Trustees of the Sacramento Independent Hotel, Restaurant And Tavern Employees Welfare Plan (“PLAN”)

Re: SUMMARY OF MATERIAL MODIFICATIONS (“SMM”)

Attached please find a summary of Plan changes, called a Summary of Material Modification (“SMM”). Please review the important change to the Plan’s benefits described below. We are required by law to provide you this notice when there are changes made to the Plan’s benefits and rules. To avoid any confusion, please note the Sacramento Independent Hotel, Restaurant And Tavern Employees Welfare Plan will still be merging into the UNITE HERE HEALTH Plan effective January 1, 2024. As a reminder, effective January 1, 2024 if you have any benefit questions, please do not call the administrator at the header above instead contact UHH at the following:

**UHH Hospitality Plan
1901 Las Vegas, Blvd South, Suite 107
Las Vegas, NV 89104
Telephone: (855) 405-3863**

PLAN CHANGES

ARTICLE IX., Clarification of Indemnity Plan Benefits (Effective Immediately)

- **Section B. “Mental, Nervous and Substance Abuse Benefits.”** The sentence “Service for substance abuse treatment (alcoholism and drug addiction) is limited to detoxification only” is removed.
- **Section 6. “Items 6 and 62 and 64”.** Plan is clarified that it does cover:
 - (i) Treatment of alcoholism or drug addiction, except to the extent coverage for detoxification or treatment of alcoholism or substance abuse is specifically provided for under the Plan.
 - (ii) Inpatient or Outpatient Alcoholism or Substance abuse rehabilitation treatment, except to the extent coverage for detoxification or treatment of alcoholism or substance abuse is specifically provided for under the Plan.
 - (iii) Treatment of medically necessary antisocial personality disorder.
- **Preventive Services Section (3).** The following section is clarified.
Routine Medical Examinations/Preventive Care – Preventive care benefits for routine medical examinations (including, but not limited to, office visits, immunizations and screenings) will be provided and paid for in accordance with the recommendations and guidelines set by the federal government pursuant to Affordable Care Act of 2010, as amended. Benefits will be provided at no charge (meaning no copayment, co-insurance, deductible, or other cost-sharing requirement

will be imposed) to you or your covered family members, if preventive care services are by a PPO in-network provider only. There is no change to the Plan's payment for non-PPO provider benefits (see the applicable Benefit Comparison). The Plan will cover recommended preventive services regardless of you and/or your covered family member's sex assigned at birth, gender identity, or gender of the individual otherwise recorded by the Plan. (For example, where an attending provider determines that a mammogram or pap smear for a transgender man who has residual breast tissue or an intact cervix is medically appropriate).

Please note if a preventive care service is not listed in the federal government's recommendations and guidelines the Plan's applicable cost-sharing may apply. In the general, the following provisions will apply and this Plan will cover all of the preventive services listed in the federal government's recommendations and guidelines(**for the latest list of federal government's guidelines for preventive care, see <https://www.healthcare.gov/coverage/preventive-care-benefits/>.**)

- A.** For children and adolescents from birth to age 26, medically necessary preventive care benefits and evidence-informed preventive care and screenings will be provided in accordance with recommendations then in effect at the time the service is provided under the Bright Futures guidelines that are developed by the Health Resources and Services Administration and the American Academy of Pediatrics.
- B.** For children, adolescents, and adults (age 18 and older), medically necessary preventive services will be provided in accordance with recommendations made by the U.S. Preventive Services Task Force in effect at the time the service is provided (generally, those preventive services given a "grade" of A or B).
- C.** Immunizations are covered for children, adolescents and adults as part of a routine physical or as needed for travel, or any other activity the employee is undertaking as long as it is recommended by the ACIP (Advisory Committee of Immunization Practice) and the CDC (Centers for Disease Control and Prevention).
- D.** For Women including dependent children, other evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Note: For those preventive care services that are recommended by the United States Preventive Services Task Force on or after January 1, 2015, the Plan will have up to one year from the effective date of the recommendation to comply with the coverage requirement.

IN ACCORDANCE WITH THE REQUIREMENTS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), THIS DOCUMENT SERVES AS A SUMMARY OF MATERIAL MODIFICATIONS ("SMM") TO THE PLAN AND SUPPLEMENTS THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT.

*This document has been uploaded and is available on the participant website at:
www.ourbenefitoffice.com/SIHRTE/Benefits/*