



## SAN DIEGO UNITE-HERE TRUST FUNDS

September 2019

To: Participants of the San Diego UNITE-HERE Health Fund

From: Board of Trustees, San Diego UNITE-HERE Health Fund

Re: Family Health Center – Blue Basic, Blue Select and Blue Plus Plans, SIMNSA and Kaiser Members

This notice is a Summary of Material Modifications to your health plan and contains important information about changes to the benefits available under the San Diego UNITE HERE Health & Welfare Fund. Please read it carefully and keep it with your SPD booklet so that you will have complete information about your health benefits.

The Trustees are extremely pleased to advise you that enhanced benefits will be offered in conjunction with the opening of the Family Health Center (FHC) as set forth in the Tables below. Table 1 shows enhanced benefits when using the Family Health Center, depending on the plan in which you are enrolled. Table 2 shows additional enhanced benefits when you *elect* the Family Health Center as your *Primary Medical Provider*, depending on the specific plan in which you are enrolled. Table 3 shows enhanced dental benefits when you *elect* the Family Health Center as your *Primary Care Provider*.

**You will have 60 days from the date of this notice to elect the Family Health Center as your primary provider. Eligibility will be applied retroactively to October 1, 2019.** Instructions on how to elect the Family Health Center as your primary provider as set forth at the end of this notice.

	Benefits when using the UNITE HERE Family Health Center			
	Blue Basic	Blue Select	Blue Plus	SIMNSA
Office Visits	No-Cost from Family Health Center	No-Cost from Family Health Center	No-Cost from Family Health Center	No-Cost from Family Health Center
Medication	No-cost medication from Family Health Center fomulary / No cost thru Sav-RX Mail Order for certain medications not on the clinic fomulary list when prescribed by thhe FHC staff	No-cost medication from Family Health Center fomulary / No cost thru Sav-RX Mail Order for certain medications not on the clinic fomulary list when prescribed by thhe FHC staff	No-cost medication from Family Health Center fomulary / No cost thru Sav-RX Mail Order for certain medications not on the clinic fomulary list when prescribed by thhe FHC staff	No-cost medication from Family Health Center fomulary / No cost thru Sav-RX Mail Order for certain medications not on the clinic fomulary list when prescribed by thhe FHC staff
Imaging	No-Cost imagining when referred through the FHC at their preferred facility	No-Cost imagining when referred through the FHC at their preferred facility	No-Cost imagining when referred through the FHC at their preferred facility	No-Cost imagining when referred through the FHC at their preferred facility

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	<b>Benefits when you elect the Family Health Center as "Primary Medical Provider"</b>		
	<b>Blue Basic</b>	<b>Blue Select</b>	<b>Blue Plus</b>
<b>Referrals</b>	No-Cost referrals if you have designated the FHC as your primary medical provider	No-Cost referrals if you have designated the FHC as your primary medical provider	No-Cost referrals if you have designated the FHC as your primary medical provider
<b>Hospital</b>	Hospital copayment will be limited to a flat \$750 (\$500 copayment / \$250 cap on hospital / physician ancillary benefits). The \$750 cap includes hospital, all ancillary and other provider charges associated with hospitalization	Hospital copayment will be limited to a flat \$750 (\$500 copayment / \$250 cap on hospital / physician ancillary benefits). The \$750 cap includes hospital, all ancillary and other provider charges associated with hospitalization	Hospital copayment will be limited to a flat \$750 (\$500 copayment / \$250 cap on hospital / physician ancillary benefits). The \$750 cap includes hospital, all ancillary and other provider charges associated with hospitalization
<b>Outpatient Surgery</b>	No Change	Outpatient medical surgical procedures limited to a flat \$375 copayment when referred by the FHC to an in-network provider	Outpatient medical surgical procedures limited to a flat \$375 copayment when referred by the FHC to an in-network provider

Example of an In-Patient Hospital Stay:

<b>Inpatient In-Network Admission with Surgery</b>				
	<b>Current Benefit</b>		<b>Using Family Health Center</b>	
	<b>Basic</b>	<b>Select/Plus</b>		
<b>Deductible</b>	\$ 500.00	\$ 100.00	\$ -	
<b>Hospital - You Pay</b>	25%	\$ 500.00	\$ 500.00	
<b>Surgeon, Anesthesiologist, etc.</b>	25%	10%	\$250	
<b>The Example event includes services for:</b>				
	<b>You would pay</b>			
	<b>Allowed charge</b>	<b>Current Benefit</b>		<b>Using Family Health Center</b>
		<b>Basic</b>	<b>Select/Plus</b>	
<b>Hospital Facility</b>	\$ 7,000.00	\$ 2,125.00	\$ 500.00	\$ 500.00
<b>Surgeon</b>	\$ 3,000.00	\$ 750.00	\$ 300.00	\$ 250.00
<b>Anesthesiologist</b>	\$ 1,500.00	\$ 375.00	\$ 150.00	\$ -
<b>Physician Charges</b>	\$ 800.00	\$ 200.00	\$ 80.00	\$ -
	\$ 12,300.00	\$ 3,450.00	\$ 1,030.00	\$ 750.00

	<b>Benefits when you elect the Family Health Center as "Primary Dental Provider"</b>
<b>Calendar Year Maximum</b>	Increase in Calendar Year Maximum to \$3,500. This applies to the participant and all enrolled dependents
<b>Orthodontic Coverage</b>	Increase in Orthodontic lifetime maximum to \$3,500 for dependents 18 and under

Dental services are also available at the Family Health Center to all members and their families enrolled in the self-funded dental plan, regardless of your medical plan selection in either the Blue Select, Blue Plus, SIMNSA or Kaiser plans. Participants enrolled in the Blue Basic plan have “member only” dental coverage when services are provided by the Family Health Center.

**Special Opportunity for Participants Enrolled in Kaiser Medical Plan:**

**If you are enrolled in the Kaiser Medical and prescription drug plan, you will be able to try out the Family Health Center on a trial basis starting September 2019.**

On or after September 1, 2019, you can enroll in one of the Blue Plans on a short-term basis and if you wish to return to the Kaiser plan you will have to do so within three months.

If you wait longer than three months to let the Trust Fund office that you want to return to the Kaiser plan, you will have to stay in your current Blue plan selection for a minimum of twelve months as provided for in the Trust’s enrollment rules.

**HOW TO ELECT FAMILY HEALTH CENTER AS PRIMARY PROVIDER**

In order to elect the Family Health Center as your primary provider, please complete the enclosed enrollment form and select the box indicating which members of your family (including yourself) are electing the Family Health Center as your primary provider under the Blue Basic/Select/Plus PPO coverage and which you are electing the Family Health Center as your Primary Provider under the First Dental Health coverage. **You will have 60 days from the date of this notice to elect the Family Health Center as your primary provider. Eligibility will be applied retroactively to October 1, 2019.**

If you have any questions about the Family Health Center or the benefit modifications, please contact the Trust Administrative Office at (619) 849-1060.