This is a Summary of Material Modifications (SMM). It explains some of the changes and additions made to your benefits by the Board of Trustees of UNITE HERE HEALTH (UHH). These updates affect the information in your Summary Plan Description (SPD).

Please read this information carefully so that you understand your benefits. Be sure to keep this with your SPD. If you have any questions about your benefits, please call the Alaska HERE Plan Customer Service Office at 844-427-8501.

COVID-19 Treatment Cost-Sharing Required

Effective January 1, 2022, your cost-sharing (copays, deductibles, or coinsurance) is no longer waived for COVID-19 treatment (network or non-network). Your regular cost-sharing and Plan rules will apply (including any rules about non-network coverage).

This change doesn’t affect your $0 cost-sharing for medically appropriate COVID-19 testing (including a telehealth visit when the primary purpose of the visit is to get a COVID-19 test).

New Member Services Contact Information

Effective January 1, 2022

For Disability, Workers’ Compensation, Subrogation, Appeals and Life Insurance:

UHH Alaska Customer Service
9121 W. Russell Road, Suite 219
Las Vegas, NV 89148-1239

Appeals fax: 702-216-9501
Email: UNITEHEREAppeals@zenith-american.com

Subrogation fax: 702-892-7389
Email: UNITEHERESubrogation@zenith-american.com

Disability fax: 702-691-5634
Email: UNITEHEREDisability@zenith-american.com

For Claims:

UHH Alaska Customer Service
P.O. Box 211755
Eagan, MN 55121
For COBRA and any other inquiries:
UHH Alaska Customer Service
1901 Las Vegas Blvd S., STE 107
Las Vegas, NV 89104
855-405-3863

COVID-19 Immunization

• COVID-19 vaccine is covered at 100% at PPO providers

New Network Provider
Effective January 1, 2022

Aetna will be your Medical PPO network!
Your Plan lets you go to any doctor you want. But you’ll save money if you go to a PPO provider in your Aetna PPO network. Use your custom provider search tool in English or Spanish, to find doctors, hospitals and other health care providers that participate in the Aetna network.

To find a doctor or hospital:
• Visit “Find a doctor” on Aetna.com www.aetna.com/individuals-families/find-a-doctor.html
• Under “Guests”
• Choose “Plan from an employer.”
• Enter your home location; you can search by zip code, city, county or state.
• Set range of miles around home location (up to 100-miles radius).
• Select “Search.”
• Select a Plan – under “Aetna Open Access Plans” section – choose first option “Aetna Choice POS II (Open Access).”
• If you can’t find your provider, please call Member Services for assistance.

New Utilization Management and Prior Authorization Vendor
Effective January 1, 2022

Aetna will provide utilization management and prior authorizations services.
The Services Requiring Prior Authorization is Changing!

The services listed below replaces the list “When to call for prior authorization” in the SPD.

As of January 1, 2022, your in-network providers are responsible to get prior authorization for certain procedures, programs and drugs. This is a great reason to use in-network providers. If you go to an out-of-network provider, you’re responsible for making sure your provider gets prior authorization before you receive care.

Your providers may submit most prior authorization requests electronically to Aetna through the secure website or using your Electronic Medical Record (EMR) system portal.

The following are the services that will require prior authorization. The prior authorization list may change from time to time. Contact member services at 844-427-8501 for the most up-to-date information.

<table>
<thead>
<tr>
<th>Prior Authorization List - Subject to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions (except hospice)</td>
</tr>
<tr>
<td>Osseointegrated implant</td>
</tr>
<tr>
<td>Ambulance by plane</td>
</tr>
<tr>
<td>Osteochondral allograft/knee</td>
</tr>
<tr>
<td>Autologous chondrocyte implantation</td>
</tr>
<tr>
<td>Proton beam radiotherapy</td>
</tr>
<tr>
<td>Chiara malformation decompression surgery</td>
</tr>
<tr>
<td>Reconstructive or other procedures that maybe considered cosmetic</td>
</tr>
<tr>
<td>Coverage at an in-network benefit level for out-of-network provider/facility (excludes emergent services)</td>
</tr>
<tr>
<td>Shoulder Arthroplasty including revision procedures</td>
</tr>
<tr>
<td>Dialysis</td>
</tr>
<tr>
<td>Spinal procedures</td>
</tr>
<tr>
<td>Dorsal column (lumbar) neurostimulators; trial or implantation</td>
</tr>
<tr>
<td>Uvulopalatopharyngoplasty, including laser-assisted procedures</td>
</tr>
<tr>
<td>Endoscopic nasal balloon dilation procedures</td>
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<tr>
<td>Ventricular assist devices</td>
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<tr>
<td>Functional endoscopic sinus surgery (FESS)</td>
</tr>
<tr>
<td>Video electroencephalograph (EEG)</td>
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<tr>
<td>Gender reassignment surgery</td>
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<tr>
<td>Whole exome sequencing</td>
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<tr>
<td>Hip surgery to repair impingement syndrome</td>
</tr>
<tr>
<td>Applied behavioral analysis (ABA)</td>
</tr>
<tr>
<td>Hyperbaric oxygen therapy</td>
</tr>
<tr>
<td>Inpatient admissions</td>
</tr>
<tr>
<td>Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics</td>
</tr>
<tr>
<td>Partial hospitalization programs (PHPs)</td>
</tr>
<tr>
<td>Non-participating freestanding ambulatory surgical facility services, when referred by a participating provider</td>
</tr>
<tr>
<td>Residential treatment center (RTC) admissions</td>
</tr>
<tr>
<td>Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint</td>
</tr>
<tr>
<td>Transcranial magnetic stimulation (TMS)</td>
</tr>
<tr>
<td>Drugs and medical injectables (medications administered by or supervised by a provider) paid by the medical plan</td>
</tr>
</tbody>
</table>

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The Wellness and Minor Care Program

- You can still access the Wellness and Minor Care Program provided through Primary Care Associates as part of the AETNA PPO Network.

The Anchorage Coalition Health Center has Moved

- The Debarr location is now closed. The new location in midtown Anchorage is brand-new and designed to bring you the best care. The phone number and website haven’t changed so don’t hesitate to call with any questions. The new location is located at:

  701 East Tudor Road  
  Anchorage, Alaska 99503  
  Phone: 907-264-1370  
  Website: [www.coalitionhealthcenter.com](http://www.coalitionhealthcenter.com)  
  Hours of Operation: By Appointment | Mon - Fri: 7:30 a.m. – 6:30 p.m.  
  Walk-in Appointments | Mon - Fri: 8:30 a.m. - 4:30 p.m.

Colorectal Cancer Screening

*Effective September 1, 2021*

- You can now get routine colorectal cancer screening with no copay earlier!
- One per calendar year for ages 45 to 75 years (previously, it was 50 to 75 years).

Continuing Eligibility and Bank Hours

- For coverage months of April 1 to September 30, 2021, your banked hours will only be applied upon your request.

Gender Reassignment Services are Now Covered

Effective January 1, 2022, the following medically necessary gender reassignment services will be covered expenses:

- Gender reassignment surgery for individuals with a diagnosis of gender dysphoria, and related charges (e.g., laboratory work, x-rays, office visits, etc.). The Plan will cover surgical procedures, including medically necessary corrective surgeries, to change your gender once (for example, if the Plan covers procedures changing your gender from male to female, the Plan will not then pay to change your gender back to male). You must be at least 18 years of age and obtain prior authorization for surgical services.
• Hormone therapy, including both infused hormone therapy and hormones you get at a pharmacy. The hormones must be FDA approved and only available by prescription. Prior authorization is required for certain hormone therapy. Hormone therapy is not subject to an age restriction. However, if you are under age 18 and are filling a prescription for puberty-suppressing hormones, your healthcare professional must document that you have begun puberty (Tanner stage 2 or higher).

Plan rules, cost sharing limitations, and exclusions apply equally to all covered expenses. Contact us to get more information about how your Plan defines “medically necessary” gender reassignment services.

**Clarifying Cosmetic Services Definition**

The definition of “cosmetic and reconstructive surgery” is clarified as follows:

Cosmetic services are intended to better your appearance. “Cosmetic services” do not include reconstructive services, which are mainly to restore bodily function or to fix significant deformity caused by accidental injury, trauma, congenital condition, or previous therapeutic process.

Cosmetic services are not covered. Medically necessary gender reassignment services are not cosmetic services.

**Revised General Exclusions and Limitations**

Any loss, expense or charge for sex transformations or any treatment or service related to sexual dysfunction is removed from the General Exclusions and Limitations.

**ABA Therapy is Now Covered**

The plan will cover in-network and out-of-network medical/surgical coverage for medically necessary habilitative Applied Behavior Analysis (ABA) therapy under certain circumstances. ABA therapy must be reviewed before treatment begins, and the treatment plan must meet the following criteria in order to be covered:

- The child must:
  - Be at least 2 years old;
  - Be diagnosed with Autism spectrum disorder (ASD), and;
  - Have a prorated mental age (PMA) of at least 11 months.
- $10 copay /day; 30 hours per week maximum benefit
- Treatment will no longer be considered a covered expense upon the earliest of:
  - The last day of the 36-month period which begins on the first visit for which Plan benefits are paid;
  - The date the child attains 8 years of age; or
  - The date Plan criteria are no longer met.
Revised General Exclusions and Limitations

Applied Behavioral Analysis or similar behavioral intervention program, regardless of the name called, including, but not limited to, ABA therapy, discrete trial training, pivotal response training, verbal behavioral intervention, early intensive behavioral intervention, or the Early Start Denver Model is removed from the General Exclusions and Limitations.

New Travel Resources Through your Life Insurance Benefit

Your life insurance benefits include medical emergency and travel emergency assistance programs when you’re traveling 100 or more miles from home. Beginning April 1, 2021, these programs are provided through Assist America.

Medical Emergency Assistance helps you and your dependents get care and support during a medical emergency. Examples of services currently offered include:

- Medical referrals
- Medical monitoring
- Medical evacuation
- Foreign hospital admission assistance
- Prescription assistance

Assist America
(800) 872-1414 (tollfree in the U.S.)
(609) 986-1234 (outside the U.S.)
medservices@assistamerica.com
Reference number: 01-AA-TRS-12201
You can also get the mobile app