



Important Benefit Changes Inside!

The Culinary Health Fund would like to advise you of important benefit changes effective April 1, 2011. Enclosed in this package you will find:

- Important Benefit Changes (Summary of Materials Modification) which include:
 - Elimination of Lifetime Dollar Maximum
 - Restriction of Annual Dollar Maximum on "Essential Health Benefits"
 - Extended coverage for adult dependent children up to the age of 26
 - Retroactive rescission of coverage
 - Elimination of the 14-day waiting period for Life Insurance benefit for newborns
 - Allowing prescribed contraceptive drugs and devices for female dependents ages 19 and older
 - Allowing dependents to electively disenroll from the Plan
 - HEREIU Welfare Fund name change
- Grandfathered Health Plan Notice
- Early Retiree Reinsurance Program Notice (ERRP)

For more information or if you have questions regarding these benefit changes, please call our Customer Service Office at (702) 733-9938 or visit our website at www.culinaryhealthfund.org.

¡Importantes Cambios a sus Beneficios Adjuntos!

El Culinary Health Fund desea informarle acerca de importantes cambios de beneficios efectivos el 1º de abril del 2011. Adjunto encontrará:

- Importantes Cambios de Beneficios (Resumen de Modificaciones al Material) que incluyen:
 - Eliminación de Límites de Dólares por Vida
 - Restricción de Límites Anuales de Dólares en "Beneficios Esenciales de Salud"
 - Cobertura extendida para hijos adultos dependientes hasta los 26 años
 - Rescisión retroactiva de la cobertura
 - Eliminación del periodo de espera de 14 días para el beneficio de Seguro de Vida para recién nacidos
 - Permitir medicamentos y aparatos anticonceptivos recetados para dependientes femeninas de 19 años y mayores
 - Permitiendo a los Dependientes de forma optativa dar de baja al Plan
 - Cambio al nombre HEREIU Welfare Fund
- Aviso de Plan de Salud Pre-Existente
- Aviso de Programa de Re-aseguración para Jubilación Temprana (ERRP según sus siglas en inglés)

Para más información o si usted tiene preguntas acerca de estos cambios de los beneficios, favor de llamar a nuestra Oficina de Servicios al Cliente al (702) 733-9938 o vea nuestro sitio web www.culinaryhealthfund.org.



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Important Benefit Changes

Summary of Materials Modification

April 2011

This is a summary of changes and additions, as adopted by the Board of Trustees, affecting your Summary Plan Descriptions (SPDs) dated January 2009, April 2007, and November 2005. Please retain this document with your SPD book. If you have any questions about this material, please contact the Culinary Health Fund Customer Service Office at 702-733-9938.

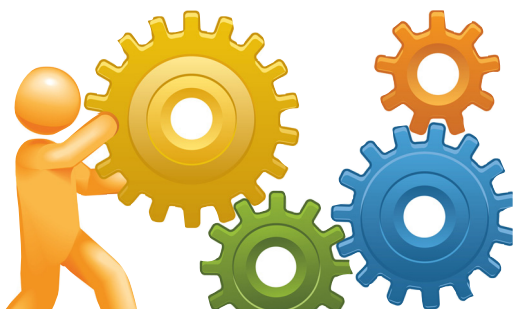
CHANGES EFFECTIVE APRIL 1, 2011 as a result of the Healthcare Reform

Elimination of Lifetime Dollar Maximum

OLD	NEW	SPD
The Lifetime Maximum Benefit for the Plan is \$2,000,000 per Eligible Person. Benefits included in the Lifetime Maximum are all medical, all prescription drugs and all optical benefits ONLY.	The Annual Maximum Benefit amount is \$2,000,000 per Eligible Person per Calendar Year (January 1st – December 31st) for all medical, all prescription drugs and all optical benefits ONLY. Once the Eligible Person reaches their Annual Maximum Benefit amount, they won't be covered for their PPO or non-PPO benefits until the following Calendar Year.	January 2009 page 45 & 46; April 2007 page 45 & 46; November 2005 45 & 46

Addiction Treatment

BENEFIT	OLD	NEW	SPD
Partial Hospitalization or Intensive Day/Night and Outpatient Care	No Limit until \$20,000 Lifetime Maximum is met	Subject to the \$2,000,000 Annual Maximum Benefit amount	January 2009 page 47; April 2007 page 47; November 2005 page 47
Lifetime Maximum Per Person	\$20,000 Lifetime Maximum (combined with Substance Abuse and Chemical Dependency/Gambling Addiction Treatment)	Subject to the \$2,000,000 Annual Maximum Benefit amount	



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Elimination of Lifetime Dollar Maximum continued

Medical Supplies

BENEFIT	OLD	NEW	SPD
Orthotic Shoe Inserts***	\$400 per person Lifetime Maximum with \$10 per pair co-payment	3 pairs per person Lifetime Maximum with \$10 per pair co-payment	January 2009 page 75; April 2007 page 75; November 2005 page 75
	*** For purposes of benefits available under this provision, a child is any Eligible Dependent who has not attained the age of 19 at the time the service was rendered for which benefits under the Plan are requested.	*** For purposes of benefits available under this provision, a child is any Eligible Person who has not attained the age of 19 at the time the service was rendered for which benefits under the Plan are requested.	

Mental Health Treatment

BENEFIT	OLD	NEW	SPD
Maximum Costs/Benefits	Maximum Lifetime Benefit is \$2,000,000 (combined with other Culinary Health Fund benefits)	Annual Maximum Benefit is \$2,000,000 (combined with other Culinary Health Fund benefits) subject to Annual Maximum Benefit	January 2009 page 77; April 2007 page 77; November 2005 page 77

Restriction of Annual Dollar Maximum on “Essential Health Benefits”

Ambulance

BENEFIT	OLD	NEW	SPD
Ground	\$2,000 per Calendar Year with 20% co-insurance	3 transports per Calendar Year with 20% co-insurance	January 2009 page 48; April 2007 page 48; November 2005 page 48
Air	\$15,000 per incident with \$500 deductible	1 transport per lifetime with \$500 deductible	

DME

OLD	NEW	SPD
Annual out of pocket maximum: \$300 individual \$600 family with 10% co-insurance (up to \$8,000 then you pay everything over \$8,000)	Annual out of pocket maximum: \$300 individual \$600 family with 10% co-insurance	January 2009 page 60; April 2007 page 60; November 2005 page 60
\$8,000 annual maximum per person/calendar year	No maximum benefit	

Prosthetic Appliances

OLD	NEW	SPD
One replacement every three years for adults. As needed for children under the age of 19.	One replacement every three years for adults. As needed for Eligible Persons under the age of 19.	January 2009 page 60; April 2007 page 60; November 2005 page 60

Restriction of Annual Dollar Maximum on “Essential Health Benefits” continued

Medical Supplies

BENEFIT	OLD	NEW	SPD
Compression Stockings	\$350 per Calendar Year with \$22 per pair co-payment	5 pairs per Calendar Year for standard compression stockings (if custom compression stockings are needed, prior auth is required) with \$22 per pair co-payment.	January 2009 page 75; April 2007 page 75; November 2005 page 75
Diabetic Shoes	\$500 per Calendar Year with \$55 per pair co-payment	2 pairs per Calendar Year with \$55 per pair co-payment	
Crutches	\$30 per Calendar Year (participant responsible for all costs above \$30 per year)	1 pair per Calendar Year	
Walkers	\$75 per Calendar Year (participant responsible for all costs above \$75 per year)	1 walker per Calendar Year	

Therapy

BENEFIT	OLD	NEW	SPD
Outpatient (includes physical, occupational, & speech therapy)	Plan paid up to 60 visits per therapy type or maximum of \$4,500 per Calendar Year, whichever limit you reached first.	The Plan pays up to 60 visits per therapy type per Calendar Year	January 2009 page 90; April 2007 page 90; November 2005 page 90
Cardiac Rehabilitation	Plan paid up to 40 visits per cardiac event or \$3,000 in benefits, whichever limit you reach first.	The Plan pays up to 40 visits per cardiac event per Calendar Year.	

Extended coverage for adult dependent children up to the age of 26

OLD	NEW	SPD
The unmarried child of an Eligible Employee who is primarily dependent on the Eligible Employee for support and maintenance until the child's 19th birthday or until the child's 23rd birthday if he is enrolled in an accredited and/or licensed school, college or university as a full-time student as defined by the aforementioned educational establishment except in cases where these dependents were already enrolled and eligible to receive benefits under the Plan prior to August 1, 2010. Between August 1, 2010 through March 31, 2011, the Fund will allow these dependents to remain enrolled in the Plan.	The child of an Eligible Employee who is: <ol style="list-style-type: none"> 1. The child of an Eligible Employee until their 26th birthday, unless they are eligible for coverage through their employer or their spouse/domestic partner's employer. 2. The unmarried child of an Eligible Employee who is primarily dependent on the Eligible Employee for support and maintenance until the child's 19th birthday or until the child's 23rd birthday if he is enrolled in an accredited and/or licensed school, college or university as a full-time student as defined by the aforementioned educational establishment. 3. The unmarried child or sibling of an Eligible Employee or Domestic Partner who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, including such children or siblings who are age nineteen (19) or older at the time of initial or reestablishment of Eligibility. 	January 2009 page 13, 135 & 136; April 2007 page 13, 134 & 135; November 2005 page 13, 132 & 133;

Extended Coverage for Adult Dependent Children continued

OLD	NEW	SPD
<p>An Eligible Employee's "children" shall include:</p> <ol style="list-style-type: none"> 1. An unmarried child or sibling of an Eligible Employee or Domestic Partner who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, including such children or siblings who are age nineteen (19) or older at the time of initial or reestablishment of Eligibility, except in cases where these dependents were already enrolled and eligible to receive benefits under the Plan prior to August 1, 2010. Between August 1, 2010 through March 31, 2011, the Fund will allow these dependents to remain enrolled in the plan provided: <ol style="list-style-type: none"> a. Such child or sibling's incapacity commenced prior to the child or sibling's attainment of 19 years of age (or age 23 if a full-time student enrolled in an accredited college or university) except in cases where these dependents were already enrolled and eligible to receive benefits under the Plan prior to August 1, 2010. Between August 1, 2011 through March 31, 2011, the Fund will allow these dependent to remain enrolled in the plan; 	<p>An Eligible Employee's "children" shall include:</p> <ol style="list-style-type: none"> 1. An unmarried child or sibling of an Eligible Employee or Domestic Partner who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, including such children or siblings who are age nineteen (19) or older at the time of initial or reestablishment of Eligibility; <ol style="list-style-type: none"> a. Such child or sibling's incapacity commenced prior to the child or sibling's attainment of 19 years of age (or age 23 if a full-time student enrolled in an accredited college or university); and 	<p>January 2009 page 13, 135 & 136; April 2007 page 13, 134 & 135; November 2005 page 13, 132 & 133;</p>

Dental Benefits

OLD	NEW	SPD
<ol style="list-style-type: none"> 1. Child Orthodontics: <ul style="list-style-type: none"> • The Plan only provides orthodontic treatment for your Eligible Dependent children under the age of 19. • Braces for children will not be covered if provided by an Out-of-Network dentist • You are required to pay \$850 for these services as follows: <ul style="list-style-type: none"> • \$300 when treatment begins. • \$50 a month for 11 months. 2. Adult Orthodontics: Orthodontics (braces) are covered for adults. BENEFIT FOR ADULTS: The co-pay is \$2,700 per eligible person (\$900 at the beginning of treatment and then \$50 per month for 36 months). 3. Braces for adults will not be covered if provided by an Out-of-Network dentist. 	<ol style="list-style-type: none"> 1. Child Orthodontics: <ul style="list-style-type: none"> • The Plan only provides orthodontics treatment for Eligible Persons under the age of 19. • Braces for eligible persons under the age of 19 will not be covered if provided by an Out-of-Network dentist. • There shall be a one-time co-payment of \$850 for covered Services (for each Eligible Person under the age of 19). • You are required to pay \$850 for these services as follows: <ul style="list-style-type: none"> • \$300 when treatment begins. • \$50 a month for 11 months. 2. Adult Orthodontics: Orthodontics (braces) are covered for Eligible Persons age 19 and older. <ol style="list-style-type: none"> a. BENEFIT FOR ADULTS: The co-pay is \$2,700 per eligible person (\$900 at the beginning of treatment and then \$50 per month for 36 months). b. Braces for eligible persons age 19 and older will not be covered if provided by an Out-of Network dentist. 	<p>January 2009 page 51 & 52; April 2007 page 51 & 52; November 2005 page 51& 52</p>



Retroactive rescission of coverage

OLD	NEW	SPD
Definition did not exist	Include following "Rescission of Coverage" definition in SPD: "A cancellation or discontinuance of coverage that has a retroactive effect. However, a cancellation or discontinuance of coverage is not a Rescission of Coverage to the extent: (1) it is attributable to a failure to make a timely required payment towards the cost of coverage, (2) it has only a prospective effect or (3) it is otherwise permitted by law	January 2009 page 143; April 2007 page 140; November 2005 page 138

Fraud

OLD	NEW	SPD
If an employee, Retiree or dependent knowingly submits false information, knowingly fails to submit or conceals material information in order to achieve eligibility, or otherwise commits fraud, the Culinary Health Fund may deny benefits, seek recovery and/or suspend and/or revoke coverage and/or eligibility for such time and on such terms as the Culinary Health Fund deems just and appropriate.	If an employee, retiree or dependent knowingly submits false information, knowingly fails to submit or conceals material information in order to achieve eligibility, obtain any benefit from the Fund or otherwise commits fraud on the Fund as determined by clear and convincing evidence, solely by the Trustees, the Fund will deny benefits, seek recovery and/or suspend and/or revoke coverage and/or eligibility for such time and on such terms as they deem just and appropriate and/or rescind coverage, provided that the Plan provides at least 30 days advance written notice to such Employee, retiree, or Dependent before coverage may be rescinded.	January 2009 page 24; April 2007 page 24; November 2005 pages 24

Decertification

OLD	NEW	SPD
<p>If: Your employer no longer participates in the Plan because of decertification, disclaimer of interest by the Union, or a change in your Collective Bargaining Agreement, (a terminating event),</p> <p>Then: Your coverage ends on:</p> <ul style="list-style-type: none"> The last day of the Eligibility Period in which the terminating event occurs for a CBA with a 3-year term; or The date of the terminating event for a CBA with a term of three years or less. <p>The terminating event is the date of an election of disclaimer of interest, not the date the event is certified by the National Labor Relations Board.</p>	<p>If: Your employer's obligation to make Contributions to the Fund ceases as a result of decertification, disclaimer of interest by the Union, or change of bargaining representative,</p> <p>Then: Extended Eligibility will not be available and your coverage ends on the last day of the month.</p>	January 2009 page 26; April 2007 page 26; November 2005 page 26

Delinquency

OLD	NEW	SPD
Did not exist	Severely Delinquent Employer: If an employer is severely delinquent, the Trustees may, in their sole discretion, terminate Eligibility as of the last day of the Coverage Period corresponding to the Work Period for which the Fund accepts the Employer's work report. Since Participants will not necessarily know the Employer's delinquency, they shall be given advance notice of termination. The determination of whether a particular Employer is severely delinquent is within the sole discretion of Trustees.	January 2009 page 27; April 2007 page 27; November 2005 pages 27

Other Benefit Changes

Elimination of the 14-day waiting period for Life Insurance benefit for newborns

OLD	NEW	SPD
Dependent children are covered for life insurance once they are at least 14 days old.	Life insurance benefits are available to dependent children beginning from live birth.	January 2009 page 14, 108; April 2007 page 14, 108; November 2005 page 14, 106

Allowing prescribed contraceptive drugs and devices for female dependent children ages 19 and older

OLD	NEW	SPD
Prescribed contraceptive drugs and devices are covered for the Eligible Employee or their Eligible Spouses or Domestic Partners. Contraceptives are NOT covered for dependent children.	Treatment and prescribed contraceptive drugs and devices are covered for Eligible female dependent children age 19 and older under Plan Unit 150.	January 2009 page 85, 115; April 2007 page 85, 115; November 2005 page 85, 113

Allowing Dependents to electively disenroll from the Plan

OLD	NEW	SPD
Did not exist	<p>Dependent coverage will begin on the day the Eligible Dependent re-enrolls in the Plan due to a qualifying event or on the date the Eligible Employee first acquires the dependent, whichever is later, provided such dependent is declared at the time of Enrollment or within 30 days after the dependent is acquired.</p> <p>Eligible Dependents are allowed to electively disenroll from the Plan, provided the proper documentation is received satisfactory to the Fund from the Eligible Participant and the Eligible Dependent when applicable.</p> <p>A dependent's Eligibility shall terminate on the first day of the month following the date the request is received to disenroll the Eligible Dependent from the Plan. The request should include:</p> <ol style="list-style-type: none">The reason for the request to disenroll the Eligible DependentA signed, notarized request from both the Participant and Eligible Dependent, when applicableProof of other coverage when applicable <p>The following is a qualifying event under COBRA: The elective disenrollment of the Eligible Dependent when requested in a manner satisfactory to the Fund.</p>	January 2009 page 14, 24, 29-30; April 2007 page 14, 24, 29; November 2005 page 14, 24, 29

CHANGES EFFECTIVE APRIL 4, 2011

HEREIU Welfare Fund name change

OLD	NEW	SPD
The name of the Fund is "Hotel Employees and Restaurant Employees International Union Welfare Fund" (H.E.R.E.I.U. Welfare Fund)	The name of the Fund is "UNITE HERE HEALTH".	January 2009 page 1, 131; April 2007 page 1, 131; November 2005 page 1, 129

