

July 2013

**TO: All Active Hotel Bargaining Unit Participants**  
AFL Hotel and Restaurant Workers Health and Welfare Trust Fund

**FROM: Board of Trustees**

**SUBJECT: Self-Funded Comprehensive Medical Plan**

**Effective January 1, 2011**, the following corrections to the Summary Plan Description (SPD) booklets, dated December 2012 are made in conjunction with the increase in the annual maximum on essential health benefits under the Self-Funded Comprehensive Medical Plan:

- The maximum of \$120,000 per simultaneous kidney-pancreas transplant, which is an essential health benefit, was removed (see page 47 of the SPD).
- The maximum of \$5,000 for in vitro fertilization, which is an essential health benefit, was removed (see page 56 of the SPD).
- The annual maximum of \$15,000 per person for air ambulance services, which is an essential health benefit, was removed (see page 54 of the SPD).
- The annual maximum of \$10,000 per person for human growth hormone therapy, which is an essential health benefit, was removed (see page 62 of the SPD).

As stated on page 36 of the SPD, the annual maximum for essential health benefits is currently \$2,000,000 per person, in accordance with the Patient Protection and Affordable Care Act. **Effective January 1, 2014 this annual maximum will be eliminated.**

Should you have any questions on the above changes or need assistance with your eligibility, please contact Benefit & Risk Management Services, Inc. at 523-0199; neighbor islands, call toll free at 1-866-772-8989 or email: [hiaflinfo@brmsonline.com](mailto:hiaflinfo@brmsonline.com). You may also visit the website at [www.unitehere5trustbenefits.com](http://www.unitehere5trustbenefits.com).

*Disclosure of Grandfathered Status*

*The Trust believes its group health plans are "grandfathered health plans" 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 that law was enacted. Being a grandfathered health plan means that your 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 plan status can be directed to the plan administrator, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or 1-808-523-0199. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 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.*