

December 2021

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

FROM: Board of Trustees

SUBJECT: PLAN CHANGES EFFECTIVE JANUARY 1, 2022

KAISER PLAN FOR KBU ACTIVE PARTICIPANTS

Effective January 1, 2022, eligible Kaiser Bargaining Unit (KBU) Active participants and their dependents covered under the Kaiser Plan will have medical and prescription drug coverage shown in the attached summary of benefits. This is only a summary. A complete description of all terms and conditions of membership and benefits is contained in the Kaiser Permanente Evidence of Coverage (“EOC”). Please refer to this document for specific questions about coverage. If there is a conflict with the attached summary of benefits and the EOC, the Kaiser Permanente EOC will govern.

To obtain a copy of the Kaiser EOC document:

1. Go to www.kp.org/eoc and sign on. If this is your first visit, register to get a user ID and follow the instructions to set up your account.
2. Select your most recent Evidence of Coverage (benefits) document.
3. Go to www.kp.org/formsandpubs to download member guides, handbooks and directories to help you make the most of your plan.

If you don't have internet access, call Kaiser Permanente Member Services at 1-800-966-5955 (TTY 711) to obtain a printed copy of your Evidence of Coverage. Kaiser Permanente sends out a postcard each year that you can return for a printed copy of your Evidence of Coverage.

If you have any questions or concerns, please contact your Plan Administrator, BRMS, at 808-523-0199, neighbor islands call 1-866-772-8989; or email: hiaflinfo@brmsonline.com

CHIROPRACTIC BENEFIT FOR KBU ACTIVE PARTICIPANTS

Effective January 1, 2022, eligible Kaiser Bargaining Unit (KBU) Active participants and their dependents will have the following chiropractic benefits provided through ChiroPlan Hawaii, Inc.

WHAT ARE THE CHIROPRACTIC CARE BENEFITS?

The following chiropractic services are covered:

<u>Services</u>	<u>Plan Pays</u>
Office Visits (includes evaluation, exam, manipulations, and therapy modalities), up to 18 visits per calendar year	
• Initial Office Visit (First visit)	100% after \$15.00 copayment per visit
• Follow-up Office Visit	100% after \$15.00 copayment per visit
X-rays – limited to one (1) series of film per body region per calendar year	Up to \$125.00 per calendar year

Benefits are available only if services are received from a ChiroPlan Hawaii network provider. Chiropractic services must be therapeutically necessary, as determined by ChiroPlan Hawaii, in order to be covered. Preventive or maintenance care is not covered under the plan.

Should you have any questions, visit the Trust Fund's website at www.unitehere5trustbenefits.com or contact the Trust Fund Office (BRMS) at 808-523-0199; neighbor islands 1-866-772-8989; or email: hiaflinfo@brmsonline.com

Disclosure of Grandfathered Status

The Trust Fund 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 health 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. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.

KAISER PLAN for Kaiser Bargaining Unit Actives
Effective January 1, 2022

The following is only a summary of the medical benefits available under the Kaiser Permanente Plan and your payment obligations. Its contents are subject to the Kaiser Permanente Evidence of Coverage (“EOC”), which contains all the terms and conditions of membership and benefits. If there is a conflict between the following summary of benefits and the EOC, the EOC will govern. Please go to kp.org/eoc to obtain the most recent benefit document for specific questions about coverage.

PLAN BENEFITS	MEMBER COPAYMENT
ANNUAL COPAYMENT MAXIMUM	\$1,500 per member; \$3,000 per family (for 3 or more members)
ANNUAL DEDUCTIBLE	None
INPATIENT HOSPITAL CARE	\$100 per admission
MEDICAL OFFICE VISITS	\$10 per visit
TELEHEALTH	Cost share, if applicable, will vary depending on service.
PREVENTIVE SCREENINGS AND CARE	None
EMERGENCY CARE	
• Within Hawaii Service Area	\$50 per visit
• Outside Hawaii Service Area	\$50 per visit
• Ambulance (Ground or Air)	None
URGENT CARE	
• Within Hawaii Service Area	\$10 per visit
• Outside Hawaii Service Area	20% of applicable charges
OUTPATIENT LABORATORY AND IMAGING SERVICES	None
OUTPATIENT TESTING SERVICES	
• Primary or Specialty Care Testing	\$10 per visit
• Diagnostic Testing	None
OUTPATIENT SURGERY AND PROCEDURES (In Hospital-based setting or Ambulatory Surgery Center)	\$10 per visit
SKILLED NURSING FACILITY CARE Up to 120 days per calendar year	None
MATERNITY CARE Routine prenatal visits in medical office and one postpartum visit in medical office (Maternity Care delivery - see Inpatient Hospital Care)	None

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PLAN BENEFITS	MEMBER COPAYMENT
FAMILY PLANNING & INFERTILITY SERVICES	
Family Planning office visits	\$10 per visit
Infertility consultation	\$10 per visit
In vitro fertilization	20% of applicable charges
BEHAVIORAL HEALTH-MENTAL HEALTH & SUBSTANCE ABUSE	
• Medical office visits	\$10 per visit
• Inpatient services	\$100 per admission
HOME HEALTH CARE	None
HOSPICE CARE	None
PRESCRIPTION DRUG	
Self-Administered	
• Generic Maintenance Drugs	\$5 per prescription
• Brand and Specialty Drugs	\$10 per prescription
Skilled administered drugs (non-Inpatient)	None
Chemotherapy infusion or injections (skilled administered)	None
Contraceptive drugs and devices	50% of applicable charges
Diabetes supplies	50% of applicable charges
Tobacco cessation drugs and products	None
OTHER MEDICAL SERVICES	
Autism care	\$10 per visit
Blood and Blood Products (non-Inpatient)	None
Chemotherapy (non-Inpatient)	\$10 per visit
Dialysis	20% of applicable charges
Diabetes equipment	50% of applicable charges
Durable medical equipment (non-Inpatient)	None
Internal, External prosthetic devices and braces (non-Inpatient)	None
Hearing Exam (for correction)	\$10 per visit
Hearing Aids Appliance	60% of applicable charges
Orthodontic care for treatment of orofacial anomalies from birth	\$10 per visit
Physical, Occupational & Speech therapy (Medical Office)	\$10 per visit
Pulmonary rehabilitation (non-Inpatient)	\$10 per visit
Radiation therapy	20% of applicable charges
FIT REWARDS (per calendar year)	\$200 gym membership or \$10 home fitness program