



Summary of Material Modifications to the DC 37 – Local 389 Home Care Employees Health & Welfare Benefit Plan

This Summary of Material Modification ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the DC 37 – Local 389 Home Care Employees of Health & Welfare Benefit Fund (the "Fund") that describes Your Medical Plan Benefits as of September 1, 2023.

Note: In the event of any discrepancy between this SMM and the Health & Welfare Fund SPD, the provisions of this SMM will govern.

Important Information

Important changes to certain benefits in your current medical plan coverage with EmblemHealth that are described in this SMM will go into effect on **September 1, 2023**.

In an effort to more fairly align your co-payments with prevailing plan designs and to provide coverage for certain services that were not previously covered and to increase coverage for designated services already covered, the Fund Trustees voted to adopt the changes in your EmblemHealth coverage that are listed below. The first set of changes, “Changes in Co-pays”, lists the changes in co-pays for specific services. The second set of changes, “Improved Services”, lists services that were not previously covered and lists improvements in coverage for designated services that are currently being provided. Previously covered medical services not listed on this SMM will remain unchanged. Note also that EmblemHealth covers your medical services. All adult vaccines/immunizations should be obtained through your in-network pharmacy using your prescription drug card and not your EmblemHealth card. Please also be reminded to use your in-network providers for all your medical services. To be covered, all claims must be submitted within 90 days of service.

You will be receiving a **new EmblemHealth ID card** prior to the effective date of these changes.

If you have questions about these changes in benefits, please contact your Plan Administrator at (212) 925-6033.

Modifications

Listed below are the Summary of Material Modifications to your medical coverage with EmblemHealth:

Changes in Co-pays

A. Lowered Co-pays

- Emergency Department Co-pay & Observation Stays: co-pay lowered from \$250 to \$150 with 10% co-insurance unchanged (Basic). No additional co-pay will be charged where a Emergency Department patient is kept for Observation.
- Surgical Co-pays: current co-pays lowered from \$1,000 to \$700 with 10% co-insurance unchanged (Basic); current co-pay of \$500 lowered to \$200 (Standard).
- In-patient Hospital Surgery: current co-pays lowered from \$1,000 to \$700 with 10% co-insurance unchanged (Basic); current co-pay of \$500 lowered to \$200 (Standard).
- In-patient Hospital for Continuous Confinement: current co-pays lowered from \$1,000 to \$700 with 10% co-insurance unchanged (Basic); current co-pay of \$500 lowered to \$200 (Standard).
- In-patient Habilitation & Rehabilitation: current co-pay of \$1,000 lowered to \$700 with 10% co-insurance unchanged (Basic); current co-pay of \$500 (Standard) lowered to \$200 (Standard). Co-pays waived if follows a hospital stay.
- Cardiac Rehabilitation – In Hospital: current co-pay of \$1,000 lowered to \$700 with 10% coinsurance unchanged (Basic); current co-pay of \$500 lowered to \$200 (Standard); both co-pays waived if rehabilitation follows a hospital stay.
- Cochlear Implants: prior authorization for medical necessity; if performed in hospital, current co-pays lowered from \$1,000 to \$700 with 10% co-insurance unchanged (Basic); current co-pay of \$500 lowered to \$200 (Standard). If performed in ambulatory setting, co-pay of \$35 with 10% coinsurance added (Basic); co-pay of \$20 added (Standard).
- Outpatient Mental Health Care – Office Visits (including Partial Hospitalization and Intensive Outpatient Program Services): removed limit of one visit per week (Basic & Standard)
- Inpatient Substance Use Service for a Continuous Confinement When in a Hospital (including Residential Treatment Center): current co-pays lowered from \$1,000 to \$700 with 10% co-insurance unchanged (Basic); current co-pay of \$500 lowered to \$200 (Standard). Residential Treatment Center co-pays waived if it follows a hospital stay.

B. Increased Co-pays & New Co-pays Where There Were No Co-pays

- Emergency Department Co-pay & Observation Stays: co-pay increased from \$100 to \$150 (Standard). No additional co-pay will be charged where an Emergency Department patient is kept for Observation.

- Urgent Care Co-pays: current \$0 co-pay increased to \$50 (Basic & Standard) with 10% co-insurance unchanged (Basic).
- Advanced Imaging Services PCP/Specialist Office & Freestanding Radiology Facilities: co-pay increased from \$0 to \$35 with 10% coinsurance unchanged (Basic); co-pay increased from \$0 to \$20 (Standard).
- Anesthesia Services (all settings): co-pay increased from \$0 to \$35 with 10% coinsurance unchanged (Basic); co-pay increased from \$0 to \$20 (Standard).
- Cardiac Rehabilitation – PCP/Specialist Office & Outpatient Hospital: co-pay increased from \$0 to \$35 (Basic); co-pay increased from \$0 to \$20 (Standard).
- Outpatient Ambulatory Surgery (facility charge & professional fee): co-pay increased from \$0 to \$35 with 10% coinsurance unchanged for both facility & professional fees (Basic); co-pay increased from \$0 to \$20 for both facility & professional fees (Standard).
- Doctor’s Office Surgery: co-pay increased from \$0 to \$35 with 10% coinsurance unchanged (Basic); co-pay increased from \$0 to \$20 (Standard) (For surgery performed in a doctor’s office, you will only be charged one co-pay for that visit.)
- Preadmission Testing: co-pay increased from \$0 to \$35 with 10% coinsurance unchanged (Basic); co-pay increased from \$0 to \$20 (Standard).
- Therapeutic Radiology Services: co-pay increased from \$0 to \$35 with 10% coinsurance unchanged (Basic); co-pay increased from \$0 to \$20 (Standard).
- Durable Medical Equipment & Braces: co-pay increased from \$0 to \$20 (Standard)

New Coverage & Improved Services

- Telehealth Program: is available from a network provider at a co-pay of \$35 (Basic) and \$20 co-pay (Standard).
- Acupuncture: will now be available from a MD, DO & Licensed Acupuncturist at a co-pay of \$35 (Basic) and at a \$20 co-pay (Standard). Limit of 12 visits annually.
- Pre & Post-Natal Care, Breastfeeding Support, Counseling & Supplies for Dependents: now covered in full. Delivery not covered for dependents.
- Hospice Care (inpatient/in-home): coverage increased from 200 days to 210 days per calendar year. Requires prior authorization if in a hospice facility.
- Autologous Blood Banking Services (donating your own blood for your use): no co-pays (Basic & Standard); 10% coinsurance (Basic)