

To: Participants of the UNITE HERE Local 11 Health Benefit Fund and their eligible Dependents and COBRA Beneficiaries

From: The Trustees of the UNITE HERE Local 11 Health Benefit Fund

JULY 2026

Changes to Plan rules regarding dental coverage, enrollment and the Family and Medical Leave Act (FMLA)

Summary of Material Modifications (SMM)

The Board of Trustees of the UNITE HERE Health Local 11 Benefit Fund has approved the following changes to the UNITE HERE Local 11 Health Benefit Plan. Unless stated otherwise, these changes will go into effect on July 1, 2026.

This SMM supplements the summary plan description dated July 1, 2021 ("SPD"). You should retain this document with your copy of the SPD.



Electing Delta Dental PPO coverage changes (This language does not apply to members of the UNITE HERE Restaurant Plan)

Trustees have clarified the rules around electing Delta Dental coverage:

Per the SMM dated April 2025, to determine dental plan eligibility, the Fund has established a service area that is a 20-driving-mile radius from the UNITE HERE Dental Office.

1. New enrollees who live within the service area of the UNITE HERE Dental Office have the choice of the UNITE HERE Dental Office or Liberty Dental HMO plans. New enrollees who live outside of the service area of the UNITE HERE Dental Office may elect the UNITE HERE Dental Office, Liberty Dental HMO, or the Delta Dental PPO.
2. Members who have not previously had Delta Dental PPO coverage must have had 24 consecutive months of coverage under either the Liberty Dental HMO or the UNITE HERE Dental Office in order to be able to elect Delta Dental PPO coverage at the next open enrollment.
3. Any member who has previously had the Fund's Delta Dental PPO coverage will be able to elect Delta Dental PPO coverage during upcoming and subsequent open enrollments.
4. If a member moves outside of the UNITE HERE Dental Office 20-driving-mile radius service area, they may change their election to Delta Dental PPO coverage or Liberty Dental HMO mid-year, without waiting for open enrollment.



Anytime Enrollment

Trustees have clarified that not only can eligible employees enroll for the first time at any time; but dependents may also be added to a member's plan at any time.



Enrollment Rule Clarification

When a member moves outside of the 15 driving mile MLK Care service area, they may change their election to Health Net medical coverage mid-year, without waiting for open enrollment.

SPD language will now read:

Any changes you make during Open Enrollment cannot be modified until the next Open Enrollment period, unless a Special Enrollment opportunity arises (see Section 7 of this Article II for more information on Special Enrollment), or unless you move outside of the 15-driving-mile service area of Martin Luther King, Jr. Community Hospital or the 20-driving-mile service area of the UNITE HERE Dental Office.



Disenrolling from the Plan:

Members are now allowed to disenroll if they can show proof of coverage under a spouse or domestic partner's employer plan. Dependents can disenroll as long as the dependent can show proof of coverage under their employer plan.

SPD language will now read:

YOU ARE NOT ALLOWED TO DISENROLL. Once you enroll for coverage, you are not allowed to disenroll from (or drop) medical coverage. You will have medical coverage from the Fund as long you work enough Hours to earn Eligibility, and your enrolled Dependents will lose coverage only if they no longer satisfy the definition of Dependent (for example, if you get divorced, your former spouse would no longer qualify as your Dependent) or if you do not work enough Hours to maintain your eligibility. The only exceptions to this rule involves the situation where the Participant is eligible for Medicare and wants Medicare to be primary, as described on page 98, or if you provide proof of coverage under your spouse or domestic partner's employer-sponsored plan. Your dependents may disenroll as long as they provide proof of coverage under their employer-sponsored plan.



This language was added to clarify the existing rule and law regarding FMLA:

SPD language will now read:

Pursuant to the Family and Medical Leave Act ("FMLA") and its implementing regulations, 29 CFR § 825.209, your Employer must maintain your health coverage under the Plan during any approved FMLA leave. This means that your Employer is required to remit contributions to the Unite Here Local 11 Health Benefit Fund on your behalf during your approved FMLA leave period.