# MANAGED HEALTH CARE TRUST FUND

December 24, 2020

**TO:** All Eligible Participants

**FROM:** La Verne Thompson, Executive Director

We are wishing you a safe and healthy 2021 to you and your family from the MILA Co-Chairmen, Benny Holland, Jr., and David F. Adam, as well as all of the MILA Trustees, and the MILA staff.

In an effort to provide you with important information concerning the operation of the MILA National Health Plan, we are enclosing:

- The MILA National Health Plan Summary Annual Report, which summarizes MILA's 2019 annual financial filing with the government
- Summary of 2020 MILA Plan Amendments
- MILA Substance Use Disorder Treatment Program
- Important Notice – COVID-19
- Notice of Grandfathered Plan under the Affordable Care Act
- Notice Regarding Form 1095-B
- Important Reminders, including but not limited to:
    - Urgent Care vs. Emergency Room Care
    - Telehealth Medicine
    - Employee Assistance Program (EAP)
    - Women's Health and Cancer Rights Act of 1998 (WHCRA)
    - Newborn's and Mothers' Health Protection Act Annual Notice Reminder
    - Mandatory Notification of Divorce
    - Information for Retirees
    - Notice of Non-Discrimination
    - Medical Treatment for On-the-Job Injuries
- Additional Information:
    - MILA Board of Trustees
    - Free Language Assistance

If you have any questions about any of these documents, please contact the MILA office.

*Enc.*

cc: MILA-MHCTF Trustees
Local Port Administrators
William Spelman, Esq.
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# MILA National Health Plan Summary Annual Report

This is a summary of the annual report of the MILA National Health Plan (Employer Identification Number 13-3968546), a collectively bargained multi-employer health and welfare plan, for the twelve months ending December 31, 2019. The annual report has been filed with the Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

All benefits payable under this plan are being provided on an uninsured basis. The Management-ILA Managed Health Care Trust Fund has committed itself to pay all claims incurred under the terms of the plan.

## Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $1,048,597,919 as of December 31, 2019, compared to $882,875,977 as of January 1, 2019. During the plan year the plan experienced an increase in its net assets of $165,721,942. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $842,975,872, including employer and other contributions of $639,524,738, gains on the sale of assets of $9,732,710, unrealized gains from investments of $115,323,135, and interest and dividend income of $8,761,103. Plan expenses were $677,253,930. These expenses included $6,787,688 in administrative expenses, and $670,466,242 in benefits paid to participants and beneficiaries.

## Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. An accountant's report, plan financial information and information on payments to service providers, assets held for investment, and transactions in excess of 5% of plan assets are included in that report. To obtain a copy of the full annual report, or any part thereof, write Ms. Laverne Thompson, Executive Director, Management-ILA Managed Health Care Trust Fund (MILA-MHCTF), 111 Broadway-5th Floor, New York, NY 10006, or call the MILA office at (212) 766-5700. The charge to cover copying costs for the full annual report is $10.00, or $0.25 per page for any part thereof.

You also have the right to receive from the Executive Director, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Executive Director, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge. You also have the right to examine the annual report at the main office of the plan at 111 Broadway – 5th Floor, New York, NY 10006, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# Summary of MILA Plan Amendments

The current Summary Plan Description (SPD) for the MILA National Health Plan was effective as of October 2020. The following plan amendments were approved by the Board of Trustees in 2020 and are included in the new SPD:

1. A disabled employee who does not qualify for a disability pension from the employee's local port pension plan but does qualify for Social Security Disability Insurance benefits will continue to receive MILA coverage until the employee qualifies for Medicare Parts A and B.

2. An employee who (i) has exhausted the limit on the receipt of workers-compensation benefits, (ii) has been granted a one-year extension of MILA benefits following an examination by IMX, and (iii) returns to work in the industry during that one-year extension but no later than 30 days after the employee's workers-compensation benefits have terminated will (1) continue to receive MILA benefits under the same benefit plan (Premier Plan, Basic Plan, or Core Plan) during the remainder of the Calendar Year of that one-year extension and (2) earn, during the Contract Year that the employee returns to work in the industry, eligibility to receive MILA benefits during the following Calendar Year based upon a combination of disability credited hours earned before the employee returns to work in the industry using the Plan's formula for constructed hours and actual work hours earned after the employee returns to work in the industry. If that combination of hours totals 1,300 hours or more, the employee will receive the Premier Plan; if 1,000 hours to 1,299 hours, the Basic Plan; if 700 hours to 999 hours, the Core Plan; and if fewer than 700 hours, no MILA benefits.

3. A participant must notify MILA within 30 days of any injury or illness that is the result of an act or omission of a third party, such as a workplace injury or a car accident.

4. Local port plans must notify MILA within 30 days of a participant's retirement as a pensioner or disability pensioner. If the local port fails to do so, the local port will be required to reimburse MILA for all benefits received by the participant to which the participant was not entitled.

5. For Calendar Year 2021 only, an Eligible Employee who is not eligible because of a participation agreement and who worked or was credited with at least one hours of service in the period from October 1, 2019, to and including September 30, 2020, and that Employee's eligible Dependents shall be entitled in Calendar Year 2021 to receive the same Benefit Plan (either Core Plan, Basic Plan, or Premier Plan) of which the Eligible Employee was entitled in the Calendar Year 2020, unless the number of hours which the Eligible Employee worked or was credited with in the Contract Year ending September 30, 2020, entitles the Eligible Employee to a better Benefit Plan (either Core Plan, Basic Plan, or Premier Plan) in 2021.

6. For Calendar Year 2021 only, coverage will begin on October 1, 2020, for a newly Eligible Employee for whom coverage was confirmed by MILA in September 2020, who is not eligible because of a participation agreement and who worked or was credited with at least seven hundred (700) hours of service in the period from October 1, 2029, to and including September 30, 2020.

## SUBSTANCE USE DISORDER TREATMENT PILOT PROGRAM

We know that some individuals struggle with substance abuse. We want to help those families, and individuals get out from under the struggles of addiction. MILA in partnership with Cigna is participating in a new pilot program to help individuals and families who may be struggling with substance abuse. (please see brochure below).

MILA


### SUBSTANCE USE DISORDER TREATMENT PROGRAM

MILA has developed a 12-month program to encourage individuals struggling with addiction to get quality treatment and achieve a successful recovery. This program is available to all MILA members, spouses and dependents, as long as they are enrolled and eligible for the MILA medical plan administered by Cigna. This program includes:

- No out-of-pocket costs
- 30 days of inpatient care, including medical detoxification as needed
- Initial screening by phone to assess a patient's need for services
- Medical and psychotherapy services are available onsite, provided by licensed or credentialed professionals as needed (includes group and individual counseling)
- Participation in recovery support activities, recreation and 12-step meetings while in treatment
- Family members are invited to participate in in-person recovery activities at their own cost. For those unable to travel to the treatment location, use of phone conference or online family sessions can be arranged
- All meals, bedding and supplies necessary during the 30-day stay, not including personal hygiene products and clothing.
- Discharge planning, including coordination of additional treatment services in home community
- 11 months of continued care and monitoring
- Pilot program benefits are limited to two admissions to the program per lifetime

**Substance use disorder treatment program**

| Program benefits* | Plan pays | You pay |
|---|---|---|
| **Inpatient stay** – 30 days | 100% | 0% |
| **Extended treatment** – If needed | 100% | 0% |
| **Successful completion** – 12-month follow-up care | 100% | 0% |
| **Travel to treatment**<br>• First admission – you and support person<br>• Second admission – patient only | 100% | 0% |

* See program brochure or call Cigna for additional information. Individual treatment may vary depending on need.

**Recovery is possible.**

Under your MILA benefits, there are NEW Substance Use Disorder treatment benefits available to you and your dependents as of July 1, 2019.

**How can I get started?**

**Step 1:** Call the MILA dedicated customer service phone number on the back of your Cigna ID card – or **800.794.7882**

**Step 2:** Ask about the MILA Substance Use Treatment Pilot Program

**Addiction can bring chaos and conflict. Recovery offers peace and an opportunity for individuals to return to a productive life, and rebuild relationships with family and friends.**

Together, all the way.®

Cigna.

# IMPORTANT NOTICE

**This is an important notice that describes some important benefit changes that are temporarily being made to the Plan in reaction to COVID-19.**

Please take the time to read this Notice carefully and keep it with your copy of the MILA Summary Plan Description ("SPD").

By now, everyone has heard of the new "Coronavirus" or the illness it causes, known as "COVID-19." At a time like this, it is more important than ever to have health insurance, and as a MILA Participant, we have you covered. **If you or your dependents (hereinafter collectively referred to as "You," "Your," and "Yourself") are worried about having been exposed to COVID-19 and develop a fever or symptoms of respiratory illness, such as a cough or shortness of breath, call Your healthcare provider immediately**. MILA encourages You to call Your healthcare provider before going to Your healthcare provider, an urgent-care center, or an emergency room for treatment. This will ensure that You have the quickest access to the specific services that You need as well as to prevent the unnecessary exposure of Yourself and any other patients or providers at Your healthcare provider, the urgent-care center, or the emergency room to COVID-19 without their having taken appropriate protective measures.

## WAIVER OF COST-SHARING FOR TESTING FOR COVID-19 APPLICABLE TO MEDICAL BENEFITS

Effective for services received on or after March 18, 2020, and through the end of the National Public Health Emergency, MILA will cover claims **from in-network or out-of-network healthcare providers submitted to Cigna with no cost-sharing (You will not have to pay copayments, deductibles, or coinsurance):**

- Diagnostic tests to detect the virus that causes COVID-19, or the presence of antibodies against it, including the administration of such tests, for the following types of tests:
  - Tests approved, cleared, or authorized by certain sections of the Federal Food, Drug and Cosmetic Act ("Drug Act") to detect the virus;
  - Tests for which the developer has requested, or intends to request, emergency-use authorization under the Drug Act and such authorization has not been denied;
  - Tests developed in and authorized by a state that has notified the United States Department of Health and Human Services ("HHS") of the state's intention to review tests to diagnose COVID-19; and
  - Tests determined appropriate by HHS.
- Items and services furnished to individuals during visits to a healthcare provider (whether at the healthcare provider's office or via telehealth), urgent-care center, or an emergency room that result in the placement of an order for, or the administration of, one of the tests described above, but only to the extent that such items or services relate to the furnishing or administration of that test or the evaluation of whether the person needs that test.

These testing services will also be provided without any need for prior authorization or medical management. This means that You do not have to get precertification or prior authorization to have these tests or test-related visits covered by MILA.

## WAIVER OF COST-SHARING FOR TREATMENT FOR COVID-19 FOR MEDICAL BENEFITS

Effective for services received on or after March 30, 2020, and through the end of the National Public Health Emergency, MILA will cover in-network and out-of-network treatment of COVID-19, including, but not limited to, inpatient hospital services, transportation to the hospital, outpatient facility and professional services **with no cost-sharing (You will not have to pay copayments, deductibles, or coinsurance)**.

If You need help locating a healthcare provider or to find an in-network provider, call the number on the back of Your MILA Cigna ID card.

## TELEHEALTH AND VIRTUAL VISITS

Generally speaking, telehealth and virtual visits mean the use of electronic information and communication technologies, including a telephone, cell phone, smartphone, tablet, or computer with a web cam, by a physician or other licensed healthcare provider to deliver covered healthcare services from a location other than a healthcare provider's office. Telehealth and virtual visits are a convenient way for you and your dependents to access medical care. These services give You quick and easy access to a healthcare provider wherever You are. You can talk to a healthcare provider without leaving Your house. In fact, it is recommended that You use telehealth whenever possible to help prevent the spread of COVID-19 and improve access to medical care. These services are a safe and effective way to receive medical guidance for many medical issues, including those related to COVID-19, from home.

MILA covers telehealth or virtual visits provided by Your doctor (provided Your doctor has such capabilities) and those provided by. Cigna Telehealth Connection, which offers telehealth and virtual visits through its network of providers. Both of these benefits are described below.

### *Telehealth/Virtual Visits with Your Own Provider*

Staying home as much as possible is the best way to stop the spread of COVID-19. If You are feeling sick, going to the doctor's office can be a health risk for You and Your community whether or not You have COVID-19. Instead, call Your doctor to see if Your doctor is offering virtual care. Many doctors are using telehealth and virtual visits during the COVID-19 outbreak. Telehealth and virtual visits are an ideal way to receive non-emergency care right now. Doctors who use telehealth and virtual visits can even call in prescriptions to Your local pharmacy. You may also use telehealth and virtual visits for treatment of mental health and substance-use disorders.

If You are feeling sick or are concerned about having symptoms of COVID-19, and want to try telehealth or a virtual visit with Your doctor, check first to see whether Your doctor offers telehealth or virtual visits. If such services are available, Your doctor's office can tell you how to make an appointment and what types of telehealth or virtual visits they provide (e.g., telephone or video). This benefit is available for in-network and out-of-network providers who have the capability. If You do not have a doctor and need to find one, call the telephone number on the back of Your MILA/Cigna ID card or go to MyCigna.com.

Effective for services received on or after March 30, 2020, through the end of the National Public Health Emergency, You will not have to pay copayments, deductibles, or coinsurance for telehealth and virtual visits related to testing and treatment for COVID-19. As with office visits not related to COVID-19, telehealth and virtual visits not related to COVID-19 will be covered when provided by an in-network provider at the current in-network copayment. Services provided by an out-of-network provider will be subject to the current deductibles and coinsurance applicable to out-of-network office visits.

*Cigna Telehealth Connection*

As a reminder, You have access to a Cigna Telehealth Connection network of physicians for telehealth and virtual visits. The Cigna Telehealth Connection program provides access to a wide network of physicians that can diagnose Your symptoms and prescribe medication, when appropriate. In addition, this program includes telehealth and virtual visits for treatment of mental health and substance-use disorders. In order to use the Cigna Telehealth Connection program, You must enroll in the program. Please see the attached flyer that provides more detail on this important benefit.

Effective for services received on or after March 30, 2020, through the end of the National Public Health Emergency, Cigna Telehealth Connection will be covered at 100% with no cost-sharing (You will not have to pay copayments, deductibles, or coinsurance) whether or not the telehealth or virtual visit is related to COVID-19.

To use the Cigna Telehealth Connection, which offers board-certified doctors who are available 24/7/365, please contact either of the following telehealth providers:

**Amwell**
855-667-9722
AmwellforCigna.com

**MDLIVE**
888-726-3171
MDLIVEforCigna.com

## MILA Member Assistance Program

If You are feeling overwhelmed by COVID-19, You may also contact the MILA Member Assistance Program, which is available 24/7, by calling 800-794-7882. Under this program, You may receive up to six (6) counseling sessions at no cost.

## Other Important Information

For other important information concerning COVID-19, please consult MILA's website, www.milamhctf.com, and Cigna's website, which can be accessed through the MILA website or by going to MyCigna.com.

## CVS Pharmacy Mail-Order Prescriptions

Remember to take advantage of CVS Pharmacy's mail-order service. To help You stay at home as much as possible during the COVID-19 outbreak, CVS Pharmacy has waived charges for standard home delivery of all prescription medications. Almost all CVS Pharmacy locations offer delivery within one to two days. If You need a prescription on the same day it is ordered, look for an "on-demand delivery" option when checking out. To order Your prescriptions by mail, visit caremark.com/mail service. Select *Prescriptions* from the navigation bar. From the drop-down

menu, select *Request a New Prescription*. You can then search for your drug name and strength, add it to your cart by selecting *Request a New Prescription*, and complete your order.

**Be sure to register at Caremark.com so you can see the status of your order, track your shipment and refill online.**

Due to the COVID-19 outbreak, MILA participated in a CVS Caremark program that waived the early-refill limits on many 30-day prescription maintenance medications at in-network retail pharmacies. That CVS Caremark program ended on June 15, 2020.

Please note that CVS Caremark is setting appropriate coverage limits on the quantity of medications that may potentially be used in treating COVID-19. MILA members who already take these medications for approved uses will be able to bypass the new quantity limits.

**For the most up-to-date information on accessing your medications, safety measures to help protect you and your loved ones, updated information from the CDC and frequently asked questions about COVID-19, visit Info.Caremark.com/COVID19.**

**Notice of Grandfathered Health Plan Status**

The MILA Managed Health Care Trust Fund believes this is a "grandfathered health plan" 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 at Telephone: 212-766-5700; Fax: 212-766-0844/0845. 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 website has a table summarizing which protections do and do not apply to grandfathered health plans.

This Notice is intended to provide you with an easy-to-understand description of certain important changes, updates and clarifications to the Fund's plan of benefits and rules. While every effort has been made to make this description as complete and accurate as possible, this Notice, of course, cannot contain a full restatement of the terms and provisions of the plan. For a full description of your rights under the Fund, please refer to the plan documents (including the SPD).

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Fund, or any benefits provided under the Fund, in whole or in part, at any time and for any reason, in accordance with the amendment procedures established under the plan and the trust agreement establishing the plan. The formal plan documents and trust agreement are available at the Fund Office and may be inspected by you during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the plan, or to change any provision of the plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the plan and decide all matters arising under the plan.

## AFFORDABLE CARE ACT (ACA) - IMPORTANT INFORMATION

# Notice of Grandfathered Plan

The MILA Trustees believe the Premier plan, the Basic plan, and the Core plan 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 benefit 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 MILA's Executive Director at 212-766-5700. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or access information online at **www.dol.gov/ebsa/healthreform**. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The MILA Medicare Wrap-Around plan is considered a "retiree-only" plan and is not subject to the requirements of the Affordable Care Act that define grandfathered plans. Rather, it is exempt from the provisions of the Affordable Care Act because it covers only retired persons and their Medicare-eligible dependents, and its benefits are provided to supplement those available from Medicare Parts A & B. In addition, it provides prescription drug benefits that qualify as "creditable coverage" under the regulations governing the requirement to enroll in Medicare Part D. This means that MILA's coverage is equal to or better than the coverage provided in Medicare Part D, and persons covered in the MILA Medicare Wrap-Around plan are not required to enroll in a Medicare Part D plan.

# Form 1095-B

Form 1095-B is a tax form that reports the type of health insurance coverage you have, any dependents covered by your insurance policy, and the period of coverage for the prior year. This form is used to verify on your tax return that you and your dependents have at least minimum qualifying health insurance coverage.

Since 2015, MILA has mailed to all MILA members in accordance with the Affordable Care Act (ACA) Form 1095-B documenting their eligibility for coverage from MILA. The Internal Revenue Service has issued a notice advising insurers and plans like MILA that they are no longer required to mail Form 1095-B to their participants. However, MILA members who live in New Jersey will receive Form 1095-B from MILA by mail because New Jersey requires MILA to send New Jersey members Form 1095-B. **If you would like to receive a copy of your Form 1095-B, please email MILA at info@milamhctf.com or send a written request to the MILA Plan office:**

**LaVerne Thompson**
**Executive Director**
**MILA Managed Health Care Trust Fund**
**111 Broadway, Suite 502, New York, NY 10006**

➢ **URGENT CARE vs. EMERGENCY ROOM (ER) CARE**

## Next time you need medical attention, consider your options!

Illness and injuries come along when you least expect them. When it is time to make a decision fast, it is good to know your options.

When you have a non-emergency situation, consider using the nearest Urgent Care Center before you go to the ER. Urgent Care Centers offer state-of-the-art facilities, shorter wait times and quality medical care.

Are you "sick" of waiting in the ER? Getting the right care quickly is important.

**When should you go to the Emergency Room?** When medical attention is needed for life-threatening conditions such as:

- chest pain or pressure
- uncontrolled bleeding
- sudden or severe pain
- coughing or vomiting blood
- difficulty breathing or shortness of breath
- sudden dizziness, weakness, or changes in vision
- severe or persistent vomiting or diarrhea
- changes in mental status, such as confusion

**When should you go to the Urgent Care Center?** Urgent Care Centers provide prompt treatment for non-life threatening conditions and help you avoid the long waiting times one often encounters when seeking treatment for non-life threatening conditions in the ER.

When medical attention is needed and you are unable to see your doctor, you can visit your local Urgent Care Center for non-life-threatening conditions such as:

- colds, flu, fevers
- earaches and sore throats
- sprains and strains
- minor burns
- small cuts
- rashes
- nausea
- migraines
- conjunctivitis (pink eye)
- bladder/urinary symptoms


**For information on the Urgent Care Centers near you, you can check the online Provider Director on myCigna.com or Cigna.com, or by calling a customer service representative at the number listed on the back or your MILA/Cigna I.D. card.**

**NOTE: We want to encourage you to make the best decisions when it comes to your health care, whether that is saving you time or money. In no way do we wish to discourage you from visiting the ER if the need arises.**

## ➢ TELEHEALTH MEDICINE

Effective January 1, 2021, MDLIVE will be the primary virtual care vendor for MILA/Cigna Telehealth Medicine services. MILA's Primary Care Physician (PCP) copay will apply to these Telehealth visits. We are providing our members with convenient access to an efficient and cost-effective alternative to in-person care for minor, non-emergency health care issues-when, where and how it works best for them. MILA participants can see a board-certified doctor with private, online, and live appointments via a secure video or phone conversation.

Members can decide how they want to connect, and the time and day that works best for them. Medical Telehealth services will be available 24/7/365. A Telehealth service provides a more immediate and low-cost alternative to traditional "in person" care, such as ERs, Urgent Care, or Convenience Care Clinics ,and has the same or lower cost than PCP visits.

Telehealth doctors can treat many common health issues, including cold and flu, joint aches and pains, fever, bronchitis, and more. Members with children can also turn to Telehealth services for non-emergency pediatric care. (See pages 11-12) of this booklet for more information or call the number on the back of your Cigna ID card).


**Life is demanding.** It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

**Convenient? Yes. Costly? No.**

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.®

MILA

Cigna.

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Offered by Cigna Health and Life Insurance Company or its affiliates.

## Minor medical virtual care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

MDLIVE providers can also conduct virtual wellness screenings.

## Behavioral/Mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

## Connect with virtual care your way.

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on **myCigna.com**
- Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- Call MDLIVE 24/7 at 888.726.3171

**To connect with an MDLIVE virtual provider, visit myCigna.com, locate the "Talk to a doctor or nurse 24/7" callout and click "Connect Now."**

**To locate a Cigna Behavioral Health provider, visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type," or call the number on the back of your Cigna ID card 24/7.**

Medical and behavioral/mental health virtual care is available from MDLIVE.

*Availability may vary by location and plan type and is subject to change. See vendor sites for details.

Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A primary care provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

## ➢ EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Member Assistance Program (MAP) for members and their dependents is provided through Cigna Health Care. It is entirely voluntary and confidential, and offers the following benefits**:**

**PROFESSIONAL COUNSELING FROM LICENSED BEHAVIORAL HEALTH PROVIDERS:**

- Up to three, free face-to-face behavioral health visits with a member of CIGNA Behavioral Health's network providers
- Household Member Benefit (Anyone living with the member is eligible for MAP)
- Clinical Assistance
- Crisis Intervention
- 24-hour, live telephonic access 365 days per year
- 24-hour crisis intervention support with licensed behavioral health clinicians
- 24-hour telephonic counseling with CIGNA's Masters'- and PhD-level licensed behavioral health clinicians

**RESOURCES TO SUPPORT YOUR NEEDS THAT ARE NOT MEDICALLY RELATED SUCH AS:**

- **Legal Assistance**: Free 30-minute telephonic or face-to-face consultation with an attorney.
- **Financial**: Free 30-minute telephonic consultation with a qualified specialist on issues such as debt counseling or planning for retirement.
- **Child Care:** Resources and referrals for child-care providers, before- and after-school programs, camps, adoption organizations, and information about parenting and prenatal care.
- **Senior Care:** Resources and referrals for home-health agencies, assisted-living facilities, social and recreational programs, and long-distance caregiving.
- **Identity Theft:** 60-minute free consultation with a fraud-resolution specialist.
- **Pet Care:** Resources and referrals for veterinarians, pet-sitting resources, obedience training, pet store.

## ➢ HEALTH AND WELLNESS VOLUNTARY PROGRAMS

**For our participants in the Premier, Basic and Core Plans**

**Your Health First** is MILA/Cigna's **chronic condition management** program that takes a unique approach to help people who have ongoing conditions such as:

- Heart disease
- Asthma
- Chronic obstructive pulmonary disease (emphysema and chronic bronchitis)
- Diabetes type 1, diabetes type 2
- Metabolic syndrome/weight complications
- Osteoarthritis
- Low back pain
- Anxiety
- Bipolar disorder
- Depression
- Weight Complications

The **Cigna HealthCare 24-Hour Health Information Line** is available day and night for participants who need information on a wide variety of health-related topics. Callers can speak directly and confidentially with a trained nurse. Please call the number on the back of your Cigna I.D. card to start working with a health advocate. A health advocate is available to talk with you. To get access to online programs, visit myCigna.com and register today. Online features include:

- Interactive tools
- Educational materials
- Self-search provider locators
- Email for consultant-assisted search
- Live messaging for consultant-assisted search
- Web seminars

**Under Your Vision Benefits** A special offer from Target Optical: For $0 out-of-pocket expense you can get any available frame, any brand — no matter the original retail price point. You're free to choose any frame in the store at no additional cost to you. For example, if you purchase frames that retail for $180, your out-of-pocket cost is still $0 — even if you have a $130 frame allowance.

This offer is valid for frames only and must be used in **conjunction with your EyeMed frame benefit of $130 or more** (see page 16 for more information and your **Freedom Pass Offer Code# 755288).**

Lenses are covered based on the benefits outlined in your MILA Summary Plan Description (SPD) and may include an additional copay.

Please visit the provider locator at EyeMed.com, or call Member Services on your EyeMed I.D. card, for more information.

FREEDOM PASS

# Feeling free is so you

## YOUR STYLE. YOUR PERSONALITY. YOUR CHOICE OF FRAMES

You have a style all your own. Now you can get the frames to match – with a special offer from Target Optical®. For $0 out-of-pocket expense get any available frame, any brand – no matter the original retail price point. You're free to choose any frame in the store at no additional cost to you.

For example, if you purchase a pair of frames that retails for $180, your out-of-pocket cost is still $0 – even if you have a $130 frame allowance. That's up to a $50 value! Plus, you get extra savings on lenses through your EyeMed vision benefits to complete your look.

## Any frame, any price for $0 out-of-pocket

at Target Optical®

PLUS ENJOY SAVINGS ON LENSES

### HOW TO REDEEM

Take this flyer to any Target Optical®.
They'll handle the rest. OFFER CODE: 755288

OPTICAL

### SHOP THESE TOP BRANDS AND MORE

Ray-Ban · A|X · OAKLEY · COACH · RALPH LAUREN · VOGUE

### WANT MORE? YOU GOT IT

Visit eyemed.com to get special offers from other in-network providers

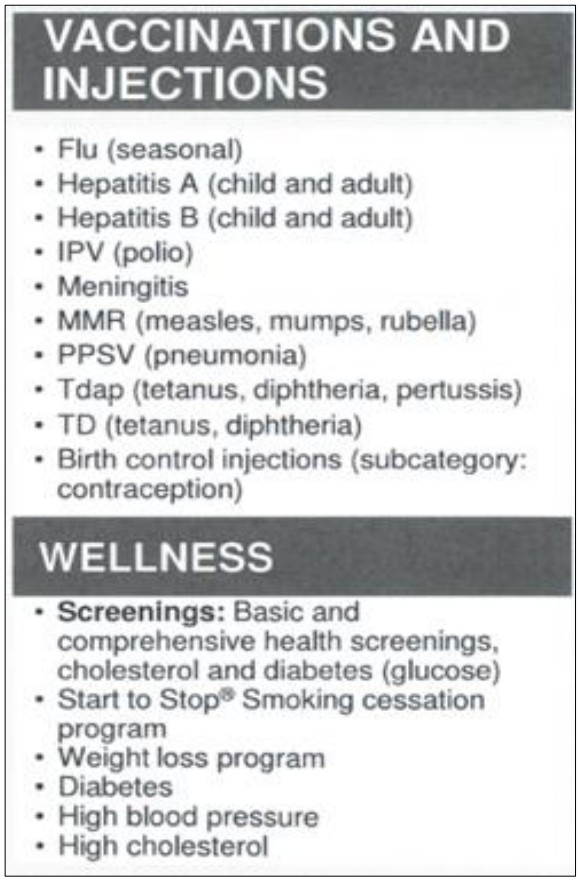
A special offer from Target Optical. $130 or higher frame allowance required. Valid for each year of the initial contract term and in-store only at Target Optical. Complete pair purchase required – member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay. Discounts are not insured benefits. Proof of offer is required at time of purchase. Store associates enter code: 755288.

PDF-2002-M-74

## ➢ VACCINE FOR $0.00 COPAY

The MILA Plan offers a Nationwide Vaccine Network through our Pharmacy Benefits Manager, CVS Caremark. Members age 18 and older are able to access seasonal flu shots and other non-seasonal vaccinations through any **CVS/pharmacy** locations, as well as most other pharmacies, and have it covered with no out-of-pocket expense.

Just show your **CVS Caremark Rx ID card** to the pharmacist and be prepared to present one form of identification. (such as a driver's license.)

## ➢ DRUG FORMULARY

The MILA drug plan has a list of prescription drugs (called a formulary) that MILA covers. The MILA plan covers both generic and brand-name prescription drugs. The formulary must include a range of drugs in the most commonly prescribed categories and classes. This makes sure that people with different medical conditions get the prescription drugs they need.

The formulary may not include your specific drug. However, in most cases, a similar drug should be available. If you or your prescriber *(your doctor or other health care provider who is legally allowed to write prescriptions)* believes none of the drugs on the MILA formulary will work for your condition, your doctor must provide MILA a detailed letter that explains the medical reason that a similar drug covered by the MILA plan will not work for you. MILA will send this letter to CVS/Caremark for its review. After CVS/Caremark completes its review, a determination will be made as to whether MILA will cover your drug based on your doctor's letter.

If a drug is removed from the MILA drug formulary, in most cases, you will be notified in advance. You may have to change to another drug (that is similar to the one you are taking) on the MILA formulary or pay more to keep taking the drug that you have been taking.

**Note:** MILA is not required to tell you in advance when it removes a drug from its formulary if the Food and Drug Administration (FDA) takes the drug off the market for safety reasons, but CVS/Caremark will let you know afterward. Generally, using drugs on your plan's formulary will save you money. Using generics instead of brand-name drugs can also save you money.

# WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are covered by applying the same cost-sharing as is relevant to other medical/surgical benefits.

These provisions are generally described in the Plan's Summary Plan Description (SPD). If you have any questions about the coverage of mastectomies or reconstructive surgery, please contact Cigna (at the phone number listed on your ID card) or the MILA Plan Office.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE REMINDER

Under federal law, group health plans, like this Plan, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification for a length of stay longer than 48 hours for a vaginal birth or 96 hours for C-section, contact Cigna at the number on your ID card. If you have questions about this Notice, contact the MILA Plan Office.

## MANDATORY NOTIFICATION OF DIVORCE

The MILA Trustees have instructed the MILA staff to remind the MILA participants who are married that in the event the participant gets divorced, the participant **MUST immediately notify both MILA and the participant's local welfare fund of the divorce.** In addition, the participant must immediately provide both MILA and the local welfare fund with a copy of the official document that memorializes the divorce.

The Trustees also want to remind the participants that if any participant fails to notify MILA and the local welfare fund about the divorce immediately after the divorce occurs, the participant will be responsible for any claims paid by MILA for the ex-spouse and any other dependent(s), such as step-children, who are no longer eligible for MILA benefits as a result of the divorce.

In addition, any MILA participant who fails to notify MILA and the local welfare fund about his or her divorce immediately after the divorce occurs **can have their MILA benefits suspended if any claims for ineligible persons are paid by MILA** and the participant fails to reimburse MILA for the ineligible claims which MILA paid.

The Trustees want to remind all participants that when MILA pays for ineligible claims, that reduces the funds that are available to protect the MILA participants and their families.

### INFORMATION FOR RETIREES

## Medicare Enrollment/Eligibility in the MILA National Health Plan for Pensioners

If you are a Pensioner, the spouse of a Pensioner, or another dependent of a Pensioner and you do not have other coverage by virtue of active employment and you are eligible to enroll in Medicare, you must enroll in and keep Medicare Parts A and B in order to have complete benefits under MILA.

Benefits that are paid for by this Plan for Medicare-eligible individuals are reduced by the amounts payable under Medicare Parts A (Hospital) and B (Medical). This reduction will apply even if a Medicare-eligible individual is NOT enrolled in Medicare Parts A and B; therefore, if you are Medicare-eligible you must enroll in Medicare Parts A and B in order to receive the maximum amount of benefits under this Plan.

Complete information regarding Medicare benefits and how to enroll may be obtained from your local Social Security office.

MILA provides prescription-drug coverage which is creditable coverage; that is, it is comparable to or better than Medicare Part D coverage. **Do not sign up for any other Medicare Part D coverage or you will lose your MILA prescription benefits!**

To find out more about Prescription Drug Benefits and Medicare, you should review the Plan's Medicare Part D Notice of Creditable Coverage, which is available from the MILA Plan Office.

**Medicare Part B Annual Deductible**

Your annual deductible under MILA will match the Medicare Part B Annual Deductible that is set by the Centers for Medicare & Medicaid Services each year. Please refer to the Medicare and You handbook which is mailed to all Medicare households each fall for the annual deductible or visit Medicare.gov or call 1-800-MEDICARE to get specific cost information.

For more information on how your Medicare Plan works, see your Medicare and You handbook or contact Medicare at 1-800-Medicare (1-800-633-4227) or visit the Medicare's website at https://www.medicare.gov

# IMPORTANT WARNING

**For active MILA members who are already enrolled in MEDICARE (at age 65, Disabled or End Stage Renal Disease (ESRD)) WHEN THEY START RECEIVING A PENSION**

When an active MILA member who is eligible for MILA retiree benefits retires and starts receiving a pension from the local pension plan:

- If the member is already enrolled in Medicare when the member leaves active service, the member must have both Medicare Part A and Medicare Part B coverage when the member's pension starts, and the member's MILA coverage is transferred to the MILA Medicare Wrap-around Plan.
- If the member's spouse is already enrolled in Medicare when the member starts receiving a pension, the member's spouse must have both Medicare Part A and Medicare Part B in order to be eligible for the MILA Medicare Wraparound Plan.

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**For active MILA members who are eligible for Medicare (at age 65, Disabled or ESRD) WHEN THEY START RECEIVING A PENSION**

If the member/spouse is eligible for Medicare when the member starts receiving a pension and either the member or spouse does not have **Medicare Part A and Medicare Part B** coverage:

- The member/spouse must sign up for **Medicare Part A and Medicare Part B**
- If the member/spouse has **Medicare Part A but does not have Medicare Part B,** when MILA pays the member's or spouse's medical bills under the MILA Medicare Wraparound Plan, the payment will be based on the assumption that the member/spouse has **Medicare Part B coverage.**
- If the member/spouse does not have **Medicare Part B** coverage, the member/spouse will be billed for the amount that would have been paid by the **Medicare Part B** coverage. These bills for the amount that would have been paid by the **Medicare Part B** coverage are the member's or spouse's responsibility. MILA **WILL NOT** pay these bills.

**According to medicare.gov, the official U.S. Government site for Medicare:**

In most cases, if you don't sign up for **Medicare Part B** when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have **Medicare Part B** and you could have a gap in your health coverage.

**Between January 1 and March 31 of each year:** You can sign up for **Medicare Part A and/or Medicare Part B** during the General Enrollment Period between January 1 and March 31 each of year, if both of these conditions apply:

- You didn't sign up for **Medicare Part A and Medicare Part B** when you were first eligible.
- You aren't eligible for a Special Enrollment Period (see below).

You must pay premiums for **Medicare Part A and Medicare Part B**. Your coverage will start July 1. You may have to pay a higher premium for late enrollment in **Medicare Part A** and/or a higher premium for late enrollment in **Medicare Part B.**

# DISCRIMINATION IS AGAINST THE LAW

The MILA Managed Health Care Trust Fund (MILA) complies with applicable Federal civil-rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MILA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The MILA Managed Health Care Trust Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact LaVerne Thompson (contact information listed below).

If you believe that MILA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

LaVerne Thompson, Executive Director
HIPAA Privacy and Security Officer
MILA Managed Health Care Trust Fund
111 Broadway, Suite 502
New York, New York 10006-1901
Tel: 212-766-5700
Fax: 212 766-0844/45
E-mail: info@milamhctf.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, LaVerne Thompson is available to help you.

You can also file a civil-rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Telephone: 1-800-368-1019
TDD: 800-537-7697

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

## IMPORTANT NOTICES

# Medical Treatment for On-The-Job Injuries

This notice is being sent to you in order to bring to your attention the proper procedure for obtaining medical treatment for on-the-job injuries under your MILA coverage. As an active longshore employee working at a port that is covered by the Management-ILA Managed Health Care Trust Fund a/k/a MILA, you may be granted medical coverage.

If you are injured on the job, your employer is required by law to pay for medical treatment you need to treat your injury. However, if your employer does not pay or controverts the treatment, MILA may advance the payment for your treatment under limited circumstances provided that there is compliance with all procedures as determined solely by MILA. This creates a problem for both MILA and you.

### The Problem for MILA

The problem for MILA is that MILA is paying claims for which it is not responsible. This wastes MILA's assets instead of preserving MILA's money to pay claims for you, your family members, and the other eligible MILA members for which MILA is responsible.

### The Problem for You

**If MILA pays for your treatment instead of your employer, under MILA's subrogation or reimbursement policy you are required to repay any monies which MILA paid on your behalf. Subrogation is MILA's right to recover any money MILA spent paying claims related to your injury if you successfully pursue a claim against your employer under the Longshore and Harbor Workers Compensation Act (LHWCA) or a state worker's compensation law or any liable third party. MILA's right to be repaid comes before your right to receive any recovery under those laws.**

For example:

Assume you are injured on the job and MILA pays $20,000 for medical care to treat your injury. Your recovery in the claim against your employer or another third party will be reduced by $20,000 to repay MILA for the medical care you received to treat your injury that MILA paid on your behalf. In some cases where you recover money, if the monies owed to MILA are not repaid, your MILA benefits can be suspended until you have repaid MILA.

To avoid this problem, you should:

1) ensure that MILA does not pay the medical claims incurred on account of your work-related injury;

2) provide proper notice to your employer as to your injury and file the necessary worker's compensation claim documents;

3) inform your medical providers that your injury is work-related;

4) as soon as possible after being injured, provide MILA with all information as to what injuries are involved and who your medical providers are by calling MILA at (212) 766-5700, sending an email to laverne@milamhctf.com, or sending a fax to (212) 766-0844; and

5) provide a copy of any and all state or federal worker's compensation claim documents which you should receive from the employer and/or carrier, including but not limited to the *Notice of Employee's Injury or Death* (LS-201), *Employer's First Report of Injury* (LS-202 or WC-1), *Notice of Controversion of Right to Compensation* (LS-207 or WC-3) by email to laverne@milamhctf.com or fax (212-766-0844).

As the above list of the steps you must take makes clear, the key to avoiding subrogation is to make sure that MILA knows as soon as possible that you have suffered a work-related injury.

## WHEN EMPLOYER CONTROVERTS CLAIM

Finally, let's talk about the situation where an employer claims that an injury is not work-related. In such a case, if the employer denies responsibility, MILA will advance the cost of your medical treatment. For this to happen, you must first notify MILA of the claim and of your employer's denial or controversion of the claim. As a condition of providing coverage, MILA will require you to execute a MILA Lien Form.

MILA may also require you to sign a Reimbursement Agreement, which will be provided at the appropriate time. The Lien Form and the Reimbursement Agreement protect MILA's right to recover the amount it pays on your behalf in the event you file a LHWCA claim or other type of worker's compensation claim against your employer or a third party and you are successful. If your employer prevails on its claim that your injury is not work-related, you will not be required to repay benefits paid by MILA on your behalf.

In the event the employer controverts your claim and the case is eventually settled, MILA will review the terms of the settlement to determine the amount it will require you to repay.

If you have any questions about this notice or how subrogation works, please contact MILA.

# ADDITIONAL INFORMATION

## Where to Find Plan Documents

The easiest way to access plan documents is from the Plan's website at www.milamhctf.com. There you can find important Plan documents, including the Summary Plan Description (SPD), Summary of Material Modifications (SMM), Summary of Benefits and Coverage (SBC), forms, contact information, and other important information. You may also request a paper copy of Plan documents and other notifications by calling the MILA Plan Office.

## Collective Bargaining Agreement

This Plan is maintained under Article XIII of the collective bargaining agreement between the United States Maritime Alliance, Ltd. and the International Longshoremen's Association, AFL-CIO. A copy of that agreement may be obtained by Plan participants upon written request to the Plan Administrator and is available for examination by Plan participants.

## Keep the MILA Plan Office Informed of Address Changes

To protect your family's rights and privacy, make sure to let the MILA Plan Office know about any change in address. Remember, in order to update or change your address, you must do so in writing by completing the MILA change-of-address form. You may request a change-of-address form from the MILA Plan Office. You should also keep a copy of any notices you send to MILA for your records.

# MILA TRUSTEES

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Miami, FL 33132

| ATTENTION: FREE LANGUAGE ASSISTANCE<br>This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency. | |
|---|---|
| **Language** | **Message About Language Assistance** |
| 1. Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 2. Chinese | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 CIGNA 1-800-794-7882/ CVS Caremark 1-866-875-6452 |
| 3. French | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 4. Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 5. German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 6. Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 7. Persian | هجوت: گر یرد د ماس CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 اب.ر د شاب م مهارف |
| 8. Hindi | ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 पर कॉल कर। |
| 9. Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 10. Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 번으로 전화해 주십시오. |
| 11. Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 12. Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 13. Japanese | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 まで、お電話にてご連絡ください。 |
| 14. French Creole (Haitian) | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 15. Portuguese | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 16. Arabic | CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 17. Gujarati | **યુના: જો તમે જરાતી બોલતા હો, તો ન:ુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો** CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 18. Urdu | CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 19. Cambodian | CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |
| 20. Armenian | ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 |