



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](https://www.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](https://www.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.