MILA MANAGED HEALTH CARE TRUST FUND

November 29, 2016

TO: All Eligible Participants

FROM: La Verne Thompson, Executive Director

Season's greetings for a safe and healthy holiday season to you and your family from the MILA Co-Chairmen, Benjamin Holland, Jr. and David F. Adam, as well as all of the MILA Trustees, and the MILA staff.

In our efforts 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 2015 annual financial filing with the government.
- The Summary of Material Modifications for 2016, which outlines the significant changes/clarifications in the Plan's benefits adopted during 2016, and notice of a Plan change effective January 1, 2016, including the following:
  - Grandfathered Health Plan Notice.
  - Important Reminders and Notices including Enrollment, Special Enrollment, Rescission of Coverage, COBRA Continuation of Coverage, Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice Reminder, Newborn's and Mothers' Health Protection Act Notice Reminder.
  - Additional Information and Updates to the Summary Plan Description.
- Information for Medicare Eligible MILA Retirees
- Information on MILA/Cigna Programs and Cigna Policy Updates.
- Notice of Non-Discrimination.
- MILA Privacy Notice.

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

Enc.
cc: MILA-MHCTF Trustees
Local Port Administrators
Andre Mazzola Mardon, Esq.
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MILA National Health Plan
Summary Annual Report

This is a summary of the annual report of the MILA National Choice Plan (Employer Identification Number 13-3968546), a collectively bargained multi-employer health and welfare plan, for the twelve months ending December 31, 2015. 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 $791,509,543 as of December 31, 2015, compared to $792,393,126 as of December 31, 2014. During the plan year the plan experienced a decrease in its net assets of $883,583. This decrease 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 $559,689,081, including employer and other contributions of $388,515,625, losses on the sale of assets of $554,824, unrealized losses from investments of $1,777,281, and interest income of $13,893,499. Plan expenses were $560,572,664. These expenses included $7,617,611 in administrative expenses, and $552,955,053 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 Material Modifications and Notices and Reminders
MILA Managed Health Care Trust Fund National Health Plan

The current Summary Plan Description (SPD) for the MILA National Health Plan was effective as of May 1, 2015. The Board of Trustees amends the Plan from time to time and informs you of changes. The information in this document summarizes the changes made to the SPD during 2016. In addition, it provides some important Notices and Reminders as well as clarifications that pertain to the SPD and the administration of the Plan. Please keep this letter with your SPD and other plan documents for future reference. If you have any questions, please contact the MILA Plan Office.

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 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 MILA 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 ACA that define grandfathered plans. Rather, it is exempt from the provisions of the Affordable Care Act because it covers only retired persons and their 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 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 Part D Plan.

WHAT'S NEW!
COVERAGE FOR FOUR (4) NEW BENEFITS

Effective July 1, 2016 the following benefits were added to the MILA Medical Program provided through Cigna Health Care.

Benefit	Who is Covered	Coverage
Hearing Aids	All actives and retirees, including all spouses and dependents	Your Hearing Aid Program Offered Through Cigna/MILA will provide a hearing aid benefit through Cigna's relationship with Amplifon (Call 1.877.778.5417 to select your nearest hearing healthcare professional). The benefit will be $1,500 per ear, once every three years.
Intrauterine Devices (IUDs)	All actives and retirees, including all spouses and dependents	MILA will provide coverage for IUD's. Coverage under Premier, Basic and Core will be covered in-network at 100%. There will be no out of network coverage.
Infertility Benefits	All actives, retirees and spouses from 21 to 44 years of age This benefit does **NOT** apply to other dependents	MILA will provide coverage for infertility treatments. The coverage will be provided through Cigna Infertility Treatment Centers of Medical Excellence. A list of the infertility centers is enclosed, but the list is subject to change. Please contact Cigna for a current list or to check if your provider is a network provider. There is a lifetime cap on the benefit provided by MILA of $40,000: $30,000 of the maximum will apply to covered medical services and $10,000 of the maximum will apply to covered drugs. The medical maximum will apply to all covered drugs administered in a medical setting.

Effective January 1, 2017, the Plan is amended as follows:

Benefit	Who is Covered	Coverage
Benefits for Gender Dysphoria	All actives and retirees, including all spouses and dependents	MILA will now cover services and supplies related to gender dysphoria including, but not limited to, medically necessary services and supplies for counseling, surgery, durable medical equipment and prescription drugs, in the same way as other medical or surgical services and supplies subject to the Plan's general medical management requirements.

INFERTILITY CLINICS LISTING

Centers of Excellence valid January 1, 2015-December 31, 2016

CLINIC NAME	CITY	STATE
Alabama Fertility Specialists	Birmingham	AL
University of Alabama at Birmingham	Birmingham	AL
Arizona Associates for Reproductive Health	Scottsdale	AZ
Advanced Fertility Care	Scottsdale	AZ
Southern California Reproductive Center	Beverly Hills	CA
HRC Fertility-Encino	Pasadena	CA
Fertility Center of Southern California	Irvine	CA
Reproductive Partners-UCSD Regional Fertility Center	La Jolla	CA
USC Reproductive Endocrinology and Infertility	Pasadena	CA
UCLA Fertility Center	Los Angeles	CA
HRC Fertility-Orange County	Pasadena	CA
Palo Alto Medical Foundation, Reproductive Endocrinology & Fertility	Los Angeles	CA
Reproductive Partners-Redondo Beach	Redondo Beach	CA
Northern California Fertility Medical Center	Roseville	CA
Fertility Specialists Medical Group	San Diego	CA
Laurel Fertility Care	San Francisco	CA
UCSF Center for Reproductive Health	San Francisco	CA
Fertility Physicians of Northern California	Palo Alto	CA
Reproductive Science Center of the San Francisco Bay Area	San Ramon	CA
Conceptions Reproductive Associates	Littleton	CO
Colorado Center for Reproductive Medicine	Littleton	CO
Rocky Mountain Fertility Center, PC	Parker	CO
The Center for Advanced Reproductive Services at the University of Connecticut Health Center	Farmington	CT
Greenwich Fertility and IVF Center, PC	Greenwich	CT
Reproductive Medicine Associates of Connecticut	Avon	CT
Delaware Institute for Reproductive Medicine, PA	Newark	DE
Reproductive Associates of Delaware	Newark	DE
University of Florida Reproductive Medicine at Springhill	Gainesville	FL
New Leaders in Infertility & Endocrinology, LLC	Pensacola	FL
South Florida Institute for Reproductive Medicine	South Miami	FL
Fertility Center of Assisted Reproduction & Endocrinology	Winter Park	FL
Emory Reproductive Center	Atlanta	GA

Together, all the way.®

Cigna®

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CLINIC NAME	CITY	STATE
Atlanta Center for Reproductive Medicine	Atlanta	GA
Reproductive Biology Associates	Atlanta	GA
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.	Kailua	HI
University of Iowa Hospitals and Clinics, Center for Advanced Reproductive Care	Des Moines	IA
Community Reproductive Endocrinology	Indianapolis	IN
Reproductive Resource Center of Greater Kansas City	Overland Park	KS
The Center for Reproductive Medicine	Wichita	KS
University OB/GYN Associates Fertility Center	Louisville	KY
Fertility and Women's Health Center of Louisiana	Lafayette	LA
Massachusetts General Hospital Fertility Center	Charlestown	MA
Baystate Reproductive Medicine	Springfield	MA
Shady Grove Fertility RSC-Towson	Timonium	MD
Shady Grove Fertility Reproductive Science Center	Rockville	MD
Center for Reproductive Medicine, University of Michigan Reproductive Endocrinology and Infertility	Mobile	MI
Michigan Comprehensive Fertility Center	Clinton Township	MI
IVF Michigan	Ypsilanti	MI
Michigan Center for Fertility and Women's Health, PLC	Warren	MI
Midwest Women's Healthcare Specialists	Kansas City	MO
The Infertility and Reproductive Medicine Center at Washington University School of Medicine and Barnes-Jewish Hospital	St. Louis	MO
Billings Clinic, Department of Reproductive Medicine and Fertility Care	Billings	MT
Premier Fertility Center, High Point Regional Health System	High Point	NC
Carolina Conceptions, PA	Raleigh	NC
Wake Forest University Center for Reproductive Medicine	Charlotte	NC
Sanford Reproductive Medicine Institute	Fargo	ND
Center for Advanced Reproductive Medicine & Fertility	Edison	NJ
University Reproductive Associates, PC	Hasbrouck Heights	NJ
Institute for Reproductive Medicine and Science, Saint Barnabas Medical Center	Livingston	NJ
Reproductive Medicine Associates of New Jersey	Morristown	NJ
Valley Hospital Fertility Center	Ridgewood	NJ
Center for Reproductive Medicine of New Mexico	Albuquerque	NM
Red Rock Fertility Center	Las Vegas	NV
Fertility Center of Las Vegas	Las Vegas	NV
Genesis Fertility & Reproductive Medicine	Brooklyn	NY
Long Island IVF	Avon	NY
NYU Fertility Center, New York University School of Medicine	New York	NY
Reproductive Medicine Associates of New York, LLP	New York	NY
Geoffrey Sher, MD, PC	New York	NY
Weill Medical College of Cornell University, The Center for Reproductive Medicine and Infertility	New York	NY
Island Reproductive Services	Staten Island	NY
Gold Coast IVF, Reproductive Medicine and Surgery Center	Syosset	NY
Cleveland Clinic Fertility Center	Cleveland	OH
Ohio Reproductive Medicine	Columbus	OH
Kettering Reproductive Medicine	Kettering	OH
Fertility Center of Northwestern Ohio	Cincinnati	OH

CLINIC NAME	CITY	STATE
Henry G. Bennett, Jr., Fertility Institute	Oklahoma City	OK
OU Physicians Reproductive Medicine	Oklahoma City	OK
Oregon Reproductive Medicine	Portland	OR
Reproductive Medicine Associates of Pennsylvania	Morristown	PA
Geisinger Medical Center Fertility Program	Danville	PA
Reproductive Science Institute of Suburban Philadelphia	Wayne	PA
Shady Grove Infertility	Wayne	PA
University Medical Group, Department of Obstetrics and Gynecology, Fertility Center of the Carolinas	Greenville	SC
Advanced Fertility & Reproductive Endocrinology	West Columbia	SC
Tennessee Reproductive Medicine	Chattanooga	TN
Nashville Fertility Center	Nashville	TN
Sher Institute for Reproductive Medicine-Dallas	Dallas	TX
ReproMed Fertility Center	Dallas	TX
Dallas IVF	Plano	TX
Fertility Specialists of Texas, PLLC	Dallas	TX
Frisco Institute for Reproductive Medicine	Frisco	TX
IVFMD, Advanced Reproductive Care Center of Irving	Irving	TX
Fertility Center of San Antonio	San Antonio	TX
Reproductive Medicine Associates of Texas, PA	San Antonio	TX
North Houston Center for Reproductive Medicine (NHCRM), PA	Houston	TX
Utah Center for Reproductive Medicine	Salt Lake City	UT
LifeSource Fertility Center	Richmond	VA
Vermont Center for Reproductive Medicine	Burlington	VT
Seattle Reproductive Medicine, Integramed America	Seattle	WA
The Center for Reproductive Health	Spokane	WA
University of Wisconsin-Generations Fertility Care	Middleton	WI
West Virginia University Center for Reproductive Medicine	Morgantown	WV

Note: List is subject to change.

This document (valid through December 31, 2016) provides a listing of infertility clinics that have received the Cigna Center of Excellence designation. To verify if a facility is in your plan's network, view your health plan directory on myCigna or call the number on the back of your Cigna ID card. Center of Excellence ratings reflect a partial assessment of quality and cost-efficiency and should not be the sole basis for decision-making (as such measures have a risk of error). Quality designations are not a guarantee of the quality of care that will be provided to individual patients. You should consider all relevant factors and consult with your physician when selecting a health care facility. Participating facilities are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna. The listing of a facility does not guarantee that the services rendered by that facility are covered under your specific medical plan. See your plan documents for information about the services covered under your plan benefits.

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IMPORTANT NOTICE AND REMINDERS

ENROLLMENT AND PROOF OF DEPENDENT STATUS

All members/participants who wish to cover their eligible dependents (spouse or children) must provide documentation verifying the eligibility of their dependents before the dependents will be enrolled in coverage. A list of appropriate documentation which may establish eligibility by dependent category is listed below:

For The Employee

- A copy of the employee's Social Security Card.
- A Copy of Birth Certificate
- A copy of the employee's Medicare Card, if applicable
- An executed MILA Verification Form, containing data on the employee and other eligible family members at the time it was completed together with supporting documentation for the change, as specified below.

For The Spouse

- A copy of the spouse's Social Security Card.
- A copy of the spouse's Medicare Card, if applicable
- A Copy of Birth Certificate
- Other Insurance Coverage, for example, Blue Cross/Blue Shield, Horizon Blue, etc
- A copy of the Marriage Certificate
    - In the case of a marriage in which a marriage certificate has been issued by the competent jurisdiction, a copy of that marriage certificate.
    - In the case of "common law" marriage in states which recognize such marriage: An affidavit attesting that (1) the two persons have met each of the standards which the state requires to qualify and (2) the two persons affirm that they are married.
    - Copies of the federal tax return following satisfaction of the state's common law standard evidencing a marriage.
- In the case of divorce, a copy of the interlocutory or final decree of divorce.

For Each Child

- A copy of the child's Social Security Card.
- Each child's Birth Certificate (with parents' names listed)
- A Medicare Card for a disabled child or a child with renal failure, if applicable
- Proof of the child's relationship to employee:

    - In the case of a natural child or step child, a copy of the birth certificate in which the employee and/or the spouse are listed as parents.
    - In the case of an adopted child, a copy of the adoption agreement or, if the child was placed for adoption prior to the final adoption proceedings, a copy of the placement order from a court of competent jurisdiction. In the latter case, when final adoption occurs, a copy of this documentation also should be forwarded to MILA.
    - In the case of a child under **LEGAL GUARDIANSHIP**, a copy of the court order or other legal order from an agency with competent jurisdiction.

- For an eligible disabled child who was a covered person under this plan or a predecessor plan who has attained the age of 26:
  - Proof (tax returns) that the child is dependent on you (the participant) for support and maintenance.
  - Proof that the child is incapacitated. This means that the child meets the following conditions:
    - Dependent is incapable of self-sustaining employment by reason of mental or physical disability which began prior to the attainment of age 26.
    - Statements from a physician qualified to assess the child's condition should be obtained for the initial determination and periodically thereafter. All such statements should go to MILA.
- If applicable, a copy of a Qualified Medical Child Support Order (QMCSO) from a court of competent jurisdiction or a National Medical Support Notice (NMSN) issued by a state agency or a court of competent jurisdiction that requires that coverage be provided.

SPECIAL ENROLLMENT

Declining Coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). In order to be entitled to this special enrollment, you must complete and notarize the "Notice to Cancel All Benefits" form and return it to MILA along with proof of enrollment in other group health plan coverage when you decline enrollment.

When you lose eligibility for that other coverage, you must request enrollment in the MILA Health Plan within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage). You will be required to provide proof of loss of the other group coverage. If you do not complete the enrollment process within 60 days, you will not be able to enroll in the Plan again until the first of the next calendar year. You are required to request enrollment within thirty (30) days before the end of any calendar year that you wish to reinstate your benefits for the next calendar year.

Adding a New Dependent

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 5 months (150 days) after the birth or adoption of a newborn or within 60 days of the marriage, adoption, or placement for adoption.

You and your dependents may also enroll in this Plan if you (or your dependents) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage or become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends or you (or your dependents) are determined to be eligible for such assistance.

If you do not request enrollment within the above time frames, you may enroll later. However, your coverage will not be effective until the first of the month following the month in which the MILA

Office receives your completed enrollment form and any applicable documentation. To request special enrollment or obtain more information, contact the MILA Office.

Remember, you will not be eligible for coverage until you enroll yourself and/or your dependents. This could mean that claims could be rejected and you will be responsible for any claims that were incurred during the time that you were not properly enrolled in the MILA National Health Plan.

RECESSION OF COVERAGE

The Fund reserves the right to terminate your and your dependents' group health coverage prospectively without notice for cause (as determined by the Board or its delegees), or if you or your dependent are otherwise determined to be ineligible for coverage under the Plan. In addition, if you or your dependent commits fraud or intentional misrepresentation on an enrollment form, in connection with a benefit claim or appeal, or in response to any request for information by the Plan (including any Claims Administrator), or for failing to cooperate with the Plan's subrogation requirements, your coverage may be terminated retroactively (i.e., rescind your coverage) upon 30-days notice. Failure to inform any such persons that you or your dependent is covered under another group health plan or knowingly withholding or providing false information in order to obtain (or continue) coverage for an ineligible dependent are examples of actions that constitute fraud under the Plan.

A participant's or dependent's coverage may also be terminated retroactively (without notice) due to a failure to timely pay any premiums or self-pay contributions, including COBRA premiums. This means that the Plan may retroactively terminate coverage without notice in the event of the participant's legal separation/divorce or a child ceasing to meet the definition of child.

If coverage is terminated retroactively, you may be required to repay to the Fund amounts incorrectly paid by the Plan. The Board of Trustees may commence legal action against a participant or other individual for restitution and hold them liable for all costs of collection, including interest and attorneys' fees. The Board of Trustees may also offset future claim payments with respect to the participant or dependent to recover amounts owed.

COBRA CONTINUATION OF COVERAGE REMINDER

In compliance with a federal law referred to as COBRA Continuation Coverage, this Plan offers participants and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events). Qualified beneficiaries are entitled to elect COBRA when qualifying events occur, and, as a result of the qualifying event, coverage of that qualified beneficiary ends. Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events include termination of employment or reduction in hours of work making the participant ineligible for coverage, death of the participant, divorce/legal separation, or a child ceasing to be an eligible dependent child. The maximum period of COBRA coverage is generally either 18 months (for loss of coverage resulting from termination of employment or reduction in hours of work) or 36 months (for loss of coverage resulting from death of the participant, divorce/legal separation, or a child ceasing to be an eligible dependent child), depending on which qualifying event occurred. **However, MILA has determined that ALL qualified beneficiaries (including covered employees) are entitled to elect COBRA coverage for a maximum of 36 months, regardless of the qualifying event causing the loss of coverage. Therefore, the above provisions do not apply.**

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the Plan in writing of that event no later than ***60 days after that event occurs***. That notice should be in writing and should be sent to the Fund Office via first class mail and is to include the participant's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents). If you fail to notify the MILA Plan Office within 60 days of the event, coverage will terminate as of the date of the event and your dependents will have no rights to COBRA.

When your coverage terminates, in addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace (see https://www.healthcare.gov/). In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

If you have questions about this notice requirement or any aspects of COBRA continuation coverage, please contact the MILA Plan Office. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) ANNUAL NOTICE REMINDER

You or your dependents 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 will be provided subject to the same deductibles, copayment and coinsurance applicable to other medical and 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.

NEWBORN'S 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 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.

ADDITIONAL INFORMATION AND UPDATES TO THE SPD

Where to Find Plan Documents

The easiest way to access 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 (SBCs), 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 United States Maritime Alliance, Ltd. ("USMX") and the International Longshoremen's Association, AFL-CIO ("ILA"). A copy of such 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 changes in the addresses. Remember, in order to update or change your address, you must do so in writing by completing the appropriate address change form. You may request an address change from the MILA Plan Office. You should also keep a copy, for your records, of any notices you send to MILA.

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New York Shipping Association, Inc.
333 Thornall Street, Suite 3A
Edison, NJ 08837

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Steamship Trade Association of Baltimore
8615 Ridgely's Choice Drive, Suite 202
Baltimore, MD 21236-3026

Nathan Wesely, President
West Gulf Maritime Association
1717 Turning Basin Drive, Suite 200
Houston, TX 77029

INFORMATION FOR OUR RETIREES

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

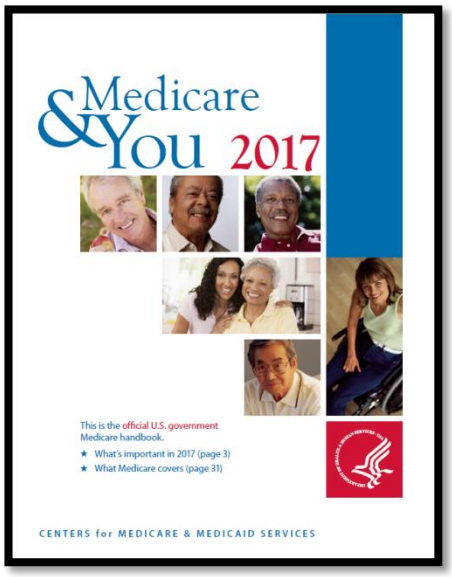
If you are a Pensioner, the spouse of a Pensioner, or other dependent of a Pensioner and you do not have other coverage by virtue of active employment and you are eligible to enroll for Medicare, you **must enroll in and keep** Medicare Parts A & B in order to have complete benefits in MILA. Benefits that are paid for by this Plan for Medicare-eligible individuals are reduced by the amounts payable under Medicare Parts A (Hospital), and B (Professional services). 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

Effective January 1, 2017, your annual deductible under MILA of $150.00 will match the Medicare Part B Annual Deductible that is set by the Centers of Medicare & Medicaid Services (CMS) each year ($166 in 2016). Please refer to your Medicare and You Book for 2017 annual deductible or visit Medicare.gov or call 1-800-MEDICARE to get specific cost information.



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 La Verne 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.

ATTENTION: FREE LANGUAGE ASSISTANCE 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	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452 تماس بگیرید.
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	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452
17. Gujarati	ચુના: જો તમે જરાતી બોલતા હો, તો િન:લ્કુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452
18. Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں CIGNA 1-800-794-7882/CVS Caremark 1-866-875-6452
19. Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទCIGNA 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

DISCOUNTS ON PROGRAMS THROUGH MILA/CIGNA HEALTHY REWARDS DISCOUNT PROGRAM

Weight Management and Nutrition

Weight Management Program
Registered Dietitian
Jenny Craig
Nutrisystem
Weight Watchers

Fitness Club Membership Discounts

Curves, Anytime Fitness, Jazzercise, Snap Network Fitness, just to name a few

Alternative Medicine

Acupuncture
Chiropractor Care
Massage Therapy
Smoke Cessation

Lifestyle Management Programs

Stress
Weight
Tobacco

HEALTH AND WELLNESS VOLUNTARY PROGRAMS

For our participants in the Premier, Basic and Core Plans

The **Cigna HealthCare 24-Hour Health Information Line** is available day or night for people who need information on a wide variety of health-related topics. Callers can speak directly and confidentially with a trained nurse, or they can listen to prerecorded information on topics ranging from aging and women's health to nutrition and surgery.

Cigna's **online health assessment** helps people identify potential **health risks**. Based on responses individuals provide to questions about health and behavior, the system produces a wellness score and a report that tells people what they're already doing well and suggests steps they could take to improve their health.

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**

CIGNA COVERAGE POLICY UPDATES☜

We are updating the way we pay claims for digital breast tomosynthesis (DBT), also called 3D mammography. Starting August 23, 2016, DBT is covered as a preventive benefit under most Cigna plans.

- **How does DBT differ from 2D digital mammography?**

  Mammography is a test, usually done every year or two, that uses a low-dose X-ray to screen for breast cancer and other breast diseases and to diagnose breast conditions when a screening test shows a problem. A standard mammogram takes digital images of the breast from two angles (also known as 2D digital mammography).
  DBT is different from standard 2D mammography because instead of taking images from two angles, it takes many images in an arc around the breast and creates a 3D image.

- **Are DBT screening tests a covered service?**

  Yes. Based on recent guidance from the National Comprehensive Cancer Network, a not-for-profit alliance of leading cancer centers that sets standards for high-quality cancer care, we have changed our screening mammography coverage policy to cover DBT.

  For services done on or after August 23, 2016, we will process claims for DBT under your plan's preventive care benefit. Depending on your benefit plan, you may not have a cost-share for claims for DBT services.

- **Questions or concerns?**

  We're happy to help! Please call us at the number on the back of your Cigna ID card. Our Customer Service Advocates are available 24/7.

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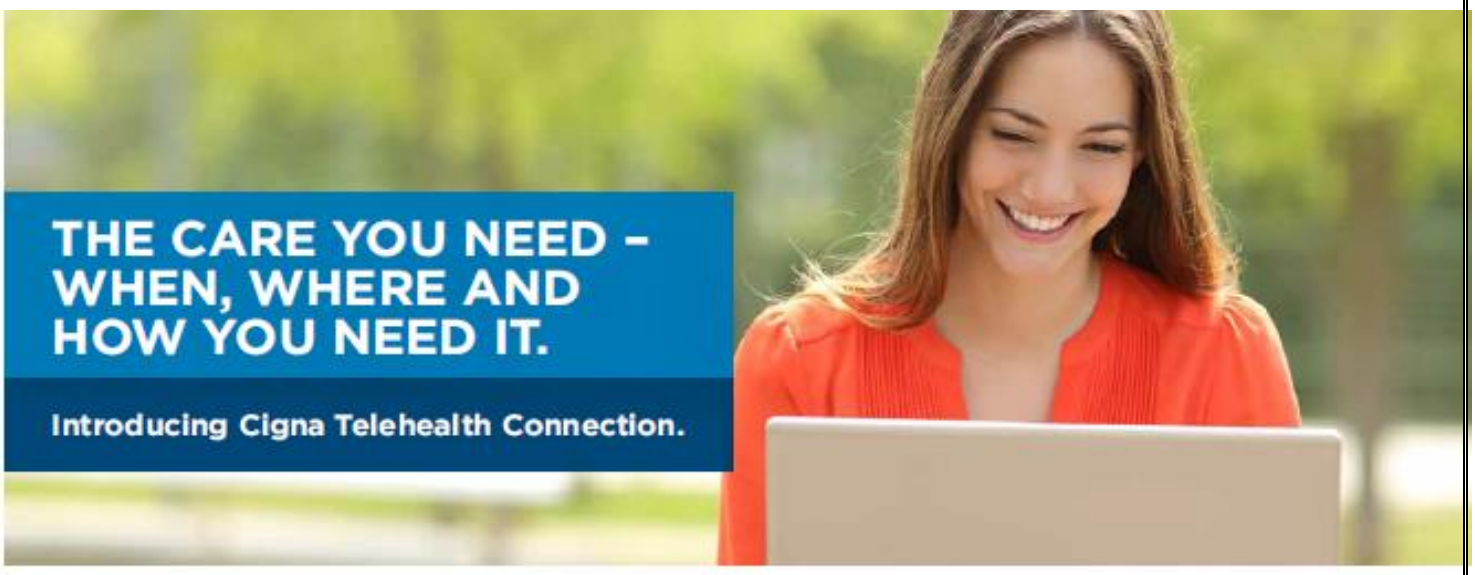
EXCITING NEWS:

We have some exciting news! Effective January 1, 2017, MILA/Cigna will offer to all our participants Telehealth Medicine. 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.

Participants are able to choose from two Telehealth vendors, American Well and MDLIVE. Our 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 & flu, joint aches and pains, fever, bronchitis and more. Customers with children can also turn to Cigna Telehealth services for non-emergency pediatric care. (See pages 18-19 of this SMM for more information or call the number on the back of your Cigna I.D. card).



THE CARE YOU NEED – WHEN, WHERE AND HOW YOU NEED IT.

Introducing Cigna Telehealth Connection.

Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan – **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- sore throat
- fever
- rash
- headache
- cold and flu
- acne
- stomachache
- allergies
- UTIs and more

The cost savings are clear.

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- Go to **Cignabehavioral.com** to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Together, all the way.®

Cigna.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

899962 08/16

Choose with confidence.

AmWell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

AmWellforCigna.com*
855-667-9722

MDLIVEforCigna.com*
888-726-3171

Signing up is easy!

Set up and create an account with one or both AmWell and MDLIVE

Complete a medical history using their "virtual clipboard"

Download vendor apps to your smartphone/mobile device**

Cigna.

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

**The downloading and use of any mobile app is subject to the terms and conditions of the mobile app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

AmWell and MDLIVE are independent companies/entities and are not affiliated with Cigna. The services, websites and mobile apps are provided exclusively by AmWell and MDLIVE and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. AmWell/MDLIVE services are separate from your health plan's provider network. Telehealth services may not be available to all plan types. A Primary Care Provider referral is not required for AmWell/MDLIVE services.

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. 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 completely 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.

ONLINE FEATURES INCLUDE:

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