



MANAGED HEALTH CARE TRUST FUND

October 25, 2025

TO: All Eligible Participants

FROM: La Verne Thompson, Executive Director

The MILA National Health Plan's current Summary Plan Description (SPD) was effective as of October 2020. The Board of Trustees amends the Plan from time to time and informs you of changes. The information in the enclosed Summary of Material Modifications summarizes any changes made to the information contained in the SPD during 2025.

Please keep this document with your SPD and other plan documents for future reference. If you have any questions, please contact the MILA Plan Office. To provide you with important information concerning the operation of the MILA National Health Plan, we are enclosing:

- Summary of Material Modifications
 - Super Tier Plan
 - Initial Member Eligibility
 - Increase In Lifetime Maximum Benefit for Retirees
 - Waiver of Grandfathered Status

Cc: James Campbell, Esq.
Nicholas Graziano, Esq.
Local Port Administrators



SUMMARY OF MATERIAL MODIFICATIONS

- **SUPER TIER PLAN**

A summary of the benefits for the new Super Tier Plan is enclosed.

- **INITIAL MEMBER ELIGIBILITY**

A description of the benefits provided under Initial Member Eligibility coverage is enclosed.

- **INCREASE IN LIFETIME MAXIMUM BENEFIT FOR RETIREES TO \$750,000**

Effective May 1, 2025, MILA increased the lifetime maximum benefit for retirees from \$500,000 to \$750,000. The current language in the Summary Plan Description (SPD) is replaced with the following:

- The response to the question, “What Is The Plan’s Maximum Benefit?”, on page 16 of the SPD is changed to: “The MILA Plan will pay no more than \$750,000 during a person’s retirement.”
- The language under the heading, “Maximum Benefit”, on page 20 of the SPD is changed to: “Under the MILA Medicare Wrap-Around plan, the maximum benefit payable will be \$750,000 per person during retirement. Benefits payable for a person during all periods of retirement will be aggregated.”

- **WAIVER OF GRANDFATHERED STATUS**

Effective January 1, 2026, the MILA Trustees have waived the grandfathered status of the Premier, Basic, and Core Plans. Accordingly, the references to MILA’s prior grandfathered status on pages ii, 1, and 3 are no longer applicable to the MILA National Health Plan.

As a result of the Trustees’ determination, the following changes to out-of-pocket limitations will go into effect January 1, 2026:

	For All Plan
Medical Individual Out of Pocket Maximum	\$6,150
Medical Family Out of Pocket Maximum	\$12,300
Drug Individual Out of Pocket Maximum	\$4,000
Drug Family Out of Pocket Maximum	\$8,000

Please keep in mind that the co-pays and deductibles for each benefit plan remain unchanged. As a result of the Trustees' determination, the following benefits are available to all MILA participants effective January 1, 2026:

- **Preventive screenings.** Preventive Screenings cover: Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Diabetes (type 2), Diet Counseling, Falls Prevention, Hepatitis B, Hepatitis C, Lung Cancer, Obesity screening and Counseling, Sexually Transmitted Infection Prevention Counseling, Syphilis, Tuberculosis, Tobacco Use Screening and Cessation.
- **Women's Health:** Preventive services specific to Women's Health including: Bone Density screening, Breast Cancer genetic test counseling for women at high risk, Breast Cancer mammography screenings, Breast Cancer Chemoprevention counseling, Cervical Cancer screenings, Chlamydia infection screenings, Diabetes screenings, Domestic and Interpersonal Violence screenings and counseling, Urinary Incontinence screenings, Well-Woman visits.
- **Flu shots and other routine adult vaccines** administered at a network pharmacy participating in ESI's Vaccine Immunization/Injection Network are covered 100% with no out-of-pocket expense to you.
- **Aspirin** to prevent cardiovascular disease when prescribed by a health care Provider.
- **Low-dose aspirin** after 12 weeks of gestation for women who are at high risk for preeclampsia.
- **Oral Fluoride** supplements at currently recommended doses (based on local water supplies) to preschool children through age 5 whose primary water source is deficient in fluoride.
- **Folic Acid** (over the counter/generic only) supplements for women who are planning or capable of pregnancy, containing 0.4 to 0.8 mg of folic acid.
- **FDA-approved contraceptive methods for women**, including contraceptive drugs, devices and other products, including over-the-counter contraceptive drugs, devices and other products, approved by the FDA and as prescribed or otherwise authorized under State or Federal law. "Over-the-counter contraceptive products" means those products provided for in comprehensive guidelines supported by Health Resources and Services Administration (HRSA). Coverage also includes emergency contraception when provided pursuant to a prescription or order or when lawfully provided over-the-counter.
- **FDA-approved tobacco cessation medications** (including both prescription and over-the-counter medications including cessation treatment for e-cigarettes use) for a 90-day treatment regimen when prescribed by a health care Provider without prior authorization including generic nicotine replacement products (nicotine patch, gum and lozenges), brand Nicotrol (inhaler system), brand Nicotrol NS (nasal spray), brand Chantix and generic Zyban. Generics and single source brands are only covered until generics become available.

- **Bowel Preps** in connection with a colonoscopy screening.
- **Vitamin D supplementation** to prevent falls in community-dwelling adults aged 65 years and older who are at increased risk for falls.
- **Risk-reducing medications (such as tamoxifen or raloxifene)** for women at increased risk for breast cancer and at a low risk for adverse medication effects.
- **Low-to-moderate-dose statin for the prevention of cardiovascular disease (CVD) events and mortality in adults ages 40-75 years with one or more CVD risk factors** (i.e., dyslipidemia, diabetes, hypertension, or smoking), and a calculated 10-year risk of a cardiovascular event of 10% or greater, when identified as meeting these factors by their treating physician.
- **Pre-exposure Prophylaxis (PrEP)** for the prevention of HIV infection.
- **Routine adult immunizations and immunization vaccines for children from birth to age 18**, including administration of such immunizations, are covered for Participants and Dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation. In addition, flu shots and other routine adult vaccines administered at a Network pharmacy participating in Cigna's Vaccine Immunization/Injection Network are covered 100% with no out-of-pocket expense to you. Examples of routine vaccines include Flu (Influenza); Hepatitis A & B (adult and pediatric); Human Papillomavirus (HPV); Measles; Mumps; Rubella; Meningococcal (Meningitis); Pneumococcal (Pneumonia); Tdap (Tetanus, Diphtheria, Pertussis); Varicella (chicken pox); Shingrix (Shingles) (**ALL** Fund members and their eligible Dependents will have coverage for Shingrix, a vaccine designed to prevent shingles and the complications that can arise from the disease).



MILA Super Tier Plan Benefits Summary

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The New MILA Super Tier Plan will be effective January 1, 2026, for workers who earned 2,000 or more hours during the October 1, 2024 – September 30, 2025, Contract Year. The Super Tier Plan will be the Premier Plan with the following enhancements:

A. Medical Plan

1. \$0 Copays for:
 - a. Primary Care,
 - b. Preventative Care,
 - c. Specialist Care,
 - d. Behavioral Health Care,
 - e. Diagnostic Testing,
 - f. Imaging,
 - g. Urgent Care Visits,
 - h. Emergency Room Visits, and
 - i. Rehabilitation
2. Hearing aid coverage at \$2,500/per ear every three years

B. Prescription Drug Plan

1. No Deductible and No Copays for in-network for:
 - a. Generic Drugs,
 - b. Preferred Brand Name Drugs, and
 - c. Non-Preferred Brand Name Drugs

C. Dental Plan

1. Deductible: \$0
2. Annual Maximum: \$5,000
3. Orthodontic Maximum - Adult: \$2,500
4. Orthodontic Maximum - Child: \$5,000
5. Composite Fillings for Posterior Teeth

Vision Plan

1. \$0 Copays for:
 - a. Eye Exams,
 - b. Frames,
 - c. Lenses, and
 - d. Contacts,
2. Frequency:
 - a. Eye Exams: Every 12 months
 - b. Frames: Every 12 months
 - c. Contacts: Every 12 months
3. Allowances:
 - a. Frames: \$200
 - b. Contacts: \$200
 - c. Lasik: \$2,000 per eye



IMPORTANT NOTICE INITIAL MEMBER ELIGIBILITY

As a result of the 2024-2030 Master Contract negotiations between the International Longshoremen's Association (ILA) and United States Maritime Alliance, Ltd. (USMX), new employees will be able to earn coverage from the Management-ILA Managed Health Care Trust Fund (MILA). The effective date for this MILA coverage is August 1, 2025. A summary of MILA's Initial Member Eligibility coverage is set forth below:

I. Initial Eligibility

A new employee who starts working in the industry on or after October 1, 2024, and who works at least 480 hours in a rolling six-month period during the employee's first 12 months following the employee's start date will become eligible for the MILA Core Plan. In subsequent Calendar Years, such employee can qualify for MILA coverage, including Basic, Premier, and Super Tier Plans, by satisfying MILA's standard eligibility rules (See Paragraph III below). Examples that provide explanations of the six-month rolling period are provided below in Paragraph IX(A).

II. Keeping Coverage Active

Beginning July 1, 2025, an employee who has earned eligibility for the MILA Core Plan under Paragraph I must continue to work at least 60 hours every month to maintain the employee's MILA coverage. This monthly requirement continues through the December that immediately follows the September of the Contract Year in which the employee earns coverage under ILA's standard eligibility rules. Examples that provide explanations of the application of the monthly requirement are provided below in Paragraph IX(B).

III. Coverage After Initial Eligibility

An employee who has earned eligibility under Paragraph I will earn eligibility for MILA coverage in subsequent Calendar Years by satisfying MILA's standard eligibility rules based upon the employee's having earned 700 or more hours of credited service in a particular Contract Year.

IV. Effective Date of Coverage

An employee who has earned eligibility under Paragraph I will begin receiving MILA coverage as soon as administratively feasible after MILA has received (1) required documentation from an employer or local-port plan demonstrating that the employee has worked at least 480 hours and (2) all the written documentation required by MILA to establish coverage for the employee and any dependents of the employee.

V. Losing Coverage

An employee who has earned eligibility for the MILA Core Plan under Paragraph I who does not keep their coverage active as required in Paragraph II, by working at least 60 hours every month, will lose their MILA coverage.

VI. Effective Date for Any Suspension of Coverage

The MILA coverage of an employee who loses coverage under Paragraph V will be suspended as soon as administratively feasible after MILA has received documentation from an employer or local-port plan demonstrating that the employee has not worked at least 60 hours in a particular month as required in Paragraph V.

VII. Options After Losing Coverage

An employee who loses coverage under Paragraph V has the right to continue their MILA Core Plan coverage by electing and paying the monthly premiums for COBRA Continuation Coverage. An employee who does not elect to receive COBRA coverage can earn eligibility for MILA coverage in the future as stated in Paragraph VIII.

VIII. Regaining Coverage After Having Lost Coverage

An employee who loses coverage under Paragraph V may earn eligibility for MILA coverage in subsequent Calendar Years by satisfying MILA's standard eligibility rules based upon the employee's having earned 700 or more hours of credited service in a particular Contract Year, regardless of whether the employee had elected COBRA coverage.

IX. Examples

A. Rolling Six-Month Period

1. An employee who works 80 hours in November, December, January, February, March, and April will have worked 480 hours within a six-month period, therefore the employee would be eligible for coverage under the MILA Core Plan.
2. An employee who works 80 hours in November, December, January, February, and March but works 60 hours in April will not have worked 480 hours within a six-month period, therefore the employee would not be eligible for MILA coverage.
3. An employee who works 80 hours in November, December, January, February, and March; 60 hours in April; and 100 hours in May will have worked 480 hours in a six-month period (December, January, February, March, April, and May), therefore the employee would be eligible for coverage under the MILA Core Plan.

B. Duration of the Monthly 60-Hour Requirement

1. For an employee who starts working in October 2024, works their 480th hour in January 2025, and works their 700th hour in May 2025, the applicable September of the Contract Year would be September 2025. The employee would receive benefits under the MILA Core Plan from in or about August 2025, based upon when the documentation requirements of Paragraph IV are satisfied, through December 2025, provided the employee continues to work at least 60 hours per month from July 2025 through December 2025. Effective January 1, 2026, the employee would receive the MILA benefit plan earned by the employee based upon the employee's work hours between October 1, 2024, and September 30, 2025, in accordance with MILA's standard eligibility requirements.
2. For an employee who starts working in April 2025, works their 480th hour in June 2025, and works their 700th hour in September 2025, the applicable September of the Contract Year would be September 2025. The employee would receive benefits under the MILA Core Plan from in or about August 2025, based upon when the documentation requirements of Paragraph IV are satisfied, through December 2025, provided the employee continues to work at least 60 hours per month from July 2025 through December 2025. Effective January 1, 2026, the employee would receive the MILA benefit plan earned by the employee based upon the employee's work hours between October 1, 2024, and September 30, 2025, in accordance with MILA's standard eligibility requirements.
3. For an employee who starts working in March 2025, works their 480th hour in September 2025, and continues to work at least 60 hours per month through December 2026, the applicable September of the Contract Year would be September 2026. The employee would receive benefits under the MILA Core Plan from in or about October 2025, based upon when the documentation requirements of Paragraph IV are satisfied, through December 2026. Effective January 1, 2027, the employee would receive the MILA benefit plan earned by the employee based upon the employee's work hours between October 1, 2025, and September 30, 2026, in accordance with MILA's standard eligibility requirements.
4. For an employee who starts working in September 2025, works their 480th hour in February 2026, and continues to work at least 60 hours per month through December 2026, the applicable September of the Contract Year would be September 2026. The employee would receive benefits under the MILA Core Plan from in or about March 2026, based upon when the documentation requirements of Paragraph IV are satisfied, through December 2026. Effective January 1, 2027, the employee would receive the MILA benefit plan earned by the employee based upon the employee's work hours between October 1, 2025, and September 30, 2026, in accordance with MILA's standard eligibility requirements.

C. Coverage

1. An employee who works at least 480 hours from January 2025 through June 2025, works at least 60 hours each month from July 2025 through December 2025, and works a total of 2,100 hours during the Contract Year covering October 1, 2024, through September 30, 2025, would earn coverage under the MILA Core Plan as soon as administratively feasible after August 2025 through the end of December 2025. Effective January 1, 2026, the employee would receive coverage under the Super Tier Plan during the 2026 Calendar Year.
2. An employee who works at least 480 hours from March 2025 through August 2025 and at least 60 hours in September 2025, does not work at least 700 hours during the Contract Year covering October 1, 2024, through September 30, 2025, and does not work at least 60 hours in October 2025, but works 800 hours during the Contract Year covering October 1, 2025, through September 30, 2026, would earn coverage under the MILA Core Plan as soon as administratively feasible after August 2025 but would lose coverage as soon as administratively feasible after October 2025 and would not be eligible for coverage during the 2026 Calendar Year. Effective January 1, 2027, the employee would receive coverage under the Core Plan during the 2027 Calendar Year.
3. An employee who works at least 480 hours from March 2025 through August 2025, works at least 60 hours in September 2025, works a total of 700 hours during the Contract Year covering October 1, 2024, through September 30, 2025, but does not work at least 60 hours in October 2025, would lose coverage as soon as administratively feasible after October 2025. Effective January 1, 2026, the employee would receive coverage under the Core Plan during the 2026 Calendar Year.
4. An employee who works 2,000 hours from October 2024 through March 2025 but does not work from April 2025 through December 2025 would not be eligible for MILA coverage during the 2025 Calendar Year. Effective January 1, 2026, the employee would earn coverage under the Super Tier Plan during the 2026 Calendar Year.