



May 8, 2023

SUMMARY OF MATERIAL MODIFICATIONS

COVID-19-Related Medical and Prescription-Drug Benefits Provided by MILA Following the Expiration of the National Public Health Emergency

Effective May 12, 2023

This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes made to medical and prescription-drug benefits provided by the Management-ILA Managed Health Care Trust Fund (“MILA”). You should take the time to read this SMM carefully and keep it with the copy of MILA’s Summary Plan Description (“SPD”) that was previously provided to you. If you have any questions regarding the following changes to MILA’s benefits, please contact the Fund Office at 212-766-5700.

Dear MILA Member:

This SMM clarifies important changes to COVID-19 related benefits and administrative deadlines. In accordance with the Families First Coronavirus Response Act (the “FFCRA”), the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”), and guidance from the United States Department of Labor, MILA’s Board of Trustees adopted temporary plan provisions to assist MILA members and participants in dealing with the COVID-19 Pandemic. Those changes, which are described below, were adopted for the duration of the National Public Health Emergency (“National Emergency”).

The federal government has announced that the National Emergency related to COVID-19 will terminate on May 11, 2023. Consequently, the temporary MILA plan provisions concerning MILA’s coverage of certain benefits related to COVID-19 will be expiring on that date. Effective March 12, 2023, MILA’s COVID-19-related benefits will be covered under MILA’s usual cost-sharing provisions.

Changes to COVID-19-Related Benefits

Below is a brief summary of changes to MILA’s COVID-19-related medical and prescription-drug benefits beginning May 12, 2023:

Benefit	During the National Emergency	Effective May 12, 2023
COVID-19 vaccines, including boosters	No charge for COVID-19 vaccines or boosters when received at either in-network or out-of-network providers.	COVID-19 vaccines and boosters covered in the same manner as non-COVID-19 vaccines. The usual cost-sharing may apply based on whether the service is performed in-network or out-of-network.
COVID-19 diagnostic tests and related services	No charge for COVID-19-test-related office visits or lab tests (including rapid diagnostic and swab-and-send tests) performed by either in-network or out-of-network providers.	COVID-19-test-related office visits or lab tests covered in the same manner as non-COVID-19-related office visits or lab tests. The usual cost-sharing may apply based on whether the service is performed in-network or out-of-network.
COVID-19 at-home test kits, also known as over-the-counter (“OTC”) test kits	No charge for up to eight (8) OTC COVID-19 tests per month, either in network or out of network. Reimbursement for out-of-network OTC COVID-19 tests limited to \$12 per test.	COVID-19 OTC tests covered under the prescription-drug plan. There is a limit of two tests per person per month, with a cap of \$12 per kit.
Telehealth Visits	<p>Telehealth services covered when provided by an in-network provider, with the current in-network primary care physician (PCP) copayment.</p> <p>Services provided by an out-of-network provider subject to cost-sharing (deductible and coinsurance) applicable to out-of-network office visits.</p>	<p>Telehealth services covered when provided by an in-network provider, with the current in-network primary care physician (PCP) copayment.</p> <p>Services provided by an out-of-network provider subject to cost-sharing (deductible and coinsurance) applicable to out-of-network office visits.</p>

Effective May 12, 2023, MILA will charge the usual cost-sharing (including deductibles, copayments, and coinsurance) for the following services:

COVID-19 Diagnostic Tests and Related Services

- Diagnostic tests that are approved or authorized by the United States Food and Drug Administration (“FDA”) to detect the virus that causes COVID-19, including the administration of such tests, for the following types of tests:
 - Tests to detect the virus that are approved, cleared, or authorized by certain sections (as required by law) of the Federal Food, Drug and Cosmetic Act (the “Drug Act”);
 - Tests for which the developer has requested, or intends to request, emergency-use authorization under the Drug Act (and where such authorization has not been denied or the request is not submitted within a reasonable timeframe);
 - Tests developed in and authorized by a state that has notified the United States Department of Health and Human Services (“HHS”) of its intention to review tests to diagnose COVID-19; and
 - Tests determined appropriate by HHS.
- Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent-care visits, and emergency-room visits that result in an order for, or the administration of, the test described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test.

OTC COVID-19 Tests

Effective May 12, 2023, MILA will cover OTC COVID-19 tests under the prescription-drug plan. OTC COVID-19 tests will be covered up to a maximum of two tests per person per month at a maximum cost of \$12 per test.

As a reminder, the U.S. Government offers four (4) free at-home COVID-19 test kits per household that will be shipped directly to your home. You can order the free test kits at <https://special.usps.com/testkits>. You can also search for a location that offers no-cost COVID-19 testing by visiting <https://testinglocator.cdc.gov/>.

Coverage of COVID-19 Vaccines

Effective May 12, 2023, MILA will cover FDA-approved COVID-19 vaccines under MILA’s Preventive Care Benefit, when administered by an in-network provider. The usual cost-sharing, if applicable, will apply.

Elimination of Extended Deadlines for Administrative Actions

In addition to the changes above, there are also certain administrative timeframes that will return to normal upon the expiration of the National Emergency.

Below is a summary of changes to administrative-action deadlines beginning the earlier of 60 days after the announced end of the National Emergency (July 10, 2023) or one year from the deadline for your particular deadline, whichever is earlier.

Administrative Timeframe	During the Emergency Period	Return to Normal Timeframes
COBRA, HIPAA, special enrollment and benefit claims and appeals	Deadlines extended for: COBRA elections Paying COBRA premiums Electing HIPAA special enrollment Filing claims, appeals and requests for external review	Deadlines return to normal timeframes starting the earlier of July 10, 2023, or one year from the deadline for your particular extension. Please see MILA's SPD or contact the Fund Office for details on applicable timeframes.

You are still encouraged to use in-network facilities and providers whenever possible. Please keep this important notice with your copies of the MILA Plan Document and SPD for easy reference to all MILA Plan provisions.

As always, if you have any questions regarding these changes to the MILA Plan, please contact the Fund Office at 212-766-5700.

Sincerely,
MILA Board of Trustees

Grandfathered Health Plan

MILA believes it 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 MILA 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 Fund Office at 212-766-5700. 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. That website has a table summarizing which protections do and do not apply to grandfathered health plans.

Important Information

This summary of material modifications (“SMM”) is intended to provide you with an easy-to-understand description of certain changes to MILA’s benefits.

MILA’s Board of Trustees (or its duly authorized designee), reserves the right, in its sole and absolute discretion, to amend, modify or terminate the MILA Plan, or any benefits provided by the MILA Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the MILA Plan. No one other than MILA’s Board of Trustees (or its duly authorized designee) has any authority to interpret the MILA Plan, make any promises to you about benefits under the MILA Plan, or to change any provision of the MILA Plan. Only MILA’s 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 MILA Plan and decide all matters, legal and/or factual, arising under the MILA Plan.