MANAGED HEALTH CARE TRUST FUND

March 11, 2024

TO: All Eligible Participants

FROM: La Verne Thompson, Executive Director

We wish you and your family a safe and healthy 2024 from the MILA Co-Chairmen, Benny Holland, Jr., and David F. Adam, as well as all of the MILA Trustees and the MILA staff.

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 this document summarizes any changes made to the information contained in the SPD during 2023. In addition, it provides some important Notices, and Reminders, and clarifications pertaining to the SPD and the administration of the Plan. Please keep this booklet with your SPD and other plan documents for future reference. If you have any questions, please get in touch with the MILA Plan Office. To provide you with important information concerning the operation of the MILA National Health Plan, we are enclosing:

- MILA National Health Plan Summary Annual Report
- Notice of Grandfathered Plan
- **Summary of Material Modifications**
- Your Rights and Protections Against Surprise Medical Bills
- Cigna I.D. Cards
- Notice Regarding Form 1095-B
- Important Reminders, including but not limited to:
  - Urgent Care vs. Emergency Room Care
  - Telehealth Medicine
  - Employee Assistance Program (EAP)
  - MILA Substance Use Disorder Treatment Program
  - Women's Health and Cancer Rights Act of 1998 (WHCRA)
  - Newborns' 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
  - Prior Authorization Program
  - Websites: Cigna, CVS, Aetna and EyeMed
- 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
James Campbell, Esq.
Nicholas Graziano, 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, 2022. 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 $1,323,441,436 as of December 31, 2022, compared to $1,379,082,036 as of January 1, 2022. During the plan year the plan experienced a decrease in its net assets of $(55,640,600). 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 $695,300,732, including employer and other contributions of $735,503,960, losses on the sale of assets of $(5,254,933), unrealized losses from investments of $(130,672,950), and interest and dividend income of $7,096,348. Plan expenses were $750,941,332. These expenses included $8,239,038 in administrative expenses, and $742,702,194 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), 55 Broadway-27th 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 55 Broadway – 27th 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.

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 **https:www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-healthplans**. 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.

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 change any plan provision. 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.

USMX and ILA, as the plan sponsors of MILA, can jointly agree at any time and for any reason to terminate the "Fund".

Summary of Material Modifications

Page i of MILA's Summary Plan Description (SPD) is amended as follows to reflect changes in the members of MILA's Board of Trustees:

The MILA Managed Health Care Trust Fund Trustees

Benny Holland, Jr. Co-Chairman	David F. Adam, Co-Chairman
Michael Vigneron	Anissa Frucci
James Campbell	Roger J. Giesinger
David Cicalese	Derrick Miles
Bernard O'Donnell	James R. Gray, Jr.
James H. Paylor, Jr.	Shareen Larmond
Kenneth Riley	Eduardo Montoto
Alan Robb	John J. Nardi
Willie Seymore	Kelly Strong

- **PRIVATE DUTY NURSING AND HOME HEALTH CARE**

  Effective January 1, 2023, benefits for Private Duty Nursing and Home Health Care are limited to a combined total of 200 visits. Any four hours of private-duty nursing or home-health care, whether continuous or not in a 24-hour period, will be considered one visit. Accordingly, the references on pages 6, 10, 13, 16, 35, and 55 of the SPD to 120 visits for Home Health Care and on page 35 of the SPD to 70 visits for Private Duty Nursing are amended to reflect the new, combined 200-visit limit.

- **NEW FERTILITY-BENEFITS PROGRAM**

Effective July 1, 2023, MILA implemented a new fertility-benefits program. The current language on page 32 of the SPD is replaced with the following:

- Effective July 1, 2023, tests, procedures, and medication provided or performed by the provider designated by the Plan Administrator for infertility and procedures for the correction of infertility, such as artificial insemination, in vitro fertilization, embryo transplant, gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), and related reproductive-assistance procedures or services are covered services. Coverage for such tests, procedures, and medication is subject to a maximum lifetime benefit set by that provider and/or MILA. Coverage for such treatment outlined is available only to Eligible Employees, Pensioners, and Spouses when such treatment has been determined to be medically necessary.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you should contact Employee Benefits Security Administration (EBSA), U.S. Department of Labor at 1-866-444-3272 or www.askebsa.dol.gov or beginning January 1, 2022, the federal Department of Health and Human Services will operate a telephone line for information and complaints at 1-800-985-3059.

Visit https://www.cms.gov/medical-bill-rights for more information about your rights under federal law.

IMPORTANT NOTICE
CIGNA I.D. CARDS

TRANSITIONING TO DIGITAL ID CARDS

Allowing easier access to plan coverage information

On January 1, 2025, Cigna is planning to transition from physical I.D. cards to digital I.D. cards.

Many of our members already access their I.D. cards through myCigna.com and the myCigna App, which offer convenient, timely access to I.D. cards, along with many other features, to help members manage their health.

For the 2025 plan year, Cigna intends to transition to digital I.D. cards. However, if you or your dependents would like to receive printed I.D. cards, they can be requested on Cigna's website at myCigna.com or the Cigna Mobile App.

IMPORTANT REMINDERS

- **URGENT CARE vs. EMERGENCY ROOM (E.R.) 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 going to the E.R. Urgent Care Centers offer state-of-the-art facilities, shorter wait times, and quality medical care.

Are you "sick" of waiting in the E.R.? 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 E.R.

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.

➢ 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 coverage period for the prior year. This form is used to verify that you and your dependents have at least minimum qualifying health insurance coverage on your tax return.

Since 2015, MILA has mailed to all MILA members in accordance with the Affordable Care Act 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 and the District of Columbia will receive Form 1095-B from MILA by mail because New Jersey and the District of Columbia require MILA to send Form 1095-B to them.

If you would like to receive a copy of your Form 1095-B, please e-mail 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
55 Broadway, 27th Floor
New York, NY 10006

➢ MANDATORY NOTIFICATION OF DIVORCE

The MILA Trustees have instructed the MILA staff to remind the MILA participants who are married that if 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 their divorce immediately after the divorce occurs **can have their MILA benefits suspended if MILA pays any claims for ineligible persons 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 available funds to protect the MILA participants and their families.

➢ TELEHEALTH MEDICINE

MDLIVE is the primary virtual care vendor for MILA/Cigna Telehealth Medicine services. MILA's Primary Care Physician (PCP) copay will apply to these Telehealth visits. As a result, we provide 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 E.R.s, Urgent Care Centers or Convenience Care Clinics. It 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 10-11) 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 Master's- and PhD-level licensed behavioral health clinicians
- For more information, please call the number on the back of your Cigna I.D. card.

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

- **Legal Assistance**: Free 30-minute telephone 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
- E-mail for consultant-assisted search
- Live messaging for consultant-assisted search
- Web seminars

YOUR SUBSTANCE USE DISORDER TREATMENT 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. In partnership with Cigna, MILA is participating in the Substance Use Disorder Treatment Program to help individuals and families struggling with substance abuse (please see brochure on page 14-15).

Are you struggling with addiction?

Addiction gets worse over time. If you answer yes to two or more of these questions, it would be helpful to get treatment as soon as possible to begin the road to recovery.

- Do you have trouble controlling how much you use?
- Do you continue using despite negative consequences?
- Are you preoccupied with your next drink or next high?
- Do you lead a compartmentalized life to hide your addiction and to appear functional?
- Do you neglect your family, career or education in favor of your addiction?
- Do you require increasing amounts of alcohol or drugs to achieve desired effects?
- Do you experience cravings or withdrawals, such as anxiety, irritability or nausea?
- Do you want to cut back or quit but can't?

Recovery is possible.

Substance Use Disorder treatment benefits are available to you and your dependents.

Get started today.

Ask about the MILA Substance Use Program by calling the MILA dedicated customer service phone number on the back of your Cigna ID card or **800.794.7882**.

Recovery is worth it.

- Make the most of a second chance
- Lead a healthier lifestyle
- Lift the weight off your shoulders
- Gain a sense of calm
- Rebuild relationships with family and friends
- Identify your triggers

Important program details

Treatment agreement – You will be asked to sign an agreement between you, a Preferred Facility and MILA on admission to a Preferred Facility.

Covered travel for a support person – Round trip travel expenses and up to two days of lodging are payable under the program for one support person on the first admission.

Services outside the preferred facility – Other services received during the inpatient treatment or extended care, such as medical treatment of an illness or injury or behavioral treatment for coexisting conditions, will be considered for the applicable benefit(s) as shown in the benefit schedule as outlined in the MILA Summary Plan Description (SPD).

Removal from the program – Certain actions, such as an AMA discharge or an administrative discharge, will result in removal from the Substance Use Disorder Program. One readmission is allowed.

- An AMA discharge is leaving treatment against medical advice.
- An administrative discharge is for extreme violations of a Preferred Facility's policies, such as using or distributing drugs or alcohol, committing violence, or engaging in sexual contact with another patient.

Early discharge or removal from the program – Standard behavioral health and substance use disorder benefits apply if you do not successfully complete the program, or on your removal from the program.

After discharge – Other services received after you are discharged from the Preferred Facility or extended treatment, such as drug/alcohol screenings or counseling sessions, are subject to the benefit schedule outlined in the MILA SPD.

Preferred labs – Save money by using LabCorp® or Quest Diagnostics for follow-up drug/alcohol screenings. Reach out to Cigna for help finding a LapCorp or Quest Diagnostics near you.

The road to recovery

MILA Substance Use Program Information

MILA

cigna healthcare

927958 c. 07/23

A comprehensive program with proven results

MILA has developed a 12-month program to get quality treatment and develop tools to avoid relapse. It's available to MILA members, spouses, and dependents that are enrolled in the Cigna Healthcare-administered medical plan.

- 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 provided by licensed professionals
- Recovery support activities, recreation and 12-step meetings while in treatment
- Family members are invited to participate in activities at their own cost; family sessions can be in-person or virtual
- All meals, bedding and supplies during the 30-day stay
- Discharge planning, including coordination of additional treatment services in home community
- Continued care and monitoring for 11 months
- Program benefits are limited to two admissions to the program per lifetime

Important program details

Treatment agreement – You will be asked to sign an agreement between you, a Preferred Facility and MILA on admission to a Preferred Facility.

Covered travel for a support person – Round trip travel expenses and up to two days of lodging are payable under the program for one support person on the first admission.

Services outside the preferred facility – Other services received during the inpatient treatment or extended care, such as medical treatment of an illness or injury or behavioral treatment for coexisting conditions, will be considered for the applicable benefit(s) as shown in the benefit schedule as outlined in the MILA Summary Plan Description (SPD).

Removal from the program – Certain actions, such as an AMA discharge or an administrative discharge, will result in removal from the Substance Use Disorder Program. One readmission is allowed.

- An AMA discharge is leaving treatment against medical advice.
- An administrative discharge is for extreme violations of a Preferred Facility's policies, such as using or distributing drugs or alcohol, committing violence, or engaging in sexual contact with another patient.

Early discharge or removal from the program – Standard behavioral health and substance use disorder benefits apply if you do not successfully complete the program, or on your removal from the program.

After discharge – Other services received after you are discharged from the Preferred Facility or extended treatment, such as drug/alcohol screenings or counseling sessions, are subject to the benefit schedule outlined in the MILA SPD.

Preferred labs – Save money by using LabCorp® or Quest Diagnostics for follow-up drug/alcohol screenings. Reach out to Cigna for help finding a LapCorp or Quest Diagnostics near you.

Preferred facilities

Calvary Addiction Recovery Center, Phoenix, AZ	• Faith-based track • Young adult program • Opioid use disorder treatment program
Livengrin, The Foundation for Addiction Recovery, Bensalem, PA	• Nurses program • First Responder program
Betty Ford Center, Rancho Mirage, CA	• Opioid addiction program • Programs for professionals • Special-focus groups for pain, grief and LGBTQ+
Hazelden Betty Ford Foundation, Center City, MN	• 70-year history • Gender-specific programming and housing • Programs for professionals
Hazelden Naples, Naples, FL	• 50+ program • Opioid use disorder treatment program • First Responder program
Hazelden Newberg, Newberg, OR	• LGBTQ +, BIPOC, health care professionals and professional groups
Hazelden Plymouth, Plymouth, MN	• Serving Teens and Young Adults

Each facility has a strong history of treating addiction and is assigned based on individual needs and location.

The road to recovery

MILA Substance Use Program Information

MILA

cigna healthcare

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 mastectomies or reconstructive surgery coverage, please contact Cigna (at the phone number listed on your I.D. card) or the MILA Plan Office.

***

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE REMINDER

Under federal law, group health plans, like MILA, 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, MILA 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, under federal law, MILA may not 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 staying longer than 48 hours for a vaginal birth or 96 hours for a C-section, contact Cigna at the number on your I.D. card. If you have questions about this Notice, contact the MILA Plan Office.

INFORMATION FOR RETIREES

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

If you are a Pensioner **(regular or disabled),** the spouse of a Pensioner (**regular or disabled**), 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 and you do not have other coverage by virtue of active employment, you must enroll in Medicare Parts A and B in order to receive the maximum amount of benefits under the **MILA National Health 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 (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 member's 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.

For active MILA members who are eligible for Medicare (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
MILA Managed Health Care Trust Fund
55 Broadway, 27TH Floor
New York, New York 10006
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 e-mail. 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, S.W.
Washington, D.C. 20201
Telephone: 1-877-696-6775

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

GET YOUR HEALTH INFORMATION IN A SECURE AND TIMELY WAY ON THE FOLLOWING WEBSITES/APPS

- **CIGNA HEALTH CARE – Medical Benefits – myCigna.com**

From programs that help improve your health to tools that help manage your health spending, there's so much you can do on myCigna.com or the myCigna® app.

- Find in-network doctors, hospitals and medical services
- Manage and track claims
- See cost estimates for medical procedures
- Compare quality of care information for doctors and hospitals
- Access a variety of health and wellness tools and resources

The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.

Register today

You can register online or through the app.

1. Go to the **myCigna.com** website or launch the **myCigna app** and select "Register Now"
2. **Enter** your requested information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address
5. **Review** and submit

Feel better-protected

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on the myCigna website and app.

- **Enhanced registration**
- **Two-step authentication**

Together, all the way.®

Cigna.

Enhanced registration

When you register for the first time on the myCigna website or app, you'll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.

Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you'll be encouraged **to add, update and verify contact information – email addresses and mobile phone numbers.**

2. Once you enable two-step authentication and log in to your myCigna account, you'll be asked **to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number**. You'll also be offered to select "Remember this Device." If this choice is selected, you won't be prompted for a code each time you log in to your myCigna account from that device.

Questions?

If you have any questions about your myCigna account or your plan benefits, call the number on the back of your Cigna ID card. Customer service representatives are ready to speak with you 24/7/365.

Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna app. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.*

Together, all the way.®

Cigna.

* Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

➢ **CVS/CAREMARK – Prescription Benefits – Caremark.com**

Register at Caremark.com

When you register at Caremark.com, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

There are three easy ways to register:

- Go to Caremark.com, click the *Register* button and follow the instructions to sign up
- Download the CVS Caremark® mobile app from Google Play or the App Store to register your account
- Call the number on the back of your member ID card and a representative will get you started with a personalized registration email or text

Register to:

- Refill your prescriptions
- Check the status of your order
- Review your coverage and track annual spending
- Locate network pharmacies near you
- Check medication costs and find opportunities to save money
- Log into Caremark.com from your desktop to access these additional features: manage your profile information, including shipping addresses, payment methods and notifications

Visit Caremark.com/welcome-center or scan the QR code to download the CVS Caremark mobile app and register today.

GET IT ON Google Play

Download on the App Store

CVS caremark

➢ **AETNA DENTAL – Dental Benefits – aetna.com**

Your digital tools

The Aetna Health℠ app and Aetna® member website

Personalized tools make your plan easier to use.

Connect to care

Find in-network providers, facilities and procedures near you. And you'll get personalized search results based on your health benefits and insurance plan. You can even get cost estimates for visits and procedures before you go.

Manage claims

You can pay claims and view up to two years of claims details for your whole family. Filter by member, provider, facility, service or date.

Get proactive with your health

You'll get simple, personalized health actions recommended to you, based on your unique profile. This could include a reminder to get a shot when there's a flu outbreak near you. Or a reminder that a preventive doctor's visit can help you stay on top of your health and well-being.

Seamlessly connect with care and manage benefits — at home or on the go.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Aetna.com

11.03.345.1 B (8/20)

aetna™

Take charge of your benefits

With the Aetna Health app and the Aetna member website, you can:

- View your health plan summary and get detailed information about what's covered
- View claim details and pay claims for your whole family
- Search for providers, procedures and medications
- Get cost estimates before you get care
- Track spending and progress toward meeting the deductibles for you and your family
- Access your ID card whenever you need it
- Get recommended health actions based on your profile

Once you're a member, here's how you can connect:

Your Aetna member website

Go to **Aetna.com** to create an account and log in to your member website.

The Aetna Health app

Get the Aetna Health app by texting "GETAPP" to **90156** for a link to download the app and create an account. Message and data rates may apply.*

*Terms and conditions: **Bit.ly/2nlJFYG**. Privacy policy: **Aetna.com/legal-notices/privacy.html**. By texting **90156**, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health app. Consent is not required to download the app. You can also download it from the App Store® or the Google Play™ store.

Program features and availability may vary by location and are subject to change. This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna® plans.

Aetna.com

11.03.345.1 B (8/20)

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➢ EYEMED – Vision Benefits - www.eyemed.com.

EXPERIENCE MORE: ONLINE ACCESS

HOW TO: enjoy your own eye site

MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at eyemed.com is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit eyemed.com and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number (You'll get an email asking to confirm your account.).*
4. Finish setting up your new account with your email address and a password (To keep it secure, we list some password "musts.").
5. Come back any time to change your password, email address and billing preferences (It's all under Manage Profiles.).

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online**
- View health and wellness information
- Get special offers

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now.

** Depends on how your benefit administrator entered you into the system.*
*** Most, but not all, network providers offer this.*

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL sears OPTICAL

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 e-mail 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 e-mail 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 YOUR EMPLOYER CONTROVERTS YOUR 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 an 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.

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 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 requested 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 (similar to the one you are taking) on the MILA formulary or pay more to keep taking the drug 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.

PRIOR-AUTHORIZATION PROGRAMS

Prior authorization is required for all inpatient admissions and the following outpatient services:

- Integrated medical oncology, including medically-infused medications, oral-cancer medications and support drugs;
- Musculoskeletal services for the treatment of pain and discomfort in muscles, bones and joints;
- Nuclear diagnostic cardiology;
- Durable medical equipment;
- Home infusion therapy;
- Cigna Sleep Program;
- Potentially cosmetic services;
- Potentially experimental and investigational treatment;
- Transplants; and
- Unlisted procedures.

The procedures currently listed on page 28 of the SPD continue to require advanced approval.

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

MILA is maintained under Article XIII of the collective bargaining agreement between the United States Maritime Alliance, Ltd. and the International Longshoremen's Association. A copy of that agreement may be obtained by MILA participants upon written request to the Plan Administrator and is available for examination by MILA 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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Charlestown Navy Yard
197 8th Street, Suite 775
Charlestown, MA 02129

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 صحبت 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	યુના: 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	[illegible] 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