



MANAGED HEALTH CARE TRUST FUND

June 6, 2016

Dear MILA Participant:

On behalf of the MILA Trustees and the MILA Co-Chairmen, Benjamin Holland and Dave Adam, I am pleased to announce coverage for **three new benefits** under the MILA National Health Plan. **Effective July 1, 2016**, MILA will provide the following benefits under the Cigna medical program:

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

If you have any questions about your coverage, you can call Cigna using the number on the back of your Cigna I.D. card or you can contact the MILA office at 212-766-5700.

This notice constitutes a Summary of Material Modifications. You should file this notice with your copy of the Summary Plan Description (“SPD”) for the Plan because it changes certain information contained in the SPD. The Board of Trustees may, from time to time and at any time, adopt such rules and procedures that it determines to be necessary or desirable with respect to the operation of the Plan, and amend, modify or eliminate any provision of the Plan. Please direct any questions you may have about this Notice or the Plan in general to the Plan Office: MILA National Health Plan, 111 Broadway, Suite 502, New York, NY 10006, 212-766-5700.

Statement of Grandfathered Status. The Board of Trustees is currently operating this Plan as a “grandfathered health plan” under the Affordable Care Act. Because of this “grandfathered” status, our Plan can preserve certain basic health coverage already in effect before the law was passed. As with all grandfathered health plans, the Plan is not required to include certain consumer protections of the Affordable Care Act that apply to non-grandfathered plans (for example, providing preventive health services without any cost sharing). However, the Plan must comply with certain other provisions of the Affordable Care Act (for example, eliminating lifetime limits on benefits). Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 212-766-5700.

You can contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You can reach the EBSA by phone at 866-444-3272 or by accessing their website at www.dol.gov/ebsa/healthreform, where you can see a chart summarizing the protections that do and do not apply to grandfathered health plans. Alternatively, you also may contact the Plan Office with your questions

Very truly yours,

LaVerne Thompson
Executive Director

*cc: Benny Holland
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