



IMPORTANT NOTICE

December 12, 2014

Dear MILA Member:

Re: Summary of Benefits and Coverage (SBC)

Enclosed you will find the MILA Managed Healthcare Trust Fund's Summary of Benefits and Coverage (SBC – coverage period: 1-1-2015 – 12-31-2015) for the **BASIC PLAN**. The SBC provides a general description of the health benefits provided by the Plan. SBCs are required by the Affordable Care Act (ACA). Please share the SBC with your family members who are eligible for Plan coverage.

The federal government developed the SBC form primarily to help people who will be shopping for individual coverage when the health care exchanges open in 2014. It is designed so that individuals can compare “apples to apples” when comparing Plans. For that reason, we were not allowed to customize much of the SBC. Fortunately, you have coverage based on a Collective Bargaining Agreement between your employer and your union. You do not need to shop for coverage.

Please note that the SBC only shows information about medical (hospitalization, major medical, mental health and chemical dependency) and prescription drug and dental and optical benefits. It does not include information about the other benefits that might be provided by your Local Port Plan. You should contact your Local Port Administrator for information on those benefits.

ACA Requirements for SBCs

To best understand the benefits provided by this Plan, we recommend that you refer to the materials that the Plan has created—our website (www.milamhctf.com), your Summary Plan Description (SPD) and the annual Summaries of Material Modifications (SMMs).

SBC Examples

The ACA has some very strict requirements for producing the SBCs—the maximum number of pages, the font size, the colors, etc. Included in the SBC are two examples—one for having a baby and one for managing type 2 diabetes. The examples show the health care costs for you and the Plan associated with each of these two situations.

As you read these examples, it's very important to note that these costs are national averages; they do not reflect what the actual services might cost in your area. Similarly, your course of treatment might also be very different depending on your doctor's approach, whether your doctor is In-Network (this Plan does not cover out-of-network benefits), your age, your other health issues, and many other factors.

These examples are included to help you compare how different health plans might cover the same condition—not for predicting your own actual health care expenses.

SBC Terms

You may find that the SBC discusses the Fund's benefits in ways that may seem unfamiliar to you. For instance, there may be terms you haven't seen before, or terms that you have seen before but are being used differently. The SBC also refers to a "Glossary of Health Coverage and Medical Terms," which cannot be customized for our Fund. The Glossary is included with this SBC. If you read the SBC or the Glossary and find yourself confused at any time, we recommend that you refer to the website, your SPD and the other materials describing your benefits that you have received from the Plan.

For More Information

Please keep the SBC with your SPD and the Annual Summary of Material Modifications for easy reference. Receipt of this document does not constitute a determination of your eligibility. If you have any questions about Fund-provided coverage, please call the Plan Office at (212) 766-5700 or visit the Plan's website at www.milamhctf.com. If you have general questions about the SBC or the Glossary, you may want to contact the Employee Benefits Security Administration of the U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa.

If you have any questions about this notice or your right to continued medical coverage, you should contact LaVerne Thompson, Executive Director of the MILA Managed Health Care Trust Fund at (212) 766-5700.

Sincerely,



LaVerne A. Thompson
Executive Director

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