

The following is a reprint of the MILA National Health Plan, Description of Benefits for Medicare-eligible retirees.

This was mailed to all retirees in December of 1999.

It is intended as a guide to your benefits and does not replace the Summary of Plan Description.

**One Union
One National Health Plan**

The MILA Board of Trustees welcomes you to your MILA National Health Plan. The new plan provides health care benefits to you and your family, and works closely with Medicare to provide you coverage where Medicare stops.

What If You Are Not Eligible For Medicare?

If you a pensioner under a port plan who is eligible for welfare benefits but not for Medicare (for example, if you are younger than age 65 and not receiving Social Security disability benefits) you will receive benefits from MILA which are similar to the coverage you previously had under your local port health plan.

- If you received the same level of benefits as active members under your local port health plan you will receive the same level of benefits that MILA is providing to active members.
- If your local port health plan provided lower benefits, or a limited coverage for specific period of time, then MILA will match these benefit provisions. Everything will be conditioned on the rules and benefits that were in effect in your local port health plan on September 30, 1993.

These benefits will change when you become eligible for Medicare.

The rest of this brochure describes the benefits for Medicare-eligible pensioners.

What If You Are Eligible For Medicare?

If you are eligible for Medicare, you will be eligible for retiree coverage under MILA as of January 1, 2000.

Your Medicare Choices

You should have already made a decision about your health care for the year 2000. Here is a recap of your choices. If you choose...

1. Traditional Medicare coverage.

- MILA will provide your supplemental coverage, including prescription drug benefits, through your MILA plan.
- MILA will **NOT reimburse** your monthly Medicare Part B premium.

2. A Medicare HMO with prescription drug coverage.

- MILA will reimburse your monthly Medicare Part B premium.
- MILA will **NOT pay** supplemental premiums, if any, imposed by an HMO or other managed care organization, and will **NOT pay** for your prescription drugs.

3. A “Medicare+Choice” option which is not a Medicare HMO with prescription drug coverage.

- MILA will **NOT provide** your supplemental coverage, including prescription drug benefits, through your MILA plan.
- MILA will **NOT reimburse** your monthly Medicare Part B premium.

Materials you receive from the Health Care Financing Administration (HCFA), the federal agency that administers Medicare, can help you to understand your plan better.

About This Brochure.

This brochure describes how your MILA plan works with your Medicare coverage, and will help you understand the plans better.

You will receive more detailed information in the Summary Plan Description (SPD), which will arrive after the first of the year. And, of course, your port administrator is there to help you with any questions. We have also included some helpful phone numbers at the back of the brochure.

If You Chose A Medicare+Choice HMO With Prescription Drug Coverage.

A Medicare+Choice HMO plan covers the services that Medicare Part A and Medicare Part B cover- but you must still pay a Medicare Part B premium. While Medicare Part A is usually free, Medicare Part B requires a monthly premium. In the year 2000, this premium will be \$45.50 per month.

As part of your health plan, MILA will reimburse your monthly Medicare Part B premium. To be reimbursed, follow these procedures:

- Ask your port administrator for a form,
- Complete the form, and attach proof of your Medicare+Choice enrollment and payment,
- Send the form to:
MILA Manage Health Care Trust Fund
111 Broadway, 5th Floor
New York, New York 10006+1901
- MILA will mail you a check.

If You Choose A Medicare+Choice HMO Plan Without Prescription Drug Coverage

Many Medicare HMO plans come with prescription drug coverage. Check with your Medicare+Choice HMO to make sure it does. If you discover that it does not, let your port administrator know immediately.

If You Choose Traditional Medicare, Or Made No Choice

MILA increases your health care coverage by supplementing what traditional Medicare covers. Medicare pays for covered services first. MILA pays a percentage of what is not covered by Medicare, and MILA covers prescription drugs.

Here is how the plans work together to meet your health care needs.

Medicare At A Glance

You can go to any hospital or doctor that accepts Medicare. Most people do not have to pay for Part A, but you will have to pay the Part B monthly premium - \$45.50 in the year 2000. MILA does not reimburse you for your Part B premium. MILA does, however, help you with other cost. Read On.

You pay a deductible, plus a portion of the cost of each service.

Medicare Part A and Part B each require that you pay deductibles.

- Each time you are hospitalized, you are responsible for the Part A deductible. In the year 2000, this amount will be \$776.
- The Part B deductible applies once each year for services such as doctors office visits and laboratory test. In 2000, this will be \$100. Then for most other covered medical expenses for the rest of the year, Medicare pays 80% of the cost. You pay the remaining 20%.

The MILA Plan At A Glance

Here is how the supplemental coverage under the National Health Plan works:

- **Part A** hospital. MILA pays your Part A deductible and 100% of any Medicare-covered hospital expense that are not paid in full.
- **Part B** doctor bills and other non-hospital medical services. After you have paid a single \$150 annual deductible (or \$300 per family), MILA will pay 80% of what Medicare does not pay. The \$100 annual deductible you must pay toward Medicare Part B will count toward the MILA annual deductible.

MILA Benefit Chart

The Cost

Does MILA Pay?

Part A premium.....	No, its is usually free.
Part B premium.....	No, it will cost you \$45.50 per month.
Part A deductible- \$776 per hospital visit.....	Yes, MILA will pay 100% of \$776 hospital deductible.
Part B deductible - \$100 per year.....	No, but this counts toward the annual MILA deductible of \$150 per person but not more than \$300 per family.
Part A cost not covered by Medicare	Yes, MILA pays 100% of any Medicare-covered hospital expenses that are not paid in full.
Part B cost not covered by Medicare	Yes, after you meet the MILA deductible, MILA pays 80% of the balance of what Medicare does not pay.

MILA Deductibles And Limitations:

Medicare Part B deductible.....	\$150 (\$300 family) annual deductible. The Medicare deductible of \$100 counts as part of the MILA \$150 (\$300 family) deductible.
Medicare Part B expenses.....	80% of amount not covered by Medicare.
Maximum out of pocket expensed.....	\$2500 (\$5000 family) per year.

Essentially, after you have paid the Part B premium and all deductibles, you will pay only 4% of most of your medical cost the rest of the year.

For example, you go to the doctor, and it cost \$100 for an office visit, which is covered under Medicare Part B. Refer to the chart below to see how Medicare, MILA and you will share the costs.

The Service

The Cost

Office visit.....	\$100
Medicare Part B pays.....	80% or \$80
MILA pays.....	80% of \$20 , or \$16 (80% of amount not covered by Medicare)
You Pay.....	\$4* (20% of amount not covered by Medicare)

Assumes annual MILA deductible of \$150 (\$300 family) has been met.

And if your out-of-pocket expenses - your deductible plus your share of health care expenses - reach \$2500 in a single calendar year, MILA will pay 100% of the balance of your expenses that Medicare covers but does not pay. For all family members, your annual out-of-pocket health care cost for covered expenses will never be more than \$5000.

Prescription Drug Program

The Traditional Medicare generally does not cover prescription drugs. MILA does, however, through GPP/VIP, Inc., a national prescription drug manager. Here is how the MILA prescription drug program works:

You can have your prescriptions filled at your local pharmacy or by mail order. Before MILA pays for your prescriptions, you and your eligible dependents pay the first \$500 in charges annually. You will pay discounted drug cost which MILA has negotiated through GPP/VIP, Inc., when you show your prescription card. After that, you pay only a small amount, called a “co-pay,” for each prescription. MILA pays the rest. As you can see from the chart below, you save money when you use generic drugs instead of brand-name drugs.

Your Cost For Prescription Drugs *After you have paid the \$500 Deductible.*

	Brand Name Drugs	Generic Drugs
Network Retail Pharmacy, up to a 30-day supply	\$10	\$5
Mail Order Program, up to a 60-day supply	\$15	\$5

All injected maintenance drugs, like insulin, and all medications for chronic illness like asthma, are covered only when you receive them through the mail-order program. You will only be allowed to receive one maintenance prescription and one refill of that prescription at a network pharmacy. You will not be able to obtain a second refill. You must use the mail order facility for all maintenance medications that requires more than one refill.

Network or Not?

Your pharmacy may be part of the GPP/VIP, Inc. network - check the provider list to be sure it is. If it is not, you will have to pay for your prescription, then submit a claim to MILA. Using a GPP/VIP, Inc. network pharmacy or the mail - order program is the easiest option because you will pay no more than \$15 and there are no claim forms or extra cost.

What Is Not Covered

MILA covers a long list of services, but there are services, such as cosmetic surgery, that are excluded. You will receive a Summary Plan Description (SPD) in the mail after the first of the year. Please refer to it for a full list.

Mental Health And Substance Abuse Treatment Through The MAP

The Member Assistance Program (MAP) is a counseling service designed to help you with any problems you may have. The MAP, administered by ComPsych, can help when you are feeling depressed or if you or a family member need help with drug or alcohol addiction. Your care will be completely confidential -a no one but you, your provider, and ComPsych have to know what treatment you are receiving.

Mental Health And Substance Abuse Treatment coverage includes:

- You can call the MAP 24 hours a day, seven days a week at: 1-800-595-5282. You will reach a specialist who will assess your situation and help you get care.
- Your first three visits will be provided at no cost to you.
- Cost are covered at 80% of the allowable expense. You are responsible for the remainder of the charges.

Before you visit a provider, be sure to call ComPsych at 1-877-595-5282 (TDD:1-800-697-0353 for the hearing impaired). A care coordinator can help you 24 hours a day, seven days a week.

For More Information

For more information about Medicare and what it covers, call your port administrator, Or contact Medicare directly. The toll-free telephone number is 1-800-MEDICARE (1-800-633-4227) or TTY/TTD: 1-877-486-2048 for the speech and hearing impaired, or visit Medicare's Web site at www.medicare.gov. Your local library or senior center may be able to help you get information using their computers.

For more information about how your MILA Plan will supplement your Medicare coverage, call your port administrator. You can also call the Member Services toll-free telephone number on your ID card if you have any questions about your plan benefits, or to find a provider or pharmacy:

- **CIGNA (medical)**
1-800-794-7882
- **GPP/VIP, Inc. (prescription drugs)**
1-800-341-2234
- **ComPsych (mental health and substance abuse)**
1-877-595-5282

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