

BEHIND THE SCENES



FROM THE EXECUTIVE DIRECTOR:

As the holidays approach and the year nears its end, all of us at the IATSE National Benefit Funds are fully aware of the hardship IATSE members working in motion picture and television production have faced (and continue to face) due to the WGA strike and the SAG-AFTRA strike. To have extended periods without work just a few years after the shutdown due to the COVID-19 pandemic places an enormous burden on the Funds' participants and their family members.

As we did during the pandemic, the Board of Trustees of the IATSE National Health and Welfare Fund took extra steps to assist affected participants in maintaining their health care coverage notwithstanding the loss of work. As you will read on page 2 of this issue of *Behind the Scenes*, Health Plan C copayments were subsidized for the fourth quarter of 2023 and first quarter of 2024 for affected participants who did not have sufficient CAPP account balances to maintain their coverage. In addition, the Board of Trustees of the IATSE Annuity Fund waived the usual waiting period for termination distributions for eligible participants through March 31, 2024.

These actions were only possible because of the prudent financial management of these Plans.

This same careful fiscal oversight—combined with close work with vendors to limit expenses—is also the reason why there will be no increase in CAPP charges for all of

the Health Plan C options, individual and family, for the six-month period beginning April 1, 2024 (see page 4).

In this issue, you will also receive important information about the Retiree-Only Medical Reimbursement Program (R-MRP) Plan (page 5), the Plan C Medical Reimbursement Program (MRP) (page 6), the Pension Fund (page 9), the Annuity Fund and the Vacation Fund (page 12). Plus, you can read about the important mental health care benefits provided by the Health Fund's Member Assistance Program (page 10), home delivery of prescription drugs (page 8), and the Delta Dental app (page 7).

Last but not least, please consider receiving your free annual flu shot and COVID-19 vaccine if you haven't already done so. Both help to prevent against serious illness and help protect your family and co-workers throughout the winter.

On behalf of the Trustees and staff of the IATSE National Benefit Funds, I wish you and yours a joyous, safe holiday season, and a very happy and healthy New Year.

Best wishes,

Anne J. Zeisler

What's Inside

Health and Annuity Funds Provide Relief to Participants page 2

CAPP Account Charges Remain the Same page 4

Retiree-Only Medical Reimbursement Program (R-MRP) Plan page 5

Medical Reimbursement Program (MRP) Stand-Alone Option page 6

Manage Your Dental Benefits Online page 7

Home Delivery for Your Prescriptions with CarelonRx page 8

Take Charge of Your Pension Benefits page 9

Know Your Rights page 9

Health Fund's Member Assistance Program—Mental Health Care page 10

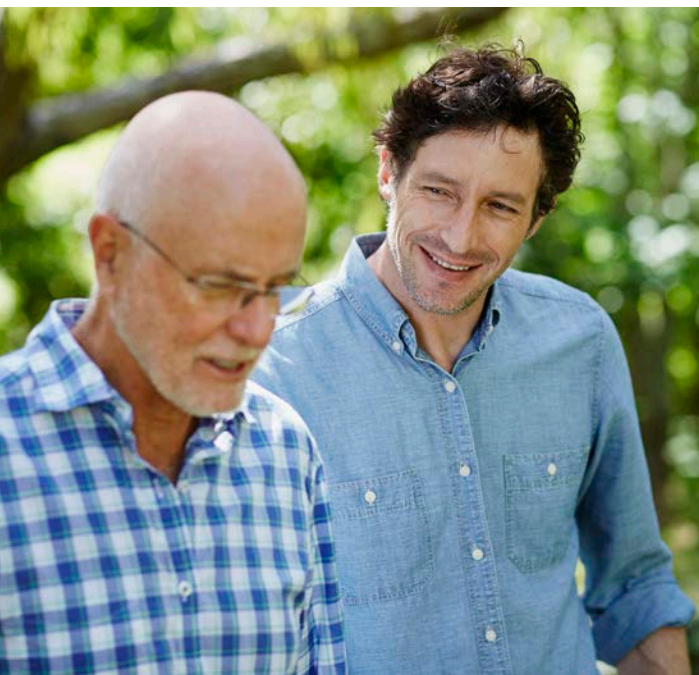
Required Minimum Distribution Age for Pension and Annuity Benefits page 11

Vacation Benefits Reminder page 12

Manage Your Annuity Account page 12

Avoid a Participation Termination or Forfeiture Under Health Plan C page 13

Summary Annual Reports page 14–15



Health and Annuity Funds Provide Relief to Participants Impacted by WGA and SAG-AFTRA Strikes

As a result of the WGA and SAG-AFTRA strikes, many participants in the IATSE National Benefit Funds have lost work and income for extended periods of time. As was the case during the COVID-19 pandemic, the Funds' Boards of Trustees have taken steps to assist Health Fund participants in maintaining coverage notwithstanding the loss of work, and to expedite distributions for affected Annuity Fund participants. The Funds' relief measures initially lasted through December 31, 2023, and were subsequently extended through March 31, 2024.

If your work has been impacted by the strikes, here is what you need to know:

Health Plan C: Copayments Waived for Eligible Participants

Eligible participants currently enrolled in Plan C whose CAPP account balance is not sufficient to continue coverage for the quarter beginning January 1, 2024 (based on the option in which they are enrolled for the quarter beginning October 1, 2023) will *not* have to make a copayment to remain in that coverage for the quarter beginning January 1, 2024, if:

- You were enrolled in Health Plan C coverage for the quarter beginning July 1, 2023 and are continuously enrolled through December 31, 2023;
- You do not have a sufficient balance in your CAPP account to continue in the coverage option (in which you were enrolled as of October 1) for the quarter beginning January 1, 2024; and
- Your work under one or more of the motion picture/television contracts listed below has been affected by the strikes, and you worked under one of those contracts (and received contributions to the Health Fund) for at least five days or 40 hours between January 1 and June 30, 2023.



The applicable contracts include, but are not limited to, the following (you can call your Local Union office to ask what agreement(s) you worked under if you need that information):

- Area Standards Agreement
- Low Budget Theatrical Agreement
- Pay Cable Agreements (e.g., HBO, Showtime, Starz, etc.)
- New York Majors Agreements (Local 764, Local 798, USA 829, Local 52 and Local 161)
- IATSE NBF Home Plan agreements
- One-Off Agreements for individual motion picture and television productions (such as East Coast Council and other regional Area Standards Agreements, Multi-camera single production agreements, and others)

If you are eligible for this relief for the coverage quarter beginning January 1, 2024, the Fund will cover the difference between your CAPP balance as of mid-November (if any) and the CAPP charge for the coverage option in which you are enrolled for the quarter beginning October 1, 2023. The Fund will be providing you with a subsidy in the amount required to continue your coverage, or you can use the subsidy amount (plus your CAPP balance, if any) toward the payment required for coverage in any other higher cost Plan option as of January 1. If you enroll in a higher cost option, you will be required to make a copayment for the additional amount. *Your coverage will automatically continue on January 1, 2024 at the same level (as in effect for the October 1, 2023 quarter) unless you timely elect to enroll in a different coverage option.*

Please note that this relief does not apply to those who incur a participation termination. If you experience a participation termination as of December 31, 2023, you will lose coverage as of that date unless you choose to continue coverage through COBRA.

Annuity Fund—No Waiting Period for Distributions for Eligible Participants Through March 31, 2024

Eligible Annuity Fund participants who are out of work due to the WGA and SAG-AFTRA strikes are eligible to take a distribution from their Annuity Fund account due to termination of employment *without* the usual waiting period (which is six months without work for those younger than age 55, and two months for those age 55 to 64).

Specifically, you are eligible for this relief if you are out of work due to the WGA and SAG/AFTRA strikes and:

- Your work under a motion picture/television contract (listed above) has been affected by the strikes, and you worked under one of those contracts within the 6-month period January 1 to June 30, 2023;
- You are not employed in any work covered by the Fund (at the time of your application); and
- Your complete application is submitted to the Fund Office and postmarked by March 31, 2024.

If you apply for this distribution, you will be required to complete a statement attesting to the fact that you meet the first two requirements above, in addition to the regular application requirements. *Please allow at least three weeks for your application to be processed.*

CAPP Account Charges Remain the Same

The IATSE National Health & Welfare Fund Board of Trustees has determined that **CAPP charges will not change for any Plan C options for the 6-month period beginning on April 1, 2024, either for individual or family coverage.** The April 1st coverage quarter will include any employer contributions **received** by the Fund Office during November and December 2023 and January 2024, as well as any monies remaining in your CAPP account from employer contributions prior to that time.

In making this decision, the Board of Trustees carefully reviewed the past claims experience and projected costs of the benefits for each Plan C option. The Board and the Fund's consultants monitor the Plans' developing costs and work with the Fund's vendors to control costs. This effort, coupled with good claims experience, allowed the Board to maintain the current CAPP account charges.

Nevertheless, please remember that hospital, medical and prescription drug costs continue to increase throughout the United States, and future CAPP account charges may increase if projected expenses are expected to exceed the income from CAPP account charges.

As a reminder, mid-November to December 15 is the Fund's open enrollment period, so you can change your coverage option and/or add eligible dependents for coverage starting January 1, 2024. Your enrollment form (and any required copayment) must be received by the

Fund Office by December 15, 2023 for the January 1 to March 31, 2024 coverage quarter. We encourage you to talk to your family and review all the coverage options available under Plan C and the costs of each option during the open enrollment period before you make your selection for 2024.

If you have a CAPP account balance that exceeds the charge for two quarters of your enrollment choice, you can use the excess amounts for the reimbursement of certain medical expenses (Plan C-MRP), as detailed in the Plan's Summary Plan Description booklet.

If the balance in your CAPP account is not sufficient to cover the CAPP charge for the coverage option of your choice, you can self-pay the difference. The fastest and easiest way to make a self-payment is through the Fund's website via MasterCard or Visa. You won't have to worry about mail delivery, and you will get an immediate payment confirmation.

We encourage you to check your CAPP account balance either on-line at www.iatsenbf.org, by e-mail at psc@iatsenbf.org or by calling the Fund Office toll free at **1-800-456-FUND (3863)** before you make any selections or co-payments.

The current quarterly CAPP charges and the quarterly CAPP charges for the six-month period from April 1, 2024 through September 30, 2024 are as follows:



Plan C CAPP Account Charges

	QUARTERLY COSTS TO YOU	
	Current CAPP Charge Effective 10-01-23	CAPP Charge to be Effective 04-01-24
PLAN C-1 Coverage		
Individual	\$5,490	\$5,490
Family	\$11,922	\$11,922
PLAN C-2 Coverage		
Individual	\$2,679	\$2,679
Family	\$4,521	\$4,521
PLAN C-3 Coverage		
Individual	\$1,896	\$1,896
Family	\$2,982	\$2,982
PLAN C-4 Coverage		
Individual	\$1,094	\$1,094
Family	\$1,929	\$1,929
Triple-S Coverage		
Individual	\$777	\$777
Family	\$1,734	\$1,734

Retiree-Only Medical Reimbursement Program (R-MRP) Plan

If you are enrolled in Medicare Parts A & B based on your age, or based on qualifying for Social Security Disability, you can enroll in the **Retiree-Only Medical Reimbursement Program (R-MRP) Plan** to help with your out-of-pocket health care costs. Please be aware of the following important information:

- **You become eligible for the R-MRP Plan** when you are enrolled in Medicare (Parts A & B), **retire** and have a balance remaining in your active Plan C CAPP account. **Retired** means that you are age 65 or you have a Social Security Disability Award and are **not active** as defined by the IATSE National Health & Welfare Fund. **Active** means that the Fund has received employer contributions on your behalf during an eligibility period (e.g., August - October for the coverage quarter beginning January) and your *active* CAPP account balance is equal or greater than the cost of one quarter of Plan C-4 single coverage. That amount is currently **\$1,094**. You are no longer 'active' if your CAPP account balance is less than this amount or if no contributions are received into your CAPP account during the eligibility quarter.
- **To enroll in the R-MRP Plan**, you must submit a copy of your Medicare ID card to the Fund Office indicating you are enrolled in Medicare Parts A & B and, if you are not yet age 65, a copy of your Social Security Disability Award. If you wish to enroll your eligible dependents (your spouse and/or child) in the R-MRP Plan, you must provide the Fund Office with proof of dependent status (e.g., marriage certificate for your spouse or birth certificates for any dependent children you wish to enroll). Once you submit your Medicare ID card (and Disability Award, if applicable), you will be automatically enrolled in the R-MRP Plan unless you have been deemed 'active' as described above. Note that if you are newly enrolled in Medicare and have not yet received your Medicare ID card, you can submit to the Fund other evidence of enrollment in both Parts A & B, such as a letter from Medicare confirming your enrollment.
- **Once you are enrolled in the R-MRP Plan, you can be reimbursed for IRS-approved medical expenses.** Please refer to the MRP Guidebook that is available at www.iatsenbf.org or contact the Fund Office to receive a copy. You can also refer to Internal Revenue



Service (IRS) Publication 502 for a list of reimbursable expenses. The R-MRP Plan will reimburse you for qualified medical expenses up to the amount of your available account balance so long as your claim is filed with the Fund Office within 12 months from the date of service. You must be enrolled in the R-MRP Plan both at the time you incur the expense and at the time you submit your claim. To be reimbursed for your spouse and/or dependent child's expenses, he or she must have been enrolled in the R-MRP Plan both at the time the expense was incurred and at the time you submit the claim for reimbursement to the Fund Office. All necessary documentation must accompany your submission along with a completed and signed claim form.

Please note that you may not use your R-MRP balance to purchase active Plan C coverage (C-1, C-2, C-3, or C-4). Your R-MRP balance may never be transferred to an active Plan C CAPP account.

If you wish to remain in Plan C-1, C-2, C-3, or C-4 *instead of participating in the R-MRP Plan*, please complete your quarterly statement and submit any applicable co-payment. This must be received by December 15th for coverage starting January 1. Alternatively, if you are deemed "active," but do not want to be enrolled in active coverage, you may waive your active CAPP account. But you must do that by the applicable deadline for the coverage period (for example, by December 15 for coverage starting January 1). And remember that there is a quarterly administrative fee of \$25 for each quarter that you are enrolled in the R-MRP Plan. This fee is automatically deducted from your R-MRP account balance during each quarter.



Enrolling in the Plan C - Medical Reimbursement Program (MRP) Stand-Alone Option

During the 2024 Open Enrollment period, which ends December 15, 2023, please be aware of the following important information regarding enrollment in the Plan C - Medical Reimbursement Program (MRP):

- If you want to participate in Plan C-MRP as a stand-alone option for 2024, you must provide proof that you have employer- or union-sponsored group health coverage that meets the minimum value standards of the Patient Protection and Affordable Care Act (ACA) that will cover you in 2024.
- If you want to submit MRP claims for your eligible spouse and/or dependent(s), you must sign and submit a certification affirming that your spouse and/or dependent(s) are also covered by an employer- or union-sponsored group health plan that meets the ACA minimum value standards, if you are participating in Plan C-MRP as a stand-alone option.
- To get reimbursed for claims from Plan C - MRP, you must submit your claims with a signed claim form each time you submit a claim. You can obtain a claim form on the Fund's website, www.iatsenbf.org. You must include copies of all Explanation of Benefits (EOBs) from your employer- or union-sponsored group health plan.

To enroll in Plan C-MRP as a stand-alone option for 2024, you must send the required documents to the Fund Office by December 15, 2023, even if you have sent the information previously for participation in a prior year. Specifically, to participate in Plan C-MRP as a stand-alone option for 2024, you must provide **EITHER**:

1. A copy of the front and back of your identification card for your other employer- or union-sponsored

group health plan that will cover you (and your family if applicable) in 2024. The card must clearly state that it is **group** coverage;

AND

2. If your coverage identification card does not clearly state that it is for a **group** health plan, you must provide the Fund Office with a statement from the insurance carrier or plan sponsor verifying that the coverage is a **group** health plan through employment;

AND

3. You must sign and submit the certification statement affirming that your other coverage meets the minimum value standards of the ACA.

If you do not have a copy of your identification card by the December 15th enrollment deadline, please provide a letter from your employer or other group health plan sponsor confirming that you will be enrolled in the group health coverage as of January 1, 2024. You must then provide a copy of your identification card as soon as it is available. Please contact the Fund's Participant Services Center via email or telephone if you have any questions—Email address: psc@iatsenbf.org; Phone Number: **800-456 FUND(3863)**.

In addition, please note that participants in Plan C-MRP are charged an administrative fee of \$60 per quarter.



Manage Your Dental Benefits Online

The Health and Welfare Fund's dental benefits administrator, Delta Dental, is offering an online app that makes it easy to select a dentist and manage your benefits on a mobile phone, tablet or desktop computer.

Here is how to access the app and how you can use it:

- 1. Create an account.** Start by going to deltadentalins.com. Choose **Log in** to create an account or log in to an existing account. Once there, you can:
 - Check your Plan details and eligibility.
 - Browse your claims history.
 - Download Plan documents.
 - Find an in-network dentist.
 - View your member ID card or print a paper copy.
 - Update your settings to paperless.
- 2. Find an in-network dentist.** When you've logged in to deltadentalins.com, enter your address or zip code and select your network (Delta or SIDs). Then, you can:
 - Search by distance, specialty, language spoken, extended office hours, wheelchair accessibility and more.
 - Browse Yelp ratings and reviews from patients, and check out DentaQual scores for an objective quality metric based on actual claims data.
- 3. Understand your Plan.** By going to deltadentalins.com/enrollees you can:
 - Browse answers to frequently asked questions.
 - Get tips on planning for a dental visit.
 - Find claim forms.
 - Learn how to go paperless, sign up for a virtual dental visit, and coordinate coverage with two or more plans.
- 4. Explore dental wellness.** By going to deltadentalins.com/wellness you can:
 - Browse articles on everything from acid to xylitol.
 - Find delicious recipes for healthy meals.
 - Watch videos on preventive care and common procedures.
- 5. Download the app on your smartphone.** Just search for Delta Dental in the App Store or Google Play. Once installed, you can access all the services and resources described above.

Get the medications you take regularly sent to your home with CarelonRx Pharmacy

Use home delivery through CarelonRx Pharmacy for any prescription medication you take on a regular, long-term basis. Please note that you can get your prescriptions filled at your local pharmacy two times (the first fill and a refill). After that, you will have to pay the full cost for your medication at your local pharmacy until you switch to CarelonRx Pharmacy.

With home delivery, you can count on:



Convenience. Medications are delivered directly to your home or any location you choose.

- Manage your prescriptions with the SydneySM Health app or at [anthem.com](https://www.anthem.com).
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Track your order.
- Set up reminders and automatic refills, too.



Safety. All orders are checked by a licensed pharmacist before they ship. Discreet packaging is:

- Tamperproof
- Temperature controlled, if needed
- Weatherproof



Peace of mind. You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery.* You can also talk, text, or chat 24/7 with a trained pharmacist if you have questions or need help.



Hassle-free service. CarelonRx Pharmacy will contact your doctor to order a new, 90-day prescription if you need one. If a medication preapproval is needed, the home delivery team will reach out to you for consent before shipping your medication.



Savings. Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Shipping is always free. With CarelonRx Pharmacy, you can also learn about lower-cost options and use coupons to save money.

We're here to help

Call the Pharmacy Member Services phone number on your member ID card or use the live chat feature on Sydney Health or [anthem.com](https://www.anthem.com).

*National Library of Medicine, National Center for Biotechnology website: A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy (accessed September 2022); [ncbi.nlm.nih.gov/pubmed/30816817](https://pubmed.ncbi.nlm.nih.gov/30816817). Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2023

Services provided by CarelonRx, Inc.

CarelonRx is an independent company providing pharmacy benefit management services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compicare Health Services Insurance Corporation (Compicare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Start home delivery now

1. Log in to [anthem.com](https://www.anthem.com) and go to the **Prescriptions Home** page. You can also log in to your mobile app and select **Pharmacy**.
2. Choose **Request a New Home Delivery Prescription** and follow the guided steps to submit.

Take Charge of Your Pension Benefits

All participants in the IATSE National Pension Fund have the right to receive a detailed statement of their earned pension credits and an estimate of their pension at retirement, and to find out whether they are vested. The amount received at retirement depends on the pension credits earned and the employer contributions made to the Fund on the participant's behalf.

That's why every Pension Fund participant should periodically check on their credits. To do so, please request a pension benefit statement and/or estimate in writing from the Fund Office. **Requests must be made in writing** and should be sent via email to pension@iatsenbf.org. You are entitled to one such statement every 12 months. You can also request a pension estimate through the Fund's website, if you have registered for the participant portal.

If you're already receiving your pension, please take the time to do the following:

1. Make sure the Fund Office has your current contact information, including your address and telephone number, so you'll keep receiving your checks and other important information without interruption.

2. Return your annual Pension Verification Form to the Fund Office immediately if you haven't already done so. Be sure to sign it and have it notarized. If the Fund doesn't receive it, your pension checks will be put on hold.
3. If you're working while receiving your pension, you must notify the Fund Office about any work for which employer contributions are required to be made to the Fund.
4. Please keep your beneficiaries up to date. If you want to make any changes, you must notify the Fund Office in writing by updating your beneficiary form.

In addition, if you're receiving a disability pension from the Fund, you must provide the Fund with annual proof that your disability continues.

Though not required, you should periodically review the taxes withheld from your pension check. To change the amount for any reason, please contact the Fund Office at (800) 456-3863 or pension@iatsenbf.org.

Know Your Rights as a Health & Welfare Fund Participant if You or a Covered Dependent is a Mastectomy Patient

The Women's Health and Cancer Rights Act of 1998 (WHCRA) includes important information for mastectomy patients who elect breast reconstruction in connection with a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must also provide coverage for certain services relating to the mastectomy in a manner determined in consultation with the attending physician and the patient. Required coverage includes 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, and prostheses and treatment of physical complications of the mastectomy, including lymphedema. Coverage of breast reconstruction is subject to the same coinsurance and other Plan provisions as other benefits under the Plan.

Your Privacy Matters

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established standards to guarantee the privacy of personal health information. The intent of HIPAA is to make sure that certain health information that identifies (or could be used to identify) you is protected. This individually identifiable health information is known as "protected health information" (PHI). The IATSE National Health & Welfare Fund will only use or disclose your PHI to the extent necessary for treatment, payment, or plan operations/administration, or as otherwise permitted or required by law and in accordance with its policies. For details about the IATSE National Health & Welfare Fund's policy, see our Privacy Notice on our website (www.iatsenbf.org) or request a copy from the Fund Office.

Get the Mental Health Care You Need through the Health Fund's Member Assistance Program

Working in the entertainment industry brings with it great satisfaction—but often, a great deal of stress, too. The work can be sporadic and involve long hours and intense pressure. Many have been affected by two lengthy work stoppages over the past three years—caused by the COVID-19 pandemic and then the WGA and SAG-AFTRA strikes.

The IATSE National Health & Welfare Fund's Member Assistance Program (MAP) offers mental health support. If you are experiencing feelings of stress, anxiety, or depression, help is available from the comfort of your own home. If you're enrolled in the Health Fund, you can schedule a virtual video visit with a licensed therapist when you need support. In most cases, you can make an appointment to see a therapist within four days or less. Please note that you have three visits available through the MAP at no cost to you.

Use your smartphone, tablet, or computer with a camera to arrange for a secure virtual visit through the Sydney Health app.

Start by calling your MAP at 800-999-7222—a representative will:

- Talk to you about your therapy options, including video visits through Sydney Health.
- Provide a coupon code you can use to access the sessions provided by your MAP.

Therapists are available through video visits for these common conditions:

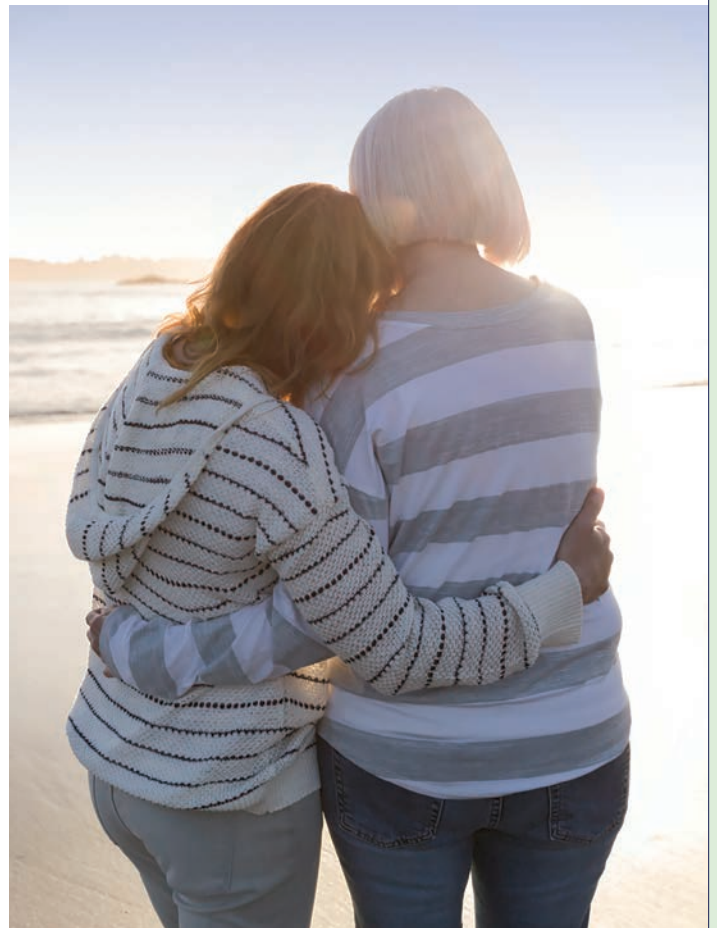
- Anxiety
- Stress
- Depression
- Relationship troubles
- Parenting issues
- Grief
- Coping with illness
- Post-traumatic stress disorder

To receive care, you can **download the Sydney Health app** and then take the following steps:

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for the app and **anthem.com**.
3. Select Care and then select Video Visit.

Or you can **go online to anthem.com** and take the following steps:

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and the Sydney Health app.
3. From the Care tab, select Virtual Care in the drop-down menu. Then, select Video Visit Options.





Change to Required Minimum Distribution Age for Pension and Annuity Benefits and to Annuity Fund Lump Sum Distribution Rules

IATSE National Pension Fund

If you are a Pension Fund participant who turns age 72 on or after January 1, 2023 (i.e. you were born on or after January 1, 1951), you are not required to start receiving your pension benefits until *the later of* April 1 of the calendar year following the calendar year in which you turn **age 73** or the year in which you stop working. (Under prior IRS rules, pension benefits had to start by April 1 of the year after you attained age 70½ or 72, depending on your date of birth.)

In other words, if you are *not* working, you must start receiving your pension benefits by April 1 of the year after the year in which you turn age 73—though you can apply earlier if you would like. If you are still working beyond that date, you must start receiving your pension benefits by April 1 of the year following the year in which you stop working. However, the Plan still allows working participants to elect to begin receiving their pension by April 1 of the year after the year in which they reach age 70½.

If you die before you start receiving your pension and were born on or after January 1, 1951, your surviving spouse can delay the start of the survivor annuity benefits until December 31 of the year in which you would have turned age 73.

However, there is no change to the age at which you can work without suspension of your pension benefits. So, after you reach age 70½, you can work and your pension will not be suspended, no matter how much you worked.

IATSE Annuity Fund

Annuity Fund participants born on or after January 1, 1951 are not required to start distributions from the Annuity Fund until April 1 of the calendar year after the calendar year in which they turn age 73. If you die before taking a distribution and your spouse is your beneficiary, your spouse can wait until December 31 of the year in which you would have turned age 73 (or December 31 of the year after your death, if later), but only if your spouse elects to receive a monthly survivor annuity. If you were born before 1951, distributions to your spouse must begin earlier, as stated in the Fund's Summary Plan Description. If your spouse takes a lump sum distribution, payment must be made within five years of your death.

In addition, for distributions on and after January 1, 2024, the minimum account balance to be eligible for a distribution in the form of a lifetime annuity (rather than a lump sum) has increased. Specifically, a distribution in the form of a lifetime annuity may be made only if the account balance is above \$7,000 (rather than \$5,000). Therefore, effective January 1, 2024, spousal consent to waive the joint and survivor form of benefit payment is only required if your account balance is above \$7,000 (rather than \$5,000).

Please review the Summary Plan Descriptions for Pension Plan B, Pension Plan C and the Annuity Plan for more details. They are available on the Funds' website, www.iatsenbf.org, or upon request from the Fund Office, by mail at 417 Fifth Avenue, 3rd floor, NYC 10016, or email at pension@iatsenbf.org.



Manage Your Annuity Account

The IATSE Annuity Fund provides an important piece of participants' retirement security. To help you make the most of your Annuity Fund benefits, you can view, analyze and manage your account from the convenience of your computer, tablet or smartphone.

If you don't already have an online account with the Annuity Fund's recordkeeper, Principal®, you can set it up by taking the following steps:

1. Visit principal.com/login and select "Create an account."
2. Register your information and secure your account access with two-factor authentication.
3. When you're finished, log in.

If you do have other Principal® accounts that you access online, you can bypass these steps because you're already registered and can use your existing username and password.

To manage your account through your smartphone or tablet, download the Principal® app at principal.com/OnTheGo.

And to help with retirement planning, the **Principal® Milestones** tool provides valuable information on topics like budgeting, student loans, building emergency savings, and more. You can even prepare a will or another legal document at no cost through ARAG®. To use this tool, log in to your account and visit principal.com/Milestones.

If you have questions, you can visit principal.com, or call 866-728-3357. Principal retirement specialists are available Monday through Friday from 8 a.m. to 10 p.m. ET. Your Contract/Plan ID Number is 338269.

For help with rollovers, distributions, withdrawals, or salary deferral contributions if you're eligible to make them, please contact the IATSE Annuity Fund office at 800-456-3863 or email us at annuity@iatsenbf.com.

And remember—if you have been out of work due to the WGA or SAG-AFTRA strikes and meet other eligibility requirements, you can take a distribution from your Annuity Fund account due to termination of employment without the usual waiting period. (See pages 2 and 3 for more information.)

Vacation Benefits Reminder

Participants in the IATSE National Vacation Fund should be sure to keep track of their benefits to ensure they are being properly and fully credited for all employer contributions.

To keep track of your vacation benefits, please:

1. Verify your eligibility by going to our website at www.iatsenbf.org and accessing your personal dashboard. There you can check your work history records and determine what amount, if any, your benefit should be.
2. If your address has changed, please update it by going to our website, or contacting the Fund Office by email (PSC@iatsenbf.org) or by phone (800-456-FUND).
3. Sign up for direct deposit—the fastest way to receive your benefit.
 - Go to www.iatsenbf.org/assets/Uploads/Documents/Vacation-Fund-Direct-Deposit.pdf to print out the form, or request a copy from the Participant Services Center (email: PSC@iatsenbf.org, phone: 800-456-FUND).
 - Once you complete the direct deposit form, you must return it to the Fund by mailing it to our offices at IATSE National Benefit Funds, 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204 or faxing it to the Fund Office at 646-783-7650. Please contact the Participant Services Center if you need help.
 - All direct deposit forms must be returned to the Fund Office by April 21st in order for it to apply to the distribution for that year (which generally occurs in the spring of each year).

Avoid a Participation Termination or Forfeiture Under Health Plan C

Participants in IATSE National Health & Welfare Plan C should understand the rules regarding termination and forfeiture of your CAPP account, and how you might be able to avoid termination or forfeiture of your account.

Participation Termination: Those Who Are Self-Paying All or Part of the CAPP Charge

Participants who are self-paying all or a portion of the CAPP charge for coverage under a Health Plan C option (including Triple S) lose eligibility for continued participation in Plan C when *both* of the following happen:

- Your CAPP account balance is zero; *and*
- Over the preceding 24-month period, the Fund Office has not received employer contributions on your behalf equal to at least the quarterly charge for Plan C-2 single coverage.

When your coverage ends in accordance with this rule, you (and your enrolled eligible dependents) will be given the opportunity to elect to continue coverage on a self-pay basis for a temporary period of time in accordance with the federal law known as COBRA. Under COBRA, you generally are allowed to self-pay for coverage for up to 18 months.

To regain active coverage following a participation termination, you must meet the Fund's rules for re-entry. You will be eligible for re-entry when eligible employer contributions to your CAPP account equal at least the current cost of one month of Plan C-3 single coverage, plus a \$150 administrative fee.

Forfeiture

Plan C CAPP accounts are intended for Plan participants who are working in covered employment in the entertainment industry or are using their CAPP balance (from prior work in the industry) for coverage under the Fund or reimbursement of claims. If a CAPP account has been "inactive" for eight consecutive calendar quarters, the balance in the account will be forfeited at the end of the eighth calendar quarter to the general assets of the Health & Welfare Fund.



These forfeitures help to maintain benefits and offset administrative expenses for currently active participants.

Activity that avoids a forfeiture is:

1. coverage in an active Plan option (Plan C-1, C-2, C-3, or C-4, Triple S, or Plan A)**;
2. a paid medical reimbursement (MRP) claim; or
3. receipt of employer contributions credited to your CAPP account.

* Plan A coverage counts as activity only so long as your CAPP account balance is equal to (or more than) the charge for one quarter of C-2 single coverage plus the \$150 administrative fee.

** Mere enrollment in Plan C-MRP as a standalone option (and the related administrative charge) does not count as "activity".

If you do not have at least one of these types of activity over eight consecutive quarters, your account will be deemed inactive and your CAPP account will be forfeited. For example, an account that has not had any activity in 2021 or 2022 would be forfeited at the end of 2022.

If, after your CAPP account has been forfeited, employer contributions are made to your CAPP account in the future, then you will be eligible to enroll in one of the Plan C coverage options (including Triple S) once the amount of new employer contributions received on your behalf reaches the monthly cost of Plan C-3 single coverage plus the \$150 administrative fee.

I.A.T.S.E. National Pension Fund

Note: The 2022 Annual Funding Notice for the I.A.T.S.E. National Pension Fund (mailed in April 2023) replaces the Summary Annual Report disclosure requirement for this Fund. Please contact the Fund Office if you need a copy of the 2022 Annual Funding Notice.

I.A.T.S.E. National Health & Welfare Fund

This is a summary of the annual report of the I.A.T.S.E. National Health & Welfare Fund, EIN 23-7333434, Plan No. 501, health plan, for period January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees I.A.T.S.E. National Health & Welfare Fund has committed itself to pay certain claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Davis Vision, Inc., Empire Healthchoice Assurance Inc., Metropolitan Life Insurance Company and Triple S Salud, Inc. to pay health, vision, life insurance, temporary disability, prescription drug, stop loss, PPO, indemnity and major med, teleconsulta, organ & tissue transplant claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2022 were \$5,532,192.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$903,493,731 as of December 31, 2022, compared to \$850,291,163 as of January 1, 2022. During the plan year the plan experienced an increase in its net assets of \$53,202,568. This increase 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 \$378,323,040, including employer contributions of \$456,334,953, employee contributions of \$12,725,366, earnings from investments of (\$91,156,823), and other income of \$419,544.

Plan expenses were \$325,120,472. These expenses included \$13,932,544 in administrative expenses, and \$311,187,928 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. The items listed below are included in that report:

1. an accountant's report;
2. financial information;
3. information on payments to service providers;
4. assets held for investment;

5. transactions in excess of 5% of the plan assets;
6. insurance information, including sales commissions paid by insurance carriers;
7. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees I.A.T.S.E. National Health & Welfare Fund at 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by telephone at (212) 580-9092. The charge to cover copying costs will be \$14.00 for the full annual report, or \$0.25 per page for any part thereof.

I.A.T.S.E. National Vacation Fund

This is a summary of the annual report of the I.A.T.S.E. National Vacation Fund, EIN 23-7345994, Plan No. 501, for period January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$4,409,756 as of December 31, 2022, compared to \$1,447,664 as of January 1, 2022. During the plan year the plan experienced an increase in its net assets of \$2,962,092. This increase 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 \$4,547,855, including employer contributions of \$4,525,427, and earnings from investments of \$22,428.

Plan expenses were \$1,585,763. These expenses included \$253,869 in administrative expenses, and \$1,331,894 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. The items listed below are included in that report:

1. an accountant's report;
2. financial information;
3. information on payments to service providers;
4. assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees I.A.T.S.E. National Vacation Fund at 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by telephone at (212) 580-9092. The charge to cover copying costs will be \$5.00 for the full annual report, or \$0.25 per page for any part thereof.

I.A.T.S.E. Annuity Fund

This is a summary of the annual report for I.A.T.S.E. Annuity Fund, EIN 13-3088691, Plan No. 001, for period January 1, 2022, through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$46,902,192. These expenses included \$6,545,147 in administrative expenses, and \$40,357,045 in benefits paid to participants and beneficiaries. A total of 96,717 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$1,145,463,550 as of December 31, 2022, compared to \$1,222,095,167 as of January 1, 2022. During the plan year the plan experienced a decrease in its net assets of \$76,631,617. 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. The plan had total income of (\$29,729,425), including employer contributions of \$96,879,002, employee contributions of \$9,526,322, rollover income of \$772,686, and earnings from investments of (\$136,907,435).

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report.
2. financial information.

3. information on payments to service providers.
4. assets held for investment.
5. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees I.A.T.S.E. Annuity Fund at 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by telephone at (212) 580-9092. The charge to cover copying costs will be \$7.50 for the full annual report, or \$0.25 per page for any part thereof.

Other Information

You also have the right to receive from the Fund Office, 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, these two statements and accompanying notes will be included as part of that report. The charges to cover copying costs given above do not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Funds at 417 Fifth Avenue, 3rd Floor, New York, NY 10016 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, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Board of Trustees

	UNION TRUSTEES	EMPLOYER TRUSTEES
Health & Welfare Fund Pension Fund Annuity Fund	Matthew D. Loeb Brian J. Lawlor James B. Wood Daniel E. DiTolla Patricia White Michael F. Miller, Jr. Joanne Sanders	Christopher Brockmeyer Carol A. Lombardini Sam Shulman Jay Barnett Robert W. Johnson Hank Lachmund Jason Laks
Vacation Fund	James B. Wood Michael F. Miller, Jr.	Christopher Brockmeyer Jason Laks
	EXECUTIVE DIRECTOR Anne J. Zeisler	



417 Fifth Avenue, 3rd Floor,
New York, NY 10016-2204

www.iatsenbf.org

Administration

SUPPORTING CAST

Here's a list of the organizations that support and administer our programs. You can find contact information in the summary plan descriptions or link to any of their websites through ours (www.iatsenbf.org).

HOSPITAL AND HEALTH

Empire Blue Cross Blue Shield
Triple-S

PRESCRIPTION DRUG

CarelonRx

VISION

Davis Vision

DENTAL

Delta Dental
A.S.O./S.I.D.S.

MEDICAL REIMBURSEMENT PROGRAM (PLAN C-MRP AND R-MRP)

The Fund Office

PHYSICAL EXAM AND HEARING AID BENEFIT

A.S.O./S.I.D.S.

LIFE INSURANCE

MetLife

ANNUITY

Principal

How You Can Reach Us

At the Fund Office, we welcome your questions or requests for information. There are a number of ways to reach us.

IN PERSON — Please contact us to make an appointment if you want to visit our office on the third floor of 417 Fifth Avenue in New York. We are in the office and making an appointment with us in advance will ensure our staff is available to support your needs.

CALL US — In New York, the number is 212-580-9092. The toll-free number is 1-800-456-FUND (3863).

SEND US A FAX —

Our main fax number 212-787-3607
Benefits 212-730-7706
Contracts & Contributions 212-792-8322
Finance 212-792-8321
Pension 212-792-8323
Executive Director 212-792-8320

SEND AN EMAIL to the Participant Services Center (PSC@iatsenbf.org).

Key Email Addresses for Communicating with the Funds:

- For participant services assistance, psc@iatsenbf.org
- For assistance with appeals, appeals@iatsenbf.org
- For assistance with Annuity Fund matters, annuity@iatsenbf.org
- For assistance with claims matters, claims@iatsenbf.org
- For assistance with pension matters, pension@iatsenbf.org
- For assistance with contract matters, contracts@iatsenbf.org

IATSE National Benefit Funds 2024 Holiday Schedule



New Year's Day	January 1	Labor Day	September 2
Martin Luther King Jr. Day	January 15	Columbus Day	October 14
Presidents' Day	February 19	Veterans Day	November 11
Good Friday	March 29	Thanksgiving	November 28
Memorial Day	May 27	Day after Thanksgiving	November 29
Independence Day	July 4 th	Christmas	December 25