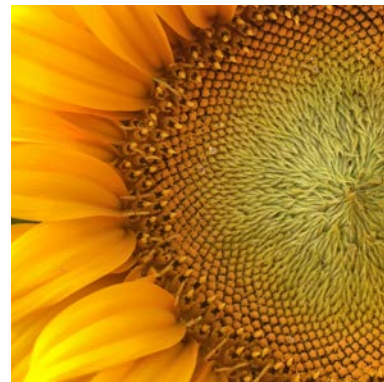


# BEHIND THE SCENES



## FROM THE EXECUTIVE DIRECTOR:

As the summer approaches, I hope it brings you a prosperous work season and an opportunity for some enjoyment during the upcoming months.

In this issue of *Behind the Scenes*, you will see that the Board of Trustees of the IATSE Annuity Fund has extended your ability to access your account (without the usual waiting periods) if you are not working due to the recent WGA and SAG-AFTRA strikes. In recognition of the fact that some individuals continue to be impacted by the strikes, the Annuity Fund relief continues through July 31, 2024 and the Health Fund relief continues through the quarter ending June 30, 2024. (See page 3).

On page 2, you will read that due to rising healthcare costs, which are projected to continue, some of the Health Fund's CAPP account charges will increase. This is the first increase in 18 months, which reflects the diligent fiscal management by the Fund's Board of Trustees. The CAPP account charges will increase by \$35 per month starting October 1, 2024, for three of the plan options.

This issue contains information on how to keep track of your Vacation benefits (page 15) and how to manage and verify your Pension benefits (page 7). Also, this issue is full of many important and informative articles, such as how to address and cope with anxiety (page 4), and best practices for sleep health (page 6). Please share this information with your family.

On behalf of the Trustees and staff of the IATSE National Benefit Funds, I wish you and yours a happy and healthy summer.

Best wishes.

Anne J. Zeisler

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## CAPP Rates Set for October 2024

Following the Board of Trustees' semi-annual review of the IATSE National Health & Welfare Fund's benefit plan experience and future cost projections, quarterly CAPP charges for Plan C coverage have been set for the **coverage quarter beginning October 1, 2024**. Your CAPP account balance for the October 1st coverage quarter will include any employer contributions **received** by the Fund Office during May, June and July 2024, as well as any balance in your CAPP account from employer contributions prior to that time.

Due to the continued increase in costs for medical, hospital and prescription drugs, some of the CAPP account charges that have been unchanged since April 1, 2023 must now be adjusted. The CAPP account charges for Plans C-1 (Single and Family), C-2 (Single and Family), and C-3 (Single and Family) will all increase by \$35 per month (\$105 per quarter) effective October 1, 2024.

The rates for C-4 (Single and Family) and Triple S (Single and Family) will remain unchanged for the October 1<sup>st</sup> coverage quarter.

If you have a CAPP account balance in excess of the charge for two quarters of your enrollment choice, that excess is available for the reimbursement of uninsured medical expenses, such as co-payments. This is the Medical Reimbursement Program, also called Plan-C MRP. As a reminder, you can find a booklet explaining the program on the Funds' website, [www.iatsenbf.org](http://www.iatsenbf.org).

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](http://www.iatsenbf.org), by e-mail at [psc@iatsenbf.org](mailto:psc@iatsenbf.org) or by calling the Fund Office toll free at 1-800-456-FUND (3863).

The current quarterly CAPP charges and the quarterly CAPP charges for the six-month period from October 1, 2024 through March 31, 2025 are as follows:

### Plan C CAPP Account Charges

	QUARTERLY COSTS TO YOU	
	Current CAPP Charge Effective 04-01-24	CAPP Charge to be Effective 10-01-24
<b>PLAN C-1 Coverage</b>		
Individual	\$5,490	\$5,595
Family	\$11,922	\$12,027
<b>PLAN C-2 Coverage</b>		
Individual	\$2,679	\$2,784
Family	\$4,521	\$4,626
<b>PLAN C-3 Coverage</b>		
Individual	\$1,896	\$2,001
Family	\$2,982	\$3,087
<b>PLAN C-4 Coverage</b>		
Individual	\$1,094	\$1,094
Family	\$1,929	\$1,929
<b>Triple-S Coverage</b>		
Individual	\$777	\$777
Family	\$1,734	\$1,734

# Annuity Fund Relief *Extended* through July 31, 2024 for Participants Affected by the Motion Picture/Television Industry Strikes and Health & Welfare Fund Relief Expires June 30, 2024



The Board of Trustees of the IATSE Annuity Fund recognizes that while the lengthy WGA and SAG-AFTRA strikes were settled last year, some individuals working in the entertainment industry continue to be impacted. As a result, the Board has extended the Annuity Fund's strike relief through July 31, 2024.

With this relief, participants continue to be eligible to take a distribution from their Annuity Fund account due to termination of employment *without* the usual waiting period (six months without work for those younger than age 55, and two months for those age 55 to 64), if they are currently out of work due to the recent WGA and SAG-AFTRA strikes and:

- Their work under a motion picture/television contract has been affected by the strikes, and they worked under one of those contracts within the 6-month period January 1 to June 30, 2023;
- They are not currently working in any work covered by the Fund; and
- Their complete application is submitted to the Fund Office and postmarked by July 31, 2024.

Eligible participants will be required to complete a statement attesting to the fact that they meet the first two requirements above, in addition to the regular application requirements. Applications generally are processed within approximately three weeks.

As previously announced, the IATSE National Health & Welfare Fund's strike relief for Plan C participants expires on June 30, 2024.

## Your retirement account may need **attention**

In 2024, add additional security to your retirement account



### Simply:

- Log in at [principal.com](https://principal.com)
- Register your mobile device and email address with Principal®
- We'll send a code to your desired device when you log in

This document is intended to be educational in nature and is not intended to be taken as a recommendation.

Insurance products and plan administrative services provided through Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

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## Taking Control of Anxiety

Anxiety is a natural emotion. However, it can also cause physical symptoms and for some, anxiety disorders can affect daily life.

When you have anxiety, your body produces adrenalin, a stress hormone that allows your heart to work harder so you can have the energy to deal with the perceived danger or stressful situation. As your heart races, the adrenalin causes excess energy and makes you feel jumpy. In more intense situations, such as a traumatic accident, your body produces even more adrenaline. In fact, the mere thought of these types of situations can trigger severe anxiety.

When anxiety is intense, many people experience symptoms, such as:

- Heart pounding;
- Nausea;
- Poor sleep;
- Sweating;
- Tingling in the legs and arms;
- Stomachaches; and
- Headaches

Uncontrolled anxiety can affect your work and relationships. In addition, severe and constant anxiety can cause high blood pressure, allergies, and digestive problems.

We encourage you to talk to your doctor if you're experiencing prolonged anxiety. They will work with you to develop a treatment plan that can help your anxiety and any related health conditions. The treatment plan might include medication, therapy, and lifestyle changes.

Aside from medical treatment, you can help protect your health and manage your anxiety by:

- Spending time with friends and family;
- Talking with a therapist about your feelings;

- Exercising regularly or staying active;
- Eating nutritious foods;
- Setting aside enough time for sleep and rest;
- Avoiding drugs, alcohol, and caffeine;
- Learning relaxation exercises or meditation; and
- Focusing on the positive.

Different people have different ways of managing their anxiety. If you're dealing with anxiety, talk with your doctor and try the suggestions above to find what works best for you so you can improve your quality of life—and enjoy it.

### Find help for anxiety

With Emotional Well-being Resources from Anthem, the Fund's medical benefits network provider and claims administrator, those enrolled in the Health Fund have access to information to help you and your household members live your happiest, healthiest lives. Log into [anthem.com](https://www.anthem.com), go to MyHealth Dashboard, choose Programs, and select Emotional Well-being Resources.

You can connect to these resources 24/7. Call 800-999-7222 or visit [www.anthemEAP.com](https://www.anthemEAP.com) and enter code: IATSE National.

Health Fund enrollees also have access to LiveHealth Online, which connects you to 24/7 confidential counseling through scheduled visits over live text message, telephone, or video. Visit [www.anthemEAP.com](https://www.anthemEAP.com) to find virtual care options that are right for you.

# The vital connection between oral health and overall health

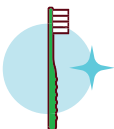
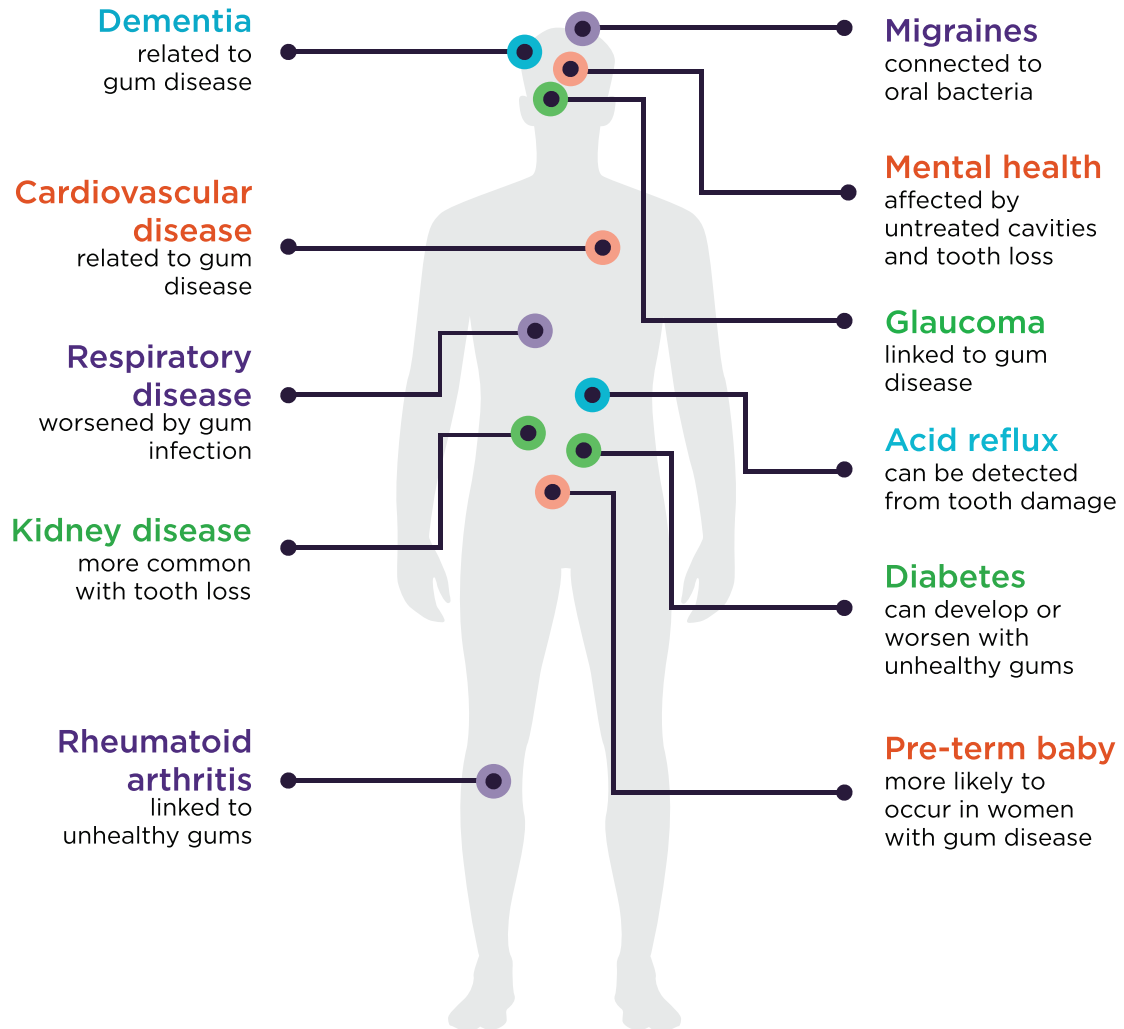


## Did you know?

Nearly half of U.S. adults over the age of 30 have some form of gum disease.

### Why it matters

Poor gum health and tooth loss can affect your overall health. Research has linked gum disease to cardiovascular disease, diabetes and strokes. Both can **increase your risk for a variety of chronic conditions and health issues, including:**



**Good oral hygiene is essential. Be sure to brush and floss twice a day.**

# Sleep Well, Be Well

The relationship between sleep and overall physical health is complex and interconnected. Sleep allows both the body and brain to recover during the night, ensuring you feel refreshed and alert when you wake up. At the same time, your physical health and associated medical conditions can make it difficult to get the sleep you need. Here are some thoughts and tips about the sleep-health connection from Anthem BlueCross Blue Shield, the IATSE National Health & Welfare Fund's medical network provider and claims administrator:

## How your health impacts your sleep

Your physical health can affect whether you get enough high-quality sleep. There are many illnesses that can cause a person to fall short on sleep. Similarly, medications and supplements can negatively impact sleep duration and quality.

It's important to be aware that while sleep deprivation can result from not sleeping long enough, it can also be caused by not getting enough high-quality sleep. Even a person who sleeps eight hours per night can become sleep-deprived if their sleep quality is poor.

Poor sleep quality usually results from periodically waking up during the night, even if these awakenings are brief and not remembered. Sleep disorders, like obstructive sleep apnea and periodic limb movement disorder, can cause multiple awakenings and reduce sleep quality. Hormonal fluctuations that occur during the menstrual cycle, pregnancy, and menopause can also interfere with getting quality sleep.

## The effects of sleep deprivation on health

Sleep deprivation can have a significant impact on overall physical health. Over time, not getting enough sleep can negatively impact your physical health in multiple ways, resulting in a higher risk of these issues:

- Weight gain and obesity
- Dementia
- Injury from incidents such as car crashes and other accidents
- Heart attack and stroke
- High blood pressure
- Type 2 diabetes
- Obstructive sleep apnea
- Depression and anxiety

- Reduced immunity and risk of infection
- Cancer
- Early death

## How to tell if you are getting enough sleep

Adults require at least seven hours of sleep each night. When a person isn't getting enough sleep, they often feel tired during the day, as if their physical and mental well-being is compromised. Symptoms of sleep deprivation include:

- Feeling extremely tired during the day
- Mood changes, including increased stress, anxiety, or irritability
- Impaired thinking, memory, and judgment
- Reduced attention span

## The benefits of sleep

Once you begin getting adequate sleep, the symptoms of sleep deprivation may be reversed. You may find yourself in a better mood, with greater energy and attention, and a sense of improved well-being. The risk of incidents such as car crashes or other accidents may also be reduced.

Sometimes, sleep deprivation impacts a person's social and work life. They may cut back on enjoyable activities due to tiredness or find they are falling behind on their responsibilities at home or work. If adequate sleep is restored, you may notice you have more energy to dedicate to work, hobbies, and home life.

## Tips for better sleep

To help improve both the quantity and quality of your sleep, experts recommend taking the following steps:

- Keep a consistent schedule
- Exercise (but not too close to bedtime)
- Keep your bedroom dark
- Take a break from social media, especially as bedtime approaches
- Limit your caffeine intake

If after taking these steps, you still feel tired when you wake up—or if your partner notices that you are taking irregular breaths when you sleep—you could be suffering from obstructive sleep apnea. If so, we encourage you to contact your doctor, who may recommend that you undergo a sleep test.



## Verify Your Pension Benefits

If you participate in the IATSE National Pension Fund, you have the right to receive a detailed statement of your earned pension credits and an estimate of your pension at retirement, and to find out if you are vested.

The pension amount you receive when you retire depends on the pension credits you earn and the rate(s) your employers were required to contribute to Plan B on your behalf, or the total amount your employers were required to contribute to Plan C on your behalf. That's why you should periodically check on your credits. To do so, please request a pension benefit statement and/or estimate—**in writing**—from the Fund Office. Requests should be sent via email to [pension@iatsenbf.org](mailto:pension@iatsenbf.org) or by regular mail to the Fund Office, attention Pension Department. You are entitled to one statement every 12 months.

If you're already receiving your pension, please take the time to go through this checklist:

- **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.
- **If you haven't already enrolled in direct deposit, please consider doing so.** You can obtain a form on our website, [www.iatsenbf.org](http://www.iatsenbf.org), or request one by sending an email to [pension@iatsenbf.org](mailto:pension@iatsenbf.org) or calling our toll free number, 1-800-456-FUND (3863).
- **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.
- **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.
- **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, which is available on the Fund's website ([www.iatsenbf.org](http://www.iatsenbf.org)) or by calling or emailing the Fund Office using the contact information below.
- **If you're receiving a disability pension from the Fund**, you must provide proof each year to the Pension Fund that your disability continues until you reach age 65.
- 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](mailto:pension@iatsenbf.org).



## Changes to prescription drug and medical benefits for all Plan C options—Summary of Material Modifications

This notice memorializes recent changes to the prescription drug and medical benefits provided by the I.A.T.S.E. National Health and Welfare Fund (the “Plan” or “Fund”). These changes apply to all Plan C options - Plans C-1, C-2, C-3, C-4.

### Changes to Prescription Drug Benefits

As previously announced, effective March 1, 2023, the Fund’s prescription drug benefits have been administered by CarelonRx. CarelonRx is part of Anthem (formerly known as Empire BlueCross BlueShield), the Fund’s medical benefits network provider and claims administrator. Therefore, all references to “CVS Health” in the Summary Plan Description are replaced with references to “CarelonRx.”

This means that, effective March 1, 2023, prescription drug benefits are no longer offered to Fund participants and their covered family members through CVS Health.

The Fund’s prescription drug benefits did not change with the move to CarelonRx. This means that participant cost-sharing is the same as it was when CVS Health was the Fund’s prescription drug benefits administrator. However, drugs are now grouped in tiers, and cost-

sharing depends on which tier your drug is on. Please see below for more information on CarelonRx and cost-sharing:

### CarelonRx National Direct Plus Formulary

The Fund only covers drugs listed on the CarelonRx “National Direct Plus Formulary.” A “formulary” is a list of drugs that are preferred to treat specific conditions because of the effectiveness of the drug and/or the cost of the therapy. CarelonRx decides which drugs are listed on the formulary and which are excluded. If your doctor prescribes a drug that is not on the CarelonRx “National Direct Plus Formulary,” an alternative drug may be covered. There is a medical appeal process if your doctor indicates that there are medical reasons why you need an excluded formulary drug. If you meet those medical conditions, you will be able to receive the excluded drug.



Participant cost-sharing for prescription drugs are:

**In-Network Retail Pharmacy: You can receive a 30-day supply or refill of a medication through a CarelonRx network pharmacy**

TYPE OF DRUG	PLAN C-1	PLAN C-2	PLAN C-3	PLAN C-4
<b>Tier 1 Drugs</b>	\$5	\$5	\$5	Subject to deductible and 50% coinsurance
<b>Tier 2 Drugs</b>	20% coinsurance (\$25 minimum and \$40 maximum)	20% coinsurance (\$40 minimum and \$60 maximum)	20% coinsurance (\$40 minimum and \$60 maximum)	Subject to deductible and 50% coinsurance
<b>Tier 3 Drugs</b>	40% coinsurance (\$35 minimum and \$50 maximum)	40% coinsurance (\$50 minimum and \$70 maximum)	40% coinsurance (\$50 minimum and \$70 maximum)	Subject to deductible and 50% coinsurance
<b>Tier 1 Specialty Drugs</b>	\$5	\$5	\$5	Subject to deductible and 50% coinsurance (\$200 maximum)
<b>Tier 2 Specialty Drugs</b>	20% coinsurance (\$25 minimum and \$150 maximum)	20% coinsurance (\$40 minimum and \$150 maximum)	20% coinsurance (\$40 minimum and \$150 maximum)	Subject to deductible and 50% coinsurance (\$200 maximum)
<b>Tier 3 Specialty Drugs</b>	40% coinsurance (\$35 minimum and \$150 maximum)	40% coinsurance (\$50 minimum and \$150 maximum)	40% coinsurance (\$50 minimum and \$150 maximum)	Subject to deductible and 50% coinsurance (\$200 maximum)

**Mail Order Pharmacy: You can receive a 90-day supply via mail order or at a CarelonRx network pharmacy**

TYPE OF DRUG	PLAN C-1	PLAN C-2	PLAN C-3	PLAN C-4
<b>Tier 1 Drugs</b>	\$10	\$10	\$10	Subject to deductible and 50% coinsurance
<b>Tier 2 Drugs</b>	20% coinsurance (\$60 minimum and \$100 maximum)	20% coinsurance (\$90 minimum and \$140 maximum)	20% coinsurance (\$90 minimum and \$140 maximum)	Subject to deductible and 50% coinsurance
<b>Tier 3 Drugs</b>	40% coinsurance (\$100 minimum and \$130 maximum)	40% coinsurance (\$115 minimum and \$175 maximum)	40% coinsurance (\$115 minimum and \$175 maximum)	Subject to deductible and 50% coinsurance
<b>Tier 1 Specialty Drugs</b>	\$10	\$10	\$10	Subject to deductible and 50% coinsurance (\$200 maximum)
<b>Tier 2 Specialty Drugs</b>	20% coinsurance (\$60 minimum and \$300 maximum)	20% coinsurance (\$90 minimum and \$300 maximum)	20% coinsurance (\$90 minimum and \$300 maximum)	Subject to deductible and 50% coinsurance (\$200 maximum)
<b>Tier 3 Specialty Drugs</b>	40% coinsurance (\$100 minimum and \$300 maximum)	40% coinsurance (\$115 minimum and \$300 maximum)	40% coinsurance (\$115 minimum and \$300 maximum)	Subject to deductible and 50% coinsurance (\$200 maximum)

**At an Out-of-Network Pharmacy:**

You must pay the full charge of a drug you receive from an out-of-network pharmacy, and then file a claim for reimbursement with CarelonRx. For eligible covered drugs, you will be reimbursed for the difference between the pharmacy's charge and the applicable co-pay. Plan C-4 does not cover drugs obtained from out-of-network pharmacies.

Certain limitations and exclusions may apply to some medications. If you have any questions about a specific medication, please call CarelonRx at 1-833-396-0317.

You will not have to pay anything for any prescription considered preventive care under the Affordable Care Act. For more information as to whether a particular drug is preventive, please contact CarelonRx at (833) 396-0317.

In order to maximize your prescription drug benefits, please register at [anthembluecross.com](https://www.anthembluecross.com) with your member ID and set up your account. At [anthembluecross.com](https://www.anthembluecross.com) you can:

- Find a pharmacy
- Check the Plan's formulary (drug list)
- Compare medication costs
- Set up home delivery and refill prescriptions
- Review your claims
- Check your copay, deductible and coinsurance amounts

You can also use Anthem's Sydney Health app to manage your benefits.

Participants should have received an ID card from Anthem in the mail. Please contact Anthem at 844-243-5566 for a new member ID card if you have not received one.

#### **Address for Appeals of Prescription Drug Claims:**

Appeals of prescription drug claims incurred on or after March 1, 2023 should be sent to:

Anthem BlueCross BlueShield  
1407 Church Street Station  
New York, NY 10008-1407  
Attention: Appeal Department

### **Coverage of Licensed Clinical Social Workers: Changes to Medical Benefits Definitions**

As previously announced, as of January 1, 2023, the Plan C Summary Plan Description is amended to eliminate the requirement for Licensed Clinical Social workers to have three years of post-licensure experience in order to cover claims for services provided by Licensed Clinical Social Workers.

Specifically, the definition of "provider" on pages 62 and 150 of the SPD is revised to read as follows:

- **Provider** means a hospital or facility (as defined earlier in this section), or other appropriately licensed or certified professional healthcare practitioner. Anthem will pay benefits only for covered services within the scope of the practitioner's license. For behavioral healthcare purposes, "provider" includes

care from licensed psychiatrists or psychologists; licensed clinical social workers; licensed mental health counselors; licensed marriage and family therapists; licensed psychoanalysts; licensed psychiatric nurse, licensed as a nurse practitioner or clinical nurse specialist or a professional corporation or a university faculty practice corporation thereof. For maternity care purposes, "provider" includes a certified nurse-midwife affiliated with or practicing in conjunction with a licensed facility and whose services are provided under qualified medical direction.

Additionally, the description of "Covered Mental Health Care" on page 88 of the SPD is revised to replace the second bullet point with the following language:

- direct or consultative services provided by a psychiatrist, psychologist, or licensed clinical social worker licensed in the state in which they are practicing.

If you have any questions about these changes, or about any aspect of the Plan, please contact the Fund Office by calling (212) 580-9092 or (800) 456-FUND (3863) or emailing the Participant Services Center at [pssc@iatsenbf.org](mailto:pssc@iatsenbf.org).

*You should take the time to read this notice carefully and share it with your family. It is very important that you retain this notice; it is intended to serve as a Summary of Material Modifications ("SMM") to the Plan rules. Your Summary Plan Description ("SPD") booklet has a pocket on the back cover for keeping such notices handy. While every effort has been made to make this SMM as complete and as accurate as possible, it does not restate the existing terms and provisions of the Plan other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the SPD will govern in all cases.*

The Board of Trustees (or its duly authorized designee) reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan or any benefits provided under the Plan (or qualification for such benefits), in whole or in part, at any time and for any reason.



## Changes to the prescription drug and medical benefits for Plan A—Summary of Material Modifications

This notice memorializes recent changes to the prescription drug benefits and medical benefits provided by the I.A.T.S.E. National Health and Welfare Fund (the “Plan” or “Fund”).

### Changes to Prescription Drug Benefits

As previously announced, effective March 1, 2023, the Fund’s prescription drug benefits have been administered by CarelonRx. CarelonRx is part of Anthem (formerly known as Empire BlueCross BlueShield), the Fund’s medical benefits network provider and claims administrator. Therefore, all references to “CVS Health” in the Summary Plan Description are replaced with references to “CarelonRx.”

This means that, effective March 1, 2023, prescription drug benefits are no longer offered to Fund participants and their covered family members through CVS Health.

The Fund’s prescription drug benefits did not change with the move to CarelonRx. This means that participant cost-sharing is the same as it was when CVS Health was the Fund’s prescription drug benefits administrator. However, drugs are now grouped in tiers,

and cost-sharing depends on which tier your drug is on. Please see below for more information on CarelonRx and cost-sharing:

### CarelonRx National Direct Plus Formulary

The Fund only covers drugs listed on the CarelonRx “National Direct Plus Formulary.” A “formulary” is a list of drugs that are preferred to treat specific conditions because of the effectiveness of the drug and/or the cost of the therapy. CarelonRx decides which drugs are listed on the formulary and which are excluded. If your doctor prescribes a drug that is not on the CarelonRx “National Direct Plus Formulary,” an alternative drug may be covered. There is a medical appeal process if your doctor indicates that there are medical reasons why you need an excluded formulary drug. If you meet those medical conditions, you will be able to receive the excluded drug.

Participant cost-sharing for prescription drugs are:

**In-Network Retail Pharmacy: You can receive a 30-day supply or refill of a medication through a CarelonRx network pharmacy**

TYPE OF DRUG	PARTICIPANT COST SHARING
Tier 1 Drugs	\$5
Tier 2 Drugs	20% coinsurance (\$25 minimum and \$40 maximum)
Tier 3 Drugs	40% coinsurance (\$35 minimum and \$50 maximum)
Tier 1 Specialty Drugs	\$5
Tier 2 Specialty Drugs	20% coinsurance (\$25 minimum and \$150 maximum)
Tier 3 Specialty Drugs	40% coinsurance (\$35 minimum and \$150 maximum)

**Mail Order Pharmacy: You can receive a 90-day supply via mail order or at a CarelonRx network pharmacy**

TYPE OF DRUG	PARTICIPANT COST SHARING
Tier 1 Drugs	\$10
Tier 2 Drugs	20% coinsurance (\$60 minimum and \$100 maximum)
Tier 3 Drugs	40% coinsurance (\$100 minimum and \$130 maximum)
Tier 1 Specialty Drugs	\$10
Tier 2 Specialty Drugs	20% coinsurance (\$60 minimum and \$300 maximum)
Tier 3 Specialty Drugs	40% coinsurance (\$100 minimum and \$300 maximum)

**At an Out-of-Network Pharmacy:**

You must pay the full charge of a drug you receive from an out-of-network pharmacy, and then file a claim for reimbursement with CarelonRx. For eligible covered drugs, you will be reimbursed for the difference between the pharmacy's charge and the applicable co-pay.

Certain limitations and exclusions may apply to some medications. If you have any questions about a specific medication, please call CarelonRx at 1-833-396-0317.

You will not have to pay anything for any prescription considered preventive care under the Affordable Care Act. For more information as to whether a particular drug is preventive, please contact CarelonRx at (833) 396-0317.

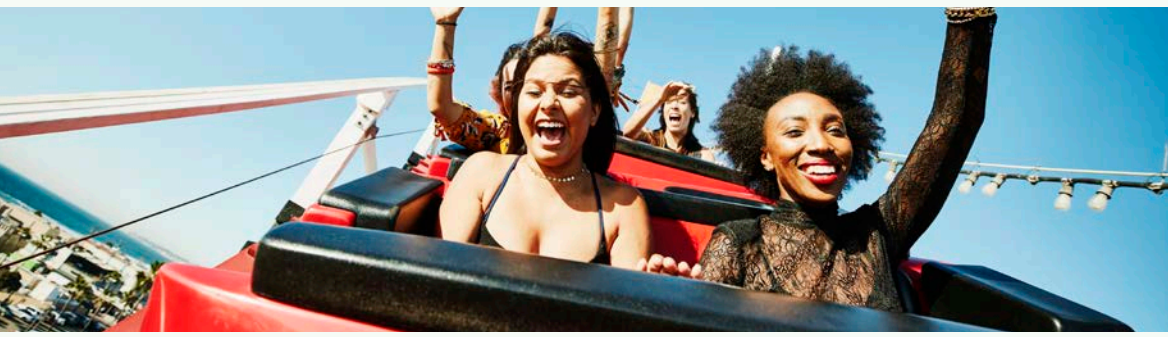
In order to maximize your prescription drug benefits, please register at [anthembluecross.com](https://www.anthembluecross.com)

with your member ID and set up your account. At [anthembluecross.com](https://www.anthembluecross.com) you can:

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- Set up home delivery and refill prescriptions
- Review your claims
- Check your copay, deductible and coinsurance amounts

You can also use Anthem's Sydney Health app to manage your benefits.

Participants should have received an ID card from Anthem in the mail. Please contact Anthem at 844-243-5566 for a new member ID card if you have not received one.



### Address for Appeals of Prescription Drug Claims:

Appeals of prescription drug claims incurred on or after March 1, 2023 should be sent to:

Anthem BlueCross BlueShield  
1407 Church Street Station  
New York, NY 10008-1407  
Attention: Appeal Department

### Coverage of Licensed Clinical Social Workers: Changes to Medical Benefits Definitions

As previously announced, as of January 1, 2023, the Plan A Summary Plan Description is amended to eliminate the requirement for Licensed Clinical Social workers to have three years of post-licensure experience in order to cover claims for services provided by Licensed Clinical Social Workers.

Specifically, the definition of “provider” on page 36 of the SPD is revised to read as follows:

- **Provider** means a hospital or facility (as defined earlier in this section), or other appropriately licensed or certified professional healthcare practitioner. Anthem will pay benefits only for covered services within the scope of the practitioner’s license. For behavioral healthcare purposes, “provider” includes care from licensed psychiatrists or psychologists; licensed clinical social workers; licensed mental health counselors; licensed marriage and family therapists; licensed psychoanalysts; licensed psychiatric nurse, licensed as a nurse practitioner or clinical nurse specialist or a professional corporation or a university faculty practice corporation thereof. For maternity care purposes, “provider” includes a certified nurse-midwife affiliated with or practicing in conjunction with a licensed facility and whose services are provided under qualified medical direction.

Additionally, the description of “Covered Mental Health Care” on page 66 of the SPD is revised to replace the second bullet point with the following language:

- direct or consultative services provided by a psychiatrist, psychologist, or licensed clinical social worker licensed in the state in which they are practicing.

If you have any questions about these changes, or about any aspect of the Plan, please contact the Fund Office by calling (212) 580-9092 or (800) 456-FUND (3863) or emailing the Participant Services Center at [pssc@iatsenbf.org](mailto:pssc@iatsenbf.org).

*You should take the time to read this notice carefully and share it with your family. It is very important that you retain this notice; it is intended to serve as a Summary of Material Modifications (“SMM”) to the Plan rules. Your Summary Plan Description (“SPD”) booklet has a pocket on the back cover for keeping such notices handy. While every effort has been made to make this SMM as complete and as accurate as possible, it does not restate the existing terms and provisions of the Plan other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the SPD will govern in all cases.*

The Board of Trustees (or its duly authorized designee) reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan or any benefits provided under the Plan (or qualification for such benefits), in whole or in part, at any time and for any reason.



## Find In-Network Providers Near You

### Let's Get Started!

1. Visit [davisvision.com/members](https://davisvision.com/members) and log in to your member account or create a new one.
2. Click "Find a Provider" from the menu within your member account.
3. Enter your ZIP code and radius (miles) or choose state, county, and city; you can also search by provider or business name.
4. Click "Search Now" to proceed.
5. Scroll to see results in a list or on a map; results can also be downloaded as a PDF file for offline viewing.

### Use Our Free App

1. Search for the "Davis Vision" app in the Android or iOS store and install it.
2. Log in to your member account or create a new one.
3. Tap "Locations" from the menu.
4. Enter your city or ZIP code; you can also search by provider or business name.
5. Tap the magnifying glass to proceed.
6. Use the map to interact with results or see them in a list; results can be filtered further by tapping on the funnel icon at the top-right.

Once you've selected an in-network provider, call them to verify network participation, services, and acceptance of your plan.

### Use Your Member Account To Check Benefit Status

Whether you use our mobile app or our website, you can view your benefit eligibility and full plan details. Your member ID number is also available for your convenience.



## Keep Track of Your Vacation Benefits

If you participate in the IATSE National Vacation Fund and your employer(s) timely remitted contributions to the Fund for work you performed during calendar year 2023, you should have received your check—or direct deposit—in May.

If you're not sure you received the benefits due to you, please go to our website at [www.iatsenbf.org](http://www.iatsenbf.org) and access your personal dashboard. There, you can check your work history records and determine whether you were eligible for a benefit and what amount it should be.

Vacation check amounts are based on contributions received for work performed during the previous calendar year. If you think you should have received a vacation check and did not, please contact the Participant Services Center as soon as possible by email ([psc@iatsenbf.org](mailto:psc@iatsenbf.org)) or phone (800-456- FUND).

Please remember that the best way to get your vacation check quickly is to sign up for direct deposit. You can find the form you need to fill out by going to [www.iatsenbf.org/assets/Uploads/Documents/Vacation-Fund-Direct-Deposit.pdf](http://www.iatsenbf.org/assets/Uploads/Documents/Vacation-Fund-Direct-Deposit.pdf) or contact the Participant Services Center (800-456-FUND) for assistance.

### Board of Trustees

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[www.iatsenbf.org](http://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](http://www.iatsenbf.org)).

#### HOSPITAL AND HEALTH

Anthem  
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. 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	646-783-7660
Executive Director	212-792-8320

**SEND AN EMAIL** to the Participant Services Center ([psc@iatsenbf.org](mailto:psc@iatsenbf.org)).

## Key Email Addresses for Communicating with the Funds:

- For participant services assistance, [psc@iatsenbf.org](mailto:psc@iatsenbf.org)
- For assistance with appeals, [appeals@iatsenbf.org](mailto:appeals@iatsenbf.org)
- For assistance with Annuity Fund matters, [annuity@iatsenbf.org](mailto:annuity@iatsenbf.org)
- For assistance with claims matters, [claims@iatsenbf.org](mailto:claims@iatsenbf.org)
- For assistance with pension matters, [pension@iatsenbf.org](mailto:pension@iatsenbf.org)
- For assistance with contract matters, [contracts@iatsenbf.org](mailto:contracts@iatsenbf.org)

## IATSE National Benefit Funds 2024 Holiday Schedule



Independence Day	July 4 <sup>th</sup>
Labor Day	September 2
Columbus Day	October 14
Veterans Day	November 11 (observed)
Thanksgiving	November 28
Day after Thanksgiving	November 29
Christmas	December 25