

BEHIND THE SCENES



FROM THE EXECUTIVE DIRECTOR:

I hope that the end of the year and the start of the holiday season find you and your family doing well.

In this issue of *Behind the Scenes*, you will see that the Board of Trustees of the IATSE Annuity Fund continues its efforts to protect your retirement security and recognizes that work in the entertainment industry has not yet returned to the levels that existed before the 2023 WGA and SAG-AFTRA strikes. Understanding the strike’s after-effects, the Board has extended the Annuity Fund’s strike relief through April 30, 2025. (See page 3 for more information.)

You will also see that due to rising medical, hospital and prescription drug costs, Health Fund Plan C CAPP rates will rise by \$150 per quarter starting April 1, 2025 (page 2). Please review all the coverage and cost options for Plan C before you make your selection for next year. As a reminder, the Fund’s annual open enrollment period starts soon, and the deadline for making coverage selections is December 16th.

In addition, this issue contains important information about the Plan C Medical Reimbursement Program (page 4), the Retiree-Only Medical Reimbursement

Program (page 10), the Annuity Fund (page 5) and the Vacation Fund (page 9). Plus, you can read about how to receive mental health support online (page 6) and, if you are approaching age 65, a program to assist you in enrolling in Medicare (page 8).

Finally, we encourage you to consider receiving your annual flu shot and COVID-19 booster shot if you haven’t already done so. Both are offered to those enrolled in the Health Fund at no cost through any CVS pharmacy and will help protect you from 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 a joyous, safe holiday season, and a very happy and healthy New Year.

Best wishes,

Anne J. Zeisler

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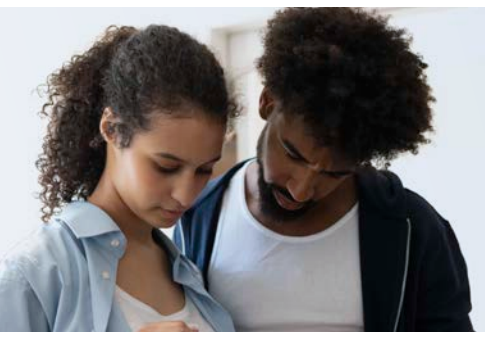
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CAPP Rates to Increase in April 2025 and Reminder About Open Enrollment for 2025

At its fall meeting, the IATSE National Health & Welfare Fund Board of Trustees carefully reviewed projections of the Fund’s benefits costs as compared to the current CAPP account charges for the six-month period beginning April 1, 2025. As the cost of hospital, medical and prescription drug benefits continues to rise at rates greater than general inflation, the Trustees have determined that CAPP account charges for all plan options will increase by \$150 per quarter effective April 1, 2025.

As a reminder, the amount in your CAPP account available for the April 1st coverage quarter will include all employer contributions received by the Fund Office during November and December 2024 and January 2025, as well as any unused CAPP funds in your account from employer contributions prior to that time.

Please also be reminded that mid-November to December 16 is the Fund’s open enrollment period, so you can change your coverage option and/or add eligible dependents for coverage starting January 1, 2025. Please talk to your family and review all the coverage options available under Plan C and the costs of each option before you make your selection for 2025. Your enrollment form (and any required copayment) must be received by the Fund Office by December 16, 2024, for the January 1 to March 31, 2025 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.

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 new quarterly CAPP charges for the six-month period from April 1, 2025, through September 30, 2025 are as follows:

Plan C CAPP Account Charges

	QUARTERLY COSTS TO YOU	
	Current CAPP Charge Effective 10-01-24 to 03-31-25	CAPP Charge to be Effective 04-01-25 to 09-30-25
PLAN C-1 Coverage		
Individual	\$5,595	\$5,745
Family	\$12,027	\$12,177
PLAN C-2 Coverage		
Individual	\$2,784	\$2,934
Family	\$4,626	\$4,776
PLAN C-3 Coverage		
Individual	\$2,001	\$2,151
Family	\$3,087	\$3,237
PLAN C-4 Coverage		
Individual	\$1,094	\$1,244
Family	\$1,929	\$2,079
Triple-S Coverage		
Individual	\$777	\$927
Family	\$1,734	\$1,884



Annuity Fund Relief *Extended* through April 30, 2025 for Participants Still Affected by the 2023 Motion Picture/Television Industry Strikes

The Board of Trustees of the IATSE Annuity Fund recognizes that while the lengthy WGA and SAG-AFTRA strikes were settled in 2023, 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 April 30, 2025.

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 April 30, 2025.

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.



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

During the 2025 Open Enrollment period, which ends December 16, 2024, 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 2025, 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 2025.
- 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 the 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 2025, you must send the required documents to the Fund Office by December 16, 2024, even if you have sent the information previously. Specifically, to participate in Plan C-MRP as a stand-alone option for 2025, 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 2025. 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 16th 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, 2025. 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: **1-800-456-3863**.

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

IATSE Annuity Fund: Additional Salary Deferrals Permitted for Those Ages 60 - 63 Starting in 2025

Annuity Fund participants age 50 and older are already allowed to make pre-tax salary deferral contributions up to a higher limit than younger participants. In 2025, those under age 50 can defer up to \$23,500, and those age 50 or older can defer an additional \$7,500, for a total deferral limit of \$31,000. This additional deferral amount (\$7,500 in 2025) is known as a “catch-up” contribution. It allows those closer to retirement to “catch-up” on their retirement savings.

Starting in 2025, those between the ages of 60 and 63 have an even higher catch-up limit — \$11,250 in 2025. This higher limit is available to those who turn ages 60 through 63 in the calendar year. The higher catch-up limit is no longer available starting in the year the participant turns age 64. But the regular over age 50 catch-up is still available.

In order to make any salary deferrals to the IATSE Annuity Fund, you must be eligible under the Fund’s rules and your collective bargaining agreement must allow such deferrals. If you have questions about the rules of the IATSE Annuity Fund, please review the Summary Plan Description, available on the Funds’ website, www.iatsenbf.org, and on request to the Fund Office, by calling 212-580-9092 (Toll Free 800-436-FUND (3863)) or emailing PSC@iatsenbf.org.



Take Charge of Your Pension Benefits

Participating in the IATSE National Pension Fund gives you the right to receive a statement of your earned pension credits, an estimate of your pension at retirement, and whether you are vested. The amount you receive when you retire depends on the pension credits you have earned and the employer contributions made to the Fund on your behalf.

You should exercise this right by periodically checking on your 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 or by regular mail to the Fund Office, attention Pension Department. You are entitled to one such statement every 12 months.

In addition, if you’re already receiving your pension benefits, please take the following steps:

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.

If you haven’t already enrolled in direct deposit, please consider doing so. You can obtain a form on our website, www.iatsenbf.org, or request one by sending an email to pension@iatsenbf.org or calling our toll free number, 1-800-456-FUND (3863).

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 (which is available on the Fund’s website, www.iatsenbf.org) or by calling or emailing the Fund Office using the contact information below.

In addition, 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.



Connect with mental health support using our Sydney Health app or anthem.com



If you're feeling anxious or depressed, or having trouble coping with problems at home or at work, you can connect to a licensed therapist or board-certified psychologist or psychiatrist through a virtual care video visit.¹ Appointments can be scheduled within 1-2 weeks.² Psychiatrists are available to help you manage your medications.³ They do not provide counseling or talk therapy.

When it's time for your appointment, use your smartphone, tablet, or computer with a camera to meet securely through our **SydneySM Health** app or **anthem.com**.

What people say about online visits⁴

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

were able to book a virtual visit sooner than an in-person visit

How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store® or Google Play™.



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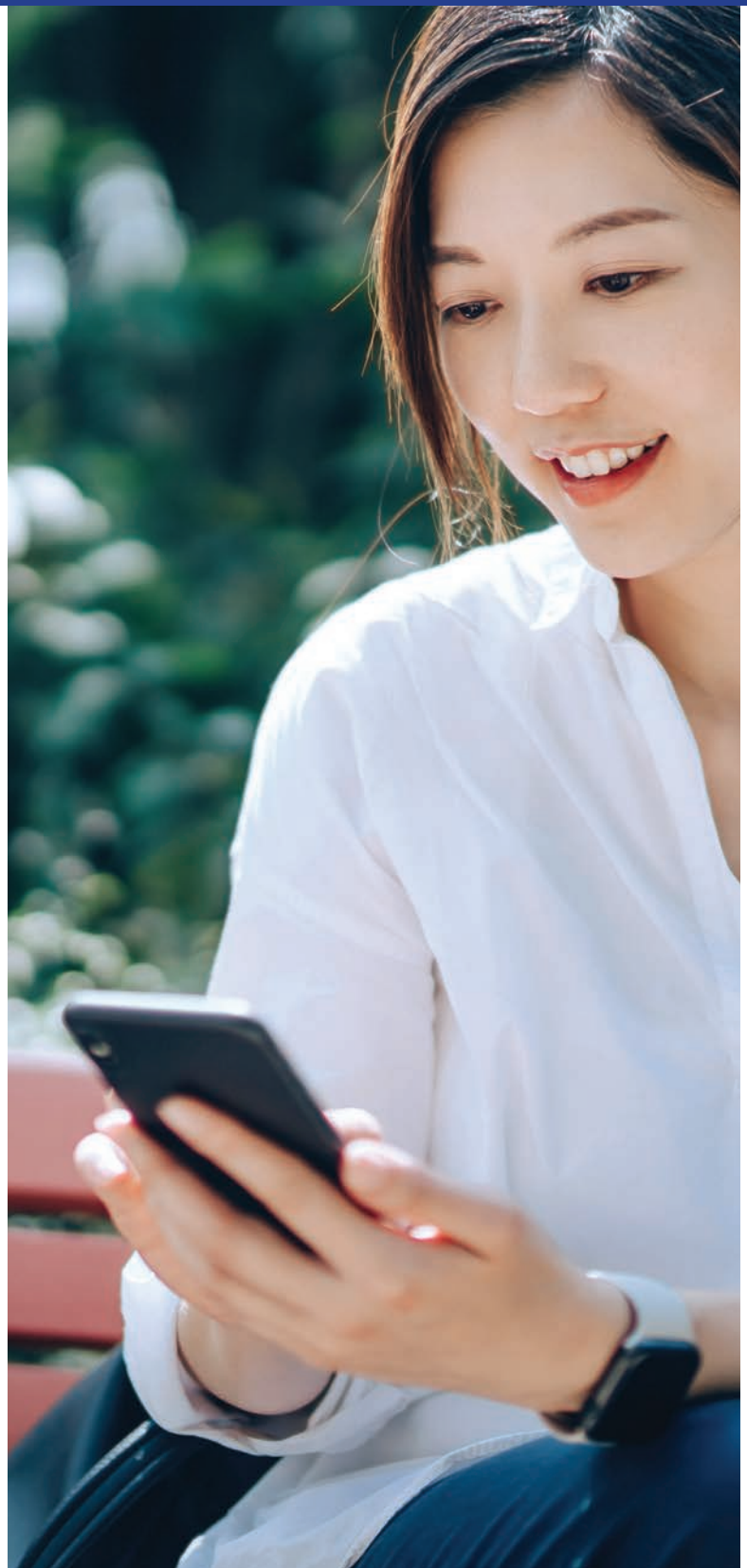
Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

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

Visit **anthem.com**.

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 our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.



¹ Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the [app name] app or [website].

² Appointments subject to availability.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com.

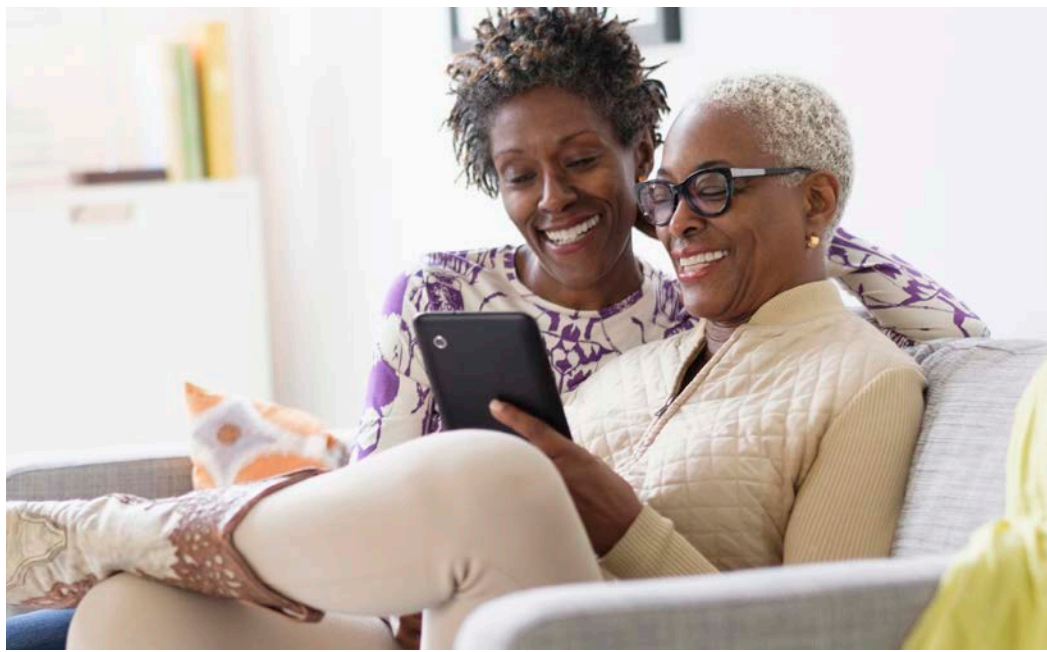
In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen

Health.

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): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® 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 CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC



New Medicare Resource Program Helps Health Fund Participants Navigate the Move to Medicare

If you're nearing age 65 and starting to look into Medicare coverage, you might find yourself intimidated by its complexity. Anthem, the National Health & Welfare Fund's medical claims administrator, wants to make this process easier for all Fund participants by providing helpful resources.

"Move to Medicare", Anthem's new program helps you navigate Medicare at no cost. Their dedicated email address, MedicareVIP@anthem.com, is where you can reach out with Medicare-related questions and a support team will respond with personalized answers.

Medicare includes Part A and Part B, and there are other related parts and plans that many people have questions about, including:

- When do I enroll in Medicare?
- What do I do if I am planning to work beyond age 65?
- What are the parts and plans of Medicare?
- How does Social Security work with Medicare?
- What about my Spouse and/or family members if I enroll in Medicare?
- What are the late enrollment penalties?
- What about COBRA?
- How does Medicare work with TRICARE or Veterans Administration benefits?
- How do Medicare Supplements, Medicare Part D, and Medicare Advantage Plans work?

If you're interested, Anthem also offers a service that provides guidance on purchasing individual Anthem Medicare products, along with support for any questions on product-specific questions. To get more information on this service, please reach out to Anthem through its dedicated email address. ***The National Health & Welfare Fund does not sponsor or endorse any Anthem Medicare products, or Medicare products offered by any other insurer.*** If you choose to purchase such a product, please choose carefully and make sure that you understand the cost, the coverage, and your ability to change your coverage.

Be Vigilant About Your Vacation Benefits

If you participate in the IATSE National Vacation Fund, please take the time to keep track of your benefits so you can be sure you are properly and fully credited for all employer contributions that are required to be made to the Fund on your behalf.

We recommend that you take the following three steps:

1. **Verify your eligibility.** Go to www.iatsenbf.org and access your personal dashboard. There you can check your work history records and determine what amount, if any, your vacation benefit should be.

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

2. **Keep your address current.** If you have moved, please update your address 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:**

- 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 that will be made in that calendar year (which generally occurs in the spring).



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 option in which you are enrolled.

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.

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. Here is what you need to know about the R-MRP Plan:

- **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 Health & Welfare 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, increasing to \$1,244 effective April 1, 2025.** 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 the Fund Office by December 16th 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 16th 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.



Member Assistance Program Service Summary IATSE National



Available 24/7, 365 days a year
Everything you share is confidential*

Life can be full of challenges. Your Anthem Member Assistance Program (MAP) is here to help you and your household members. MAP offers a wide range of **no-cost** support services and resources, including:



Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call MAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Other www.anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at **800-999-7222**, or go to
www.anthemEAP.com and enter your company code: **IATSE National**

When something unexpected happens, MAP can help you figure out your next steps. Contact us today.

* In accordance with federal and state law, and professional ethical standards.

This document is for general informational purposes. Check with your employer for specific information on the services available to you.

Language Access Services - (TTY/TDD: 711)

Spanish - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese - 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, 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): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® 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 Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its 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 CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare 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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Healthy mouth, healthy you

Your one-stop shop for wellness

Get all the tips you need to keep your teeth and body healthy with preventive care articles, quizzes and more.

Expand your knowledge

Read articles on dental health-related topics, from acid reflux to x-rays. Get familiar with dental procedures with short videos and learn how to protect your teeth for a healthier you.

Make the connection

Explore the connection between your oral health and your overall health. Get tips on nutrition, healthy aging and more.

Involve the whole family

Help get your children excited about taking care of their teeth with kid-friendly recipes, tips on conquering dental anxiety and a special activity book, *Grin! for Kids*.

Assess your risk

The risk assessment tool gives you an oral health score to share with your dentist at your next visit. You can also assess your risk for cavities and gum disease with special quizzes.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.



Brush up on terminology

Heard a dental or insurance term you're unfamiliar with? Review the glossary to learn everything you need to know.

Stay connected

Keep in touch for dental health articles and fun facts:

- Sign up for *Grin!*, our free dental wellness e-magazine available in English and Spanish.
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Avoid a Participation Termination or Forfeiture Under Health Plan C

Participants in the IATSE National Health & Welfare Plan C should understand the rules regarding participation 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 account balance will be forfeited at the end of the eighth calendar



quarter. 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 2022 or 2023 would be forfeited at the end of 2023.

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 2023 Annual Funding Notice for the I.A.T.S.E. National Pension Fund (mailed in April 2024) replaces the Summary Annual Report disclosure requirement for this Fund. Please contact the Fund Office if you need a copy of the 2023 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 the period January 1, 2023 through December 31, 2023. 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., The Union Labor Life Insurance Company, 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, 2023 were \$5,888,148.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$905,851,893 as of December 31, 2023, compared to \$903,493,731 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$2,358,162. 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 \$372,797,444, including employer contributions of \$277,954,552, employee contributions of \$15,805,375, earnings from investments of \$78,474,313, and other income of \$563,204.

Plan expenses were \$370,439,282. These expenses included \$14,868,895 in administrative expenses, and \$355,570,387 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 the Board of Trustees of the 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 \$15.25 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 the period January 1, 2023 through December 31, 2023. 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 \$4,861,004 as of December 31, 2023, compared to \$4,409,756 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$451,248. 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 \$4,923,250, including employer contributions of \$4,814,313, and earnings from investments of \$108,937.

Plan expenses were \$4,472,002. These expenses included \$267,648 in administrative expenses, and \$4,204,354 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 the Board of Trustees of the 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 \$5.25 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 the period January 1, 2023 through December 31, 2023. 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 \$93,553,551. These expenses included \$6,892,081 in administrative expenses, and \$86,661,470 in benefits paid to participants and beneficiaries. A total of 97,354 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$1,278,839,501 as of December 31, 2023, compared to \$1,145,463,550 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$133,375,951. 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. The plan had total income of \$226,929,502, including employer contributions of \$73,097,698, employee contributions of \$8,250,310, earnings from investments of \$144,794,206, and rollover income of \$787,288.

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. assets held for investment;
4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
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 the Board of Trustees of the 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 \$7.75 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 from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does 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, 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204) 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.

The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Board of Trustees

	UNION TRUSTEES	EMPLOYER TRUSTEES
Health & Welfare Fund Pension Fund Annuity Fund	Matthew D. Loeb James B. Wood Patricia White Michael F. Miller, Jr. Carlos Cota Carl Mulert Chris O'Donnell	Christopher Brockmeyer Carol A. Lombardini Robert W. Johnson Hank Lachmund Jay Barnett Jason Laks Sam C. Shulman
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

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).

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 2025 Holiday Schedule



New Year's Day	January 1	Labor Day	September 1
Martin Luther King Jr. Day	January 20	Columbus Day	October 13
Presidents' Day	February 17	Veterans Day	November 11
Good Friday	April 18	Thanksgiving	November 27
Memorial Day	May 26	Day after Thanksgiving	November 28
Juneteenth	June 19	Christmas	December 25
Independence Day	July 4 th		