



**Welfare Fund  
of Local No. One, I.A.T.S.E.**

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**SUMMARY OF MATERIAL MODIFICATION**

To: All Participants in the Welfare Fund of Local No. One, IATSE  
 From: Scott Cool, Director of Fund Administration  
 Date: November 21, 2019  
 Re: **Important Changes to Your Welfare Fund Provided Benefits**

*This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes made to the Welfare Fund of Local No. One, IATSE ("the Plan"). Please read this SMM carefully and keep it with your copy of the 2016 Summary Plan Description ("SPD") that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding these changes to the Plan, please contact the Fund Office during normal business hours at 320 West 46th Street, 6th Floor, New York, New York, 10036, (212) 247-5225.*

The Board of Trustees has determined to make the following changes:

1. Effective January 1, 2020, the quarterly self-pay rates for medical coverage under the Welfare Plan will be increased as follows:

**Self-Pay Premium Rates for Active Participants**

<b>Class</b>	<b>Coverage</b>	<b>Quarterly Rates Through 12/31/19</b>	<b>Quarterly Rates Starting 1/01/2020</b>
Basic	Participant Only	\$248	\$251
	Participant + 1	\$1,779	\$1,813
	Family	\$3,256	\$3,319
Tier I	Participant Only	\$248	\$251
	Participant + 1	\$349	\$354
	Family	\$388	\$394
Tier II	Participant Only	\$326	\$331
	Participant + 1	\$451	\$458
	Family	\$519	\$527
Tier III	Participant Only	\$512	\$520
	Participant + 1	\$630	\$641
	Family	\$749	\$762

Buy-up from Tier I to Tier III*	Participant Only	\$1,681	\$1,712
	Participant + 1	\$2,921	\$2,978
	Family	\$4,078	\$4,158
Buy-up from Tier II to Tier III*	Participant Only	\$687	\$699
	Participant + 1	\$986	\$1,004
	Family	\$1,256	\$1,279

*\*includes the self-pay premium for Tier III coverage*

### Self-Pay Premium Rates for Retired Participants

Class	Coverage	Monthly Rates Through 12/31/19	Monthly Rates Starting 1/01/2020
<b>Medicare-Eligible Retirees</b>			
Medicare Eligible	Retiree Only	\$25	\$25
	Retiree + 1	\$50	\$50
	Family	\$75	\$75
<b>Early Retiree - Tier I</b>			
Age 60 through Age 64	Retiree Only	\$33	\$34
	Retiree + 1	\$81	\$83
	Family	\$107	\$109
Age Under 60	Retiree Only	\$58	\$59
	Retiree + 1	\$134	\$137
	Family	\$188	\$192
<b>Early Retiree - Tier II</b>			
Age 60 through Age 64	Retiree Only	\$53	\$54
	Retiree + 1	\$112	\$114
	Family	\$155	\$158
Age Under 60	Retiree Only	\$96	\$98
	Retiree + 1	\$188	\$192
	Family	\$268	\$273
<b>Early Retiree - TIER III: Participants who Retired PRIOR to July 1, 2008</b>			
Age 60 through Age 64	Retiree Only	\$38	\$39
	Retiree + 1	\$75	\$77
	Family	\$112	\$114
Age Under 60	Retiree Only	\$107	\$109
	Retiree + 1	\$171	\$174
	Family	\$224	\$228
<b>Early Retiree - TIER III: Participants who Retired AFTER July 1, 2008</b>			
Age 60 through Age 64	Retiree Only	\$96	\$98
	Retiree + 1	\$188	\$192
	Family	\$262	\$267
Age Under 60	Retiree Only	\$171	\$174
	Retiree + 1	\$311	\$317
	Family	\$450	\$459

## 2. High-Tech Imaging Incentive Program (One Call)

Effective December 1, 2020, the Welfare Fund will offer participants the ability to receive approved advanced imaging procedures, including MRIs, CAT scans and PET scans, with **\$0 Copay**. Participants must schedule imaging procedures through One Call Care Management by calling **(877) 395-4098**. You will receive a new Aetna ID card which will have this information on the back. Please contact Gloria Shea at (212) 247-5225, x104 for more information.

## 3. Diabetes Incentive Program

Effective February 1, 2020, the Welfare Fund will offer a Diabetes Incentive Program to participants with Tier I, II or III active coverage who are diagnosed with diabetes and meet the program requirements. To meet the program requirements you must: (1) be eligible and actively participate in the Livongo diabetes program which will be offered through Express Scripts, and (2) submit A1c test results to the Welfare Fund's Healthcare Coordinator on a quarterly basis (or semi-annually for Type 2 diabetes not requiring insulin). **Participants who meet these requirements will receive diabetic supplies and drugs with NO COPAY requirement.** Please contact Nneka Symister at (212) 247-5545 for more information.

## 4. Alcohol and Substance Use Disorder Rehabilitation Incentive Program

Effective July 1, 2019, the Welfare Fund is offering a Rehabilitation Incentive Program to participants with Tier I, II or III active coverage who: (1) contact the Actors Fund to arrange for alcohol and/or substance use disorder treatment, (2) meet Aetna's medical necessity guidelines for inpatient care for substance abuse treatment, (3) complete their treatment plan at a preferred in-network facility and (4) successfully complete intensive outpatient care, as determined by The Actors Fund. Participants who meet these requirements will receive a **\$1,000 credit against future self-pay premiums** and will be **reimbursed for any copay or coinsurance payments** required during both inpatient and intensive outpatient care. Please contact Nneka Symister at (212)247-5545 for more information.

## 5. Teletherapy

Effective March 1, 2019, the Welfare Fund is offering coverage for mental health therapy provided remotely using audio-visual technology ("teletherapy") by any of Aetna's in-network therapists. Prior to this change, teletherapy was only covered when provided by certain providers designated by Aetna.

## 6. SaveonSP Program

Effective February 1, 2020, the Welfare Fund is participating in a program managed by SaveonSP intended to help the Fund and eligible participants save money on certain specialty medications by obtaining drug manufacturer copay assistance when such assistance is offered. Under this program, the Fund will offer select specialty medications with no co-pay requirement to participants who enroll in the program. Although the program is voluntary, participants who do not enroll in the program will be responsible for a copayment which may be set to the amount of the available manufacturer copay assistance.

For example, if your current copay is \$50 per month for one of the select specialty drugs whose manufacturer is offering copay assistance in the amount of \$1,000 per month, effective February 1, 2020 your required copay will be either **\$0** if you enroll in the SaveonSP program, or could be **up to \$1,000** if you decline to enroll in the program.

The following language is being added to Section IV, B. of the Welfare Plan's SPD:

"Effective February 1, 2020, the Welfare Fund is implementing a specialty pharmacy copay assistance program. The specialty drugs which will be included in this program ("Program Specialty Drugs") are considered non-essential health benefits under the Plan and the cost of such drugs will not be applied toward satisfying the participant's out-of-pocket maximum. Although the cost of the Program Specialty Drugs will not be applied towards satisfying a participant's out-of-pocket maximum, the cost of these will be reimbursed by the manufacturer at no cost to the participant. Copays for Program Specialty Drugs may be set to the max of the current Plan design or any available manufacturer-funded copay assistance. The list of Program Specialty Drugs and copay amounts will be mailed to all affected participants, and can also be referenced on the Fund's web site ([www.FundOneIATSE.com](http://www.FundOneIATSE.com)) or by request from the Fund Office (212.247.5225)."

If you have any questions regarding this program, please contact Gloria Shea at (212) 247-5225, x104.

## **7. Recovery of Provider Overpayments**

Aetna currently utilizes an administrative process where it may recover overpayments made to a medical provider under this Plan by withholding future amounts payable to that same provider by another plan insured through Aetna. To properly acknowledge this long standing-practice, the following language is being added to the Medical Benefit Booklet, which is part of the Welfare Fund's Summary Plan Description (SPD):

*"If a benefit payment is made by the Plan, to you or on your behalf, which exceeds the benefit amount that you are entitled to receive, the Plan has the right to require the return of the overpayment. The Plan has the right to reduce by the amount of the overpayment, any future benefit payment made to or on behalf of a Participant in the Plan. Another way that overpayments are recovered is by reducing future payments to the provider by the amount of the overpayment. These future payments may involve this Plan or other health plans that are administered by the Plan's third-party administrator -- Aetna. Under this process, Aetna reduces future payments to providers by the amount of the overpayments they received, and then credits the recovered amount to the plan that overpaid the provider. Payments to providers under this Plan are subject to this same process when Aetna recovers overpayments for other plans administered by Aetna.*

*This right does not affect any other right of recovery the Plan may have with respect to overpayments."*

In addition, to further protect participants from possible balance billing by a provider, the following language will be added to the Welfare Fund's SPD:

*"If Aetna reduces the amount this Plan pays to a doctor or other provider who has furnished services to you or to one of your covered dependents, to recover an overpayment that Aetna made to that provider, Aetna will intervene with the provider to protect you from any attempt by the provider to obtain directly from you any amount that that this Plan is responsible to pay according to its terms. Please advise the Fund office as soon as possible if a doctor or other provider seeks to bill you for an amount this Plan is responsible to pay according to this Plan Document."*

This SMM is intended to provide you with an easy-to-understand description of certain changes and/or clarifications to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement is available at the Fund Office and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.