October 27, 2026

RE: I.A.T.S.E. National Health and Welfare Fund - Plan C
Planning your 2027 Enrollment

Dear Plan C Participant:

We are providing information to help you choose the appropriate Plan C coverage for you and your family during the Fund's annual open enrollment process for coverage for the calendar quarter beginning January 1, 2027. We are also reporting on the Board of Trustees' semi-annual review of our benefit plan experience and future cost projections as well as the quarterly CAPP charges for the **coverage quarter beginning April 1, 2027**.

We recommend that you retain this announcement with your Summary Plan Description Booklet and share its contents with your family.

April 1, 2027 – September 30, 2027 CAPP Account Charges

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 2026 and January 2027, as well as any unused CAPP funds in your account from employer contributions prior to that time.

The 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, 2027. 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 Plans C-1 Single, C-1 Family, C-2 Single, C-2 Family, C-3 Single, and C-3 Family will all increase by $285 per quarter, effective April 1, 2027. The CAPP account charges are shown on the next page.

Planning for Open Enrollment – 2027 Coverage

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 2027. The cost for Plan C-1 remains very high, and anyone covered in Plan C-1 should review the quarterly CAPP charges compared to Plans C-2, C-3 and C-4, especially if you are paying out of pocket for Plan C-1. Many of the potential out-of-pocket costs in Plans C-2, C-3 or C-4 will be more than offset by the larger quarterly CAPP charges for Plan C-1.

Plan C-2 provides coverage to the largest number of participants and is the Fund's first default plan for those who do not timely elect coverage. Plan C-3 only covers services provided by in-network providers and has a deductible of $1,000 per individual and $2,500 per family; therefore, the quarterly CAPP charges are lower than those for Plan C-2. Plan C-4, a high deductible health plan, may also provide you with sufficient coverage depending on your needs or the needs of your family. As you consider your selection, it may be helpful to visit our website, www.iatsenbf.org. There you can find a side-by-side benefit comparison outline of Plans C-1, C-2, C-3 and C-4, called "Benefits at a Glance."

The current quarterly CAPP charges and the future quarterly CAPP charges for the six-month period from April 1, 2027 through September 30, 2027 are as follows:

Plan C CAPP Account Charges

	QUARTERLY COSTS TO YOU	
	Current CAPP Charge Effective October 1, 2026 to March 31, 2027	**CAPP Charge to be Effective April 1, 2027 to September 30, 2027**
PLAN C-1 **Coverage** Individual Family	**$5,964** **$12,639**	**$6,249** **$12,924**
PLAN C-2 **Coverage** Individual Family	**$3,219** **$5,130**	**$3,504** **$5,415**
PLAN C-3 **Coverage** Individual Family	**$2,406** **$3,534**	**$2,691** **$3,819**
PLAN C-4 **Coverage** Individual Family	**$1,392** **$2,256**	**$1,392** **$2,256**
TRIPLE S **Coverage** Individual Family	**$963** **$1,956**	**$963** **$1,956**

With the above CAPP charge schedule in mind, please check your mail for your annual open-enrollment quarterly statement that will reach you in mid-November. You will have the opportunity to make the right enrollment choice for yourself, and, if applicable, your dependents for the year beginning January 1, 2027.

You can also check the Funds' website to find other detailed information about Plan C, including your CAPP account balance, or you can call us at 1-800-456-FUND (3863) to request information. You may also send an email to our Participant Services mailbox: psc@iatsenbf.org with any questions you might have regarding your enrollment.

As you consider the coverage available through Plans C-1, C-2, C-3 and C-4, please note that if you have a CAPP account balance that is more than the charge for two quarters of your enrollment choice, you can use the excess amounts for the reimbursement of certain medical expenses (Plan C-MRP), as detailed in the Plan's Summary Plan Description booklet.

If the balance in your CAPP account is insufficient for enrollment in the coverage option of your choice, you can self-pay the difference. **Please note that the fastest and easiest way to make a co-payment is through our website, www.iatsenbf.org, using MasterCard or Visa. You won't have to worry about mail delivery, and you will get an immediate payment confirmation.**

Plan C-MRP (Medical Reimbursement Program) as a Stand-Alone Option

In addition to the four Plan C health coverage options, the Fund offers the Medical Reimbursement Program (Plan C-MRP) as a stand-alone option, as described in more detail in the open enrollment materials. Participants in Plan C-MRP are charged an administrative fee of $60 for each quarter that they are enrolled in Plan C-MRP. As a reminder, **to enroll in Plan C-MRP** as a stand-alone option for **2027** you *must send a copy of the front and back of your other employer or union sponsored **group** health insurance coverage identification card*, showing you have other group health insurance coverage. You must also sign the certification on the open enrollment coupon attesting that your other coverage meets the minimum value standard under the Patient Protection and Affordable Care Act and that any enrolled spouse or dependents also have other group health coverage, and you must ensure that those materials reach us on or before **December 15, 2026**. If your other coverage identification card does not clearly specify that it is a ***group*** health plan, you will need to provide the Fund with a statement from the insurance carrier or plan sponsor verifying that the coverage is an employer or union sponsored **group** health plan. If you fail to timely provide the required documentation, you will be defaulted into Plan C-2, C-3 or C-4 single coverage for 2027, depending on your CAPP account balance, unless you timely enrolled in one of the Plan options (C-1, C-2, C-3, C-4 or Triple S).

Forfeited CAPP Accounts

CAPP accounts are for Plan participants who are working in covered employment in various segments of the entertainment industry. If there has been no "activity" in a CAPP Account for 8 consecutive calendar quarters, the balance of the account will be forfeited at the end of the eighth calendar quarter to the general assets of the Fund. These forfeitures help to offset administrative expenses for currently active participants. Forfeiture determinations are made on a quarterly basis. "Activity" in an account means that you have been covered in an active Plan option (Plan A or Plan C-1, C-2, C-3, C-4 or Triple S), payment of a valid MRP claim occurred, or an employer contribution to the CAPP account was received.

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

The Fund also has a separate Retiree-Only Medical Reimbursement Program (R-MRP) Plan. We send notices to those participants who are Medicare eligible or who are nearing age 65 to remind them of the R-MRP Plan terms. Participants in the R-MRP Plan are charged an administrative fee of $25 for each quarter that they are enrolled in the R-MRP Plan. This fee is assessed in a similar fashion as the administrative fee for Plan C-MRP for active participants when statements are prepared each quarter.

Please be reminded that participants who are in the R-MRP Plan will also have a separate test performed quarterly to determine if they are "active" and therefore must be enrolled in an active coverage option provided by the Fund. The "active" test is based on the cost of one quarter of Plan C-4 single coverage (currently, **$1,392** per quarter). So long as the employer contributions made to your Plan C CAPP account, when added to any existing CAPP balance, during a contribution test quarter are below $1,392 you are not considered "active" and Medicare will remain your primary coverage, with your R-MRP account balance available to cover eligible medical expenses that are not reimbursed by Medicare. If you are "active" under the Fund's test, then you must be covered under one of the Plan C options, and that coverage will become primary to Medicare. Medicare secondary payor rules requires this and the Fund must follow this **mandatory** guidance. There is a waiver of your active CAPP account balance available to avoid being put into coverage. Contact the Fund Office for details..

Check your CAPP Account Balance

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.

Special Reminder: *Please wait for your annual open enrollment statement, or look on the Fund's website, for 2027 enrollment information during the annual open enrollment period. Self-payments and/or Medical Reimbursement Program enrollment documents are* ***DUE BY DECEMBER 15, 2026*** *or the Fund will default you into a coverage option that may not fit your needs. It is very important that you watch your mail and respond timely.* ***Due to potential mail delays, we encourage you to utilize the Fund's website for anything related to your coverage.*** By registering on the Fund's website you will receive e-mail reminders that your statement is ready and a reminder as you near the filing deadline for the next coverage quarter.

As always, please feel free to contact the I.A.T.S.E. National Health and Welfare Fund Office if you have any questions.

Sincerely,



Anne J. Zeisler
Executive Director