



June 2, 2017

Dear I.A.T.S.E. National Health and Welfare Fund Participants:

The Board of Trustees of the IATSE National Health and Welfare Fund (the "Fund") is pleased to announce improvements to the coverage of Applied Behavior Analysis ("ABA") therapy and to the Fund's eligibility rules for disabled dependent children. Please read below for a summary of the changes. These improvements apply to all Plan options - Plans A, C-1, C-2, C-3, C-4 and Triple S.

ABA Therapy

Coverage for ABA therapy will be provided by the Fund with no annual maximum, effective retroactive to January 1, 2016.

If you or a covered dependent were denied benefits for ABA therapy under the Fund in 2016 due to reaching the annual maximum, please contact Empire Blue Cross and Blue Shield ("Empire") (or Triple S if applicable) at the number on your identification card for further information regarding the re-processing of your claims.

ABA therapy is a treatment for individuals with autism spectrum disorder. Autism is a disorder of neural development characterized by impaired social interaction and communication, and by restricted and repetitive behavior. It is projected that autism affects 1 in 88 (or 1.1% of) children in the United States. "Applied Behavior Analysis" or "ABA" means the design, implementation and evaluation of changes in an autistic individual's environment to affect their behavior. The Fund will only cover ABA services administered by a provider certified to provide such services in the state in which you receive them. There are no visit limits to the coverage and there is no age limit on the individual who can receive these services, if medically necessary.

You need to pre-certify before the ABA therapy begins to ensure that the Fund will provide coverage, as the coverage will be reviewed for appropriate need and medical necessity. The benefit will cover (1) the screening and diagnosis of autism spectrum disorder, (2) behavioral health treatment, (3) applied behavior analysis (ABA), (4) psychiatric and psychological care and (5) therapeutic care, to develop, maintain or restore, to the greatest extent practicable, functioning of the individual. After you pre-certify the benefit and treatment plan, coverage will be subject to utilization review and case management on an ongoing basis.

Empire administers the payment of ABA therapy claims for participants of Plans A, C-1, C-2, C-3 and C-4. Please contact Empire at the number on your identification card for assistance in pre-certifying the benefit and treatment plan or in locating a provider certified to provide ABA therapy services in your state.

Triple-S administers the payment of ABA therapy claims for participants residing in Puerto Rico. Please contact Triple-S at the number on your identification card for assistance in pre-certifying the benefit and treatment plan or in locating a provider certified to provide ABA therapy services in Puerto Rico.

Coverage for Disabled Dependent Children Over Age 26

The Fund provides coverage for unmarried *dependent children* over age 26 who are unable to do any work to support themselves because of a physical handicap or mental illness, developmental disability or mental retardation, as supported by a Social Security disability award. Effective January 1, 2017, in order to cover a disabled child under this rule, the incapacity must have started before the child reached **age 26**, and initial written proof of the child's disability must be submitted to the Fund Office before or within 31 days after the child's **26th birthday**. Under the Fund's prior rule, the incapacity must have started before the child reached **age 19**, and initial written proof of the child's disability had to be submitted to the Fund Office within 31 days after the child's **19th birthday**.

All other aspects of the Fund's current eligibility rule remain the same, including that coverage under the extension ends if the child marries or becomes able to earn a living, and proof of continuing eligibility for Social Security disability benefits may be required to be provided to the Fund on a periodic basis.

Important Information

You should take the time to read this letter 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 Modification ("SMM"). 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 Plans other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPDs (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 SPDs will govern in all cases. The Board of Trustees of the IATSE National Health and Welfare Fund or its duly authorized designee reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plans. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plans or any benefits provided under the Plans (or qualification for such benefits), in whole or in part, at any time and for any reason (including with respect to retirees and with respect to benefits already earned).

If you have any questions about these Plan design changes, or about any aspect of the Plans, please contact the Fund Office.

Sincerely,



Anne J. Zeisler
Executive Director