



Musicians Health Fund

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**VERY IMPORTANT NOTICE TO PARTICIPANTS OF THE
LOCAL 802 MUSICIANS HEALTH FUND
Important Information Regarding Your Health Fund Benefits**

This document is a Summary of Material Modifications (“SMM”) intended to notify you of an important change made to the plan of benefits (the “Plan”) of the Local 802 Musicians Health Fund (the “Fund”). You should take the time to read this SMM carefully and keep it with the copy of the summary plan description (“SPD”) that was previously provided to you. If you have any questions regarding these changes to the Plan, please contact the Fund Office at (212) 245-4802.

August 8, 2016

Dear Participant and Family,

The link between obesity and other health issues such as diabetes, high blood pressure and high cholesterol is well-documented and supported by medical research. To promote a healthier lifestyle for all Fund participants and to reduce instances of obesity-related conditions, the Trustees have amended the Fund’s prescription drug plan to add coverage for anti-obesity medication, effective September 1, 2016. The Fund has not covered anti-obesity prescription drugs prior to September 1, 2016.

Please note that the Fund’s prescription drug benefit manager (Express Scripts) manages anti-obesity medication under the prior authorization program that is also going into effect on September 1, 2016. (A notice dated June 30, 2016 was sent to you previously regarding Express Scripts’ prior authorization and other programs.) This means that an anti-obesity prescription will require prior authorization in order for it to be covered under the Plan. The prior authorization rules are intended to limit coverage to obese or overweight patients with multiple risk factors. A patient’s health goals should be individually determined with the help of a physician and may include not just weight loss but other parameters, such as improved glucose metabolism, lipid levels, and blood pressure.

Participating pharmacies should be able to identify whether a particular anti-obesity medication requires prior authorization. Since Express Scripts determines the parameters of the prior authorization requirements for each drug, you can contact Express Scripts directly to find out whether a particular anti-obesity medication you are prescribed requires prior authorization, and if so, precisely what conditions must be met for coverage. You may also ask your doctor to contact Express Scripts on your behalf. Express Scripts can be reached at (866) 544-2926.

If you fill a prescription without the required authorization or approval, your medication will not be covered by the Plan, and you will have to pay the full cost of the drug.

Exceptions to Prior Authorization

There may be exceptions to the prior authorization requirements in certain circumstances. Requests are evaluated on the basis of medical necessity, the individual's health and safety and the existence of other viable alternatives. If you or your physician would like to request an exception, your physician must contact Express Scripts at (866) 544-2926 (the exception process must be initiated by your physician).

As always, if you have any questions regarding these Plan changes, please contact the Fund Office at (212) 245-4802.

Sincerely,

Board of Trustees
Local 802 Musicians Health Fund

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. A full description of benefits available from the Fund is set out in the SPD, except to the extent that this SMM explicitly modifies the SPD.

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate any benefits provided under the Fund, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the SPD and the Agreement and Declaration of Trust establishing the Fund (the "Trust Agreement"). The Trust Agreement and the SPD are 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, legal and/or factual, arising under the Plan.