



## 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.*

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### **NEW AETNA NETWORK AND CLAIMS ADMINISTRATOR**

December 30, 2016

Dear Participant and Family,

As described in detail below, effective as of March 1, 2017, the Fund is changing its hospital and medical network and claims administrator, from MagnaCare and Empire to Aetna, and all of the Fund’s health benefits will be provided on a self-insured basis.

Beginning with the next coverage period, March 1, 2017, the Fund has contracted with Aetna to administer claims and use its Choice POS II network of hospital and medical providers for both Plan A and Plan A+. In general, the discounts offered through the Choice POS II network are more substantial than those offered through the Empire and MagnaCare networks, which saves both you and the Fund money. This change means that you will no longer have separate hospital and medical claims administrators as you did under the Empire and MagnaCare programs. In addition, all of the Fund’s medical and hospital benefits will be self-insured by the Fund, whereas the hospital program has been fully-insured through Empire Blue Cross Blue Shield.

Many of the providers that Fund participants currently use already participate in the Aetna Choice POS II network, meaning that for most, there is no reason to change your doctor or hospital that you currently use. However, it is highly recommended that you contact your health care providers to ensure that they participate in the Aetna Choice POS II network before visiting them on or after March 1, 2017. **You can also search for your provider by going to [www.aetna.com](http://www.aetna.com) and clicking on the “Find a Doctor” tab.** Using providers that participate in the network will save you money on your claims. In addition, special plan features such as out-of-pocket maximums and free preventive health care only apply when you visit an in-network provider.

An updated Summary of Benefits and Coverage (“SBC”) for the period from March 1, 2017 until the end of the Plan Year is enclosed. This updated SBC reflects the consolidation of the medical and hospital benefits under the self-insured Aetna program, including some differences in certain benefits as a result of the change. These changes affect your health coverage, so please review the SBC carefully.

The Fund Office is currently working diligently with Aetna to make this transition as smooth as possible for you and your dependents. Any notices you receive in the mail from Aetna are likely to be important information related to this change, so please keep an eye out for further communications from both Aetna and the Fund. You will receive new ID cards for you and your family from Aetna before March 1, 2017. You should use these ID cards whenever you visit a health care provider beginning on March 1, 2017. As a reminder, in order to avoid higher out-of-pocket costs and balance bills, you should find out whether your health care providers participate in the Aetna Choice POS II network by calling the number on the back of your ID card prior to receiving services or by looking them up on [www.aetna.com](http://www.aetna.com). Additionally, if you have problems or questions about your medical claims or benefits that are incurred on or after March 1, 2017, you should reach out directly to Aetna at the phone number provided on your Aetna ID you will receive in the mail. You should continue to use your current MagnaCare and Empire ID card(s) for services rendered prior to March 1, 2017.

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.