This document is a Summary of Material Modifications ("SMM") intended to notify you of changes 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 this notice, please contact the Fund Office at (212) 245-4802.

Décembre 2018

Dear Participant and Family,

**Plan B Vision and Hearing Benefit Improvements**

We are pleased to announce that, effective October 1, 2018, the Fund has improved the Plan B vision benefits that are insured through EyeMed. The improvements reduce the amount participants pay out-of-pocket for certain in-network services and materials, and also increases the frequency that participants may obtain eyeglass frames. These improvements are detailed below:

- The eyeglass frames benefit is available once every 12 months (*previously once every 24 months*)
- Eye exams, including any necessary dilation, are free of charge (*previously $10 copayment*)
- Copayments for standard plastic lenses, including single vision, bifocal, trifocal, lenticular and progressive lenses, are reduced by $10. The new copayments for each available option are shown below:

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>New Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$75 copayment</td>
</tr>
<tr>
<td>Premium Progressive – Tier 1</td>
<td>$95 copayment</td>
</tr>
<tr>
<td>Premium Progressive – Tier 2</td>
<td>$105 copayment</td>
</tr>
<tr>
<td>Premium Progressive – Tier 3</td>
<td>$120 copayment</td>
</tr>
<tr>
<td>Premium Progressive – Tier 4</td>
<td>$75 copayment. Plus 80% of charge less $120 allowance</td>
</tr>
</tbody>
</table>

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Additionally, EyeMed has partnered with Amplifon Hearing Health Care. This partnership now allows Fund participants to receive a 40% discount off of hearing exams and a low price guarantee on discounted hearing aids.

For more information about these benefits, or for a complete list of in-network providers, please use EyeMed’s Enhanced Provider Locator at www.eyemed.com, or call 1-866-804-0982. **Keep in mind, this benefit is available for in-network providers ONLY.**

**Express Scripts Pharmacy Benefits – Financial Assistance Programs**

The Fund understands that certain third-party patient copayment assistance programs, which cover some portion of individuals’ prescription drug costs, have become more accessible in recent years. Effective January 1, 2019, payments that are made through third-party patient copay assistance programs will not accumulate towards a Fund participant’s prescription drug out-of-pocket maximum, since such amounts are not paid by the participant.

As always, if you need assistance or have any questions regarding the Plan’s benefits, please contact the Fund Office at (212) 245-4802.

Sincerely,

Board of Trustees  
Local 802 Musicians Health Fund

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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 (as amended by prior SMMs), 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.