



Musicians Health Fund

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IMPORTANT NOTICE TO PARTICIPANTS OF THE LOCAL 802 MUSICIANS HEALTH FUND

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

August 1, 2014

Dear Participant and Family

This is to inform you that, **effective as of October 1, 2014**, the following changes will be made to the Local 802 Musicians Health Plan (the "Plan"):

- 1) The Empire BlueCross BlueShield Direct HMO will not be available to new enrollees. Participants and their dependents who are currently enrolled in the Direct HMO may continue their enrollment, subject to continued eligibility and payment of the applicable participant premium and HMO buy-up contribution.
- 2) The Plan's dental benefits will be provided by Delta Dental, and the Plan's vision benefits will be provided by EyeMed.

If you are covered under Plan B, the dental and vision benefits will be provided at no cost to you.

If you are covered under either Plan A+ or Plan A, the dental and vision benefits will be available on a "self-pay" basis, and you must pay the required participant premiums. The initial participant premiums for dental and vision benefits is payable for six months in advance at \$247.00 for individual coverage and \$692.00 for family coverage. The Plan periodically reviews the participant premiums, and any changes in the participant premiums will be included in future enrollment materials and communications.

A description of the Plan's new dental and vision benefits is included below.

- 3) The Plan will not cover human growth hormone (HGH) medications.

Dental Benefits At A Glance

The In-Network dental benefits will be as follows:

- Calendar Year Deductible per Person\$50
- Maximum Calendar Year Deductible per Family\$150
- Calendar Year Benefit Maximum per Person (after Deductible)\$1,500
- Orthodontic Lifetime Maximum Benefit per Child (after Deductible)..\$1,500
- Diagnostic and Preventive Services (no Deductible)..... 100% of Network rate
- Basic Services (after Deductible)..... 80% of Network rate
- Endodontics (after Deductible) 80% of Network rate
- Periodontics (after Deductible) 80%of Network rate
- Oral Surgery (after Deductible) 80%of Network rate
- Major Services (after Deductible)..... 50%of Network rate
- Prosthodontics (after Deductible) 50%of Network rate
- TMJ (after Deductible)..... 50%of Network rate
- Orthodontic Benefits (Covered Children to age 19) (after Deductible). 50%of Network rate

Important: The dental benefits described herein are for services provided by Delta Dental PPO Network providers. Delta Dental has negotiated discounted rates with its member providers that will result in savings for both you and the Fund. If, however, you go outside the Network for dental services, the above reimbursement percentages will be applied to the 90th percentile of the FAIR Health reasonable and customary allowances, which may be substantially less than what your dentist charges. In that case, you will not receive the same level of benefits or reimbursements as described above. For example, for basic services, the reimbursement for non-Network services will be 80% of the 90th percentile of the FAIR reasonable and customary allowance.

Dental Benefits Description

Covered dental services provided through the Delta Dental PPO Network consist of the following:

- Diagnostic and Preventive Services – The Plan pays 100% of the negotiated Network discounted rate for exams, cleanings, x-rays and sealants. The calendar year Deductible does not apply to these services.
- Basic Services – After the calendar year Deductible has been met, the Plan pays 80% of the Network provider's discounted charges for fillings and simple tooth extractions.
- Endodontics (Root Canals) – After the calendar year Deductible has been met, the Plan pays 80% of the Network provider's discounted charges.

- Periodontics (Gum Treatment) – After the calendar year Deductible has been met, the Plan pays 80% of the Network provider’s discounted charges.
- Oral Surgery – After the calendar year Deductible has been met, the Plan pays 80% of the Network provider’s discounted charges.
- Major Services – After the calendar year Deductible has been met, the Plan pays 50% of the Network provider’s discounted charges for crowns, inlays, onlays and cast restorations.
- Prosthodontics – After the calendar year Deductible has been met, the Plan pays 50% of the Network provider’s discounted charges for bridges, dentures and implants.
- TMJ – After the calendar year Deductible has been met, the Plan pays 50% of the Network provider’s discounted charges for treatment of TMJ (Temporomandibular Joint) disorders.
- Orthodontic Benefits – Orthodontic services are provided for your covered children up to age 19. After the calendar year Deductible has been met, the Plan pays 50% of the Network provider’s discounted charges for orthodontic benefits, up to a lifetime benefit maximum of \$1,500.

You may locate a PPO Network provider by calling Delta Dental at 800-932-0783, or by using the provider locator at www.deltadentalins.com. Be sure to specify or select a provider in the PPO Network, as Delta Dental has more than one network.

If you receive covered services from a DeltaDental PPO Network dentist, you do not need to complete any claim forms. Simply pay your portion of the costs, if any, directly to the dentist.

If you receive services from a dentist outside of the Delta PPO Dental Network, you must pay the full cost of services and submit a claim form to Delta Dental for reimbursement of covered expenses. Out-of-Network claim forms are available at www.deltadentalins.com.

Vision Benefits

The In-Network vision benefits will be as follows:

- Basic Eye Examination (one every 12 months)\$10 Copay
- Standard Plastic Single Vision Lenses (every 12 months)\$20 Copay
- Conventional Contact Lenses (every 12 months) 100%, up to \$130
- Frames (every 24 months)..... 100%, up to \$130
(plus 20% of frame cost over \$130)

Important: The vision benefits described herein are for services provided by EyeMed Network providers. If you go outside the Network for vision services, you will not receive the same level of coverage. (See below for a description of the non-Network vision benefits.)

Vision Benefits Description

Covered vision services provided through the EyeMed Vision Care Network provider panel consist of the following:

- Eye Examination – The Plan pays 100% after a \$10 copay for one basic eye examination every 12 months, including dilation (if needed).
- Lenses – The Plan pays 100% after a \$20 copay for prescription eyeglass lenses once every 12 months. The lenses covered include any size or power, but are limited to uncoated plastic lenses. Premium lenses are available at an additional cost to you or your Eligible Dependents.
- Contact Lenses – The Plan pays 100% for prescription contact lenses every 12 months up to \$130. You are responsible for amounts above \$130 if you or your Eligible Dependents choose contacts that cost above \$130. Contact lenses may be purchased through a Network provider or through the Mail Order Contact Lens Program. Contact lens examinations and fittings are provided for an additional fee that is not covered by this benefit or any other benefit under the Plan.
- Frames – The Plan provides eyeglass frames once every 24 months. The Plan pays up to \$130, plus 20% of frame costs over \$130.

The Non-Network vision benefits will be as follows:

- Basic Eye Examination (one every 12 months) Up to \$30
- Standard Plastic Single Vision Lenses (every 12 months) Up to \$25
- Conventional Contact Lenses (every 12 months) Up to \$104
- Frames (every 24 months)..... Up to \$40

The EyeMed InSight Network includes many optical providers such as Lenscrafters, Target Optical, Cohen's Optical, Pearle Vision and many others. You may locate a Network provider by calling 1-866-9EYEMED, or by using the provider locator at www.eyemed.com. Be sure to specify or select a provider in the InSight Network, as EyeMed has more than one network.

If you receive covered services from an EyeMed InSight Network provider, you do not need to complete any claim forms. You simply pay your portion of the costs, if any, directly to the provider.

If you receive services from a provider outside of the EyeMed Insight Network, you must pay the full cost of services and submit a claim form to EyeMed for reimbursement of covered expenses. You may obtain out-of-Network claim forms at www.eyemed.com or by calling EyeMed's customer care center at 888-362-7463.

If you have questions regarding any of the above, please contact the Fund Office at 212-245-4802.

Sincerely,

Board of Trustees
Local 802 Musicians Health Plan

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

ERISA Information

Plan Sponsor: Board of Trustees of the Local 802 Musicians Health Plan

Sponsor's EIN #:13-6198844

Plan Number: 501

Plan Year: October 1 – September 30