



SPECIAL EDITION

FOR IATSE NATIONAL HEALTH & WELFARE FUND PLAN C PARTICIPANTS

How You Can Reach Us

DROP IN. We're located on the third floor at 417 Fifth Avenue between 37th and 38th Streets.

CALL US. In New York, the number is 212-580-9092; the toll-free number is 1-800-456-FUND (3863).

SEND US A FAX.

Our main fax number	212-787-3607
Benefits	212-730-7706
Contracts & Contributions	212-792-8322
Finance	212-792-8321
Pension	212-792-8323
Executive Director	212-792-8320

EMAIL US via our Web site (www.iatsenbf.org).

Please note that the Fund Office will be closed in observance of the following holidays:

Labor Day	Monday, September 3
Columbus Day	Monday, October 8
Veteran's Day	Monday, November 12
Thanksgiving	Thursday, November 22
Day after Thanksgiving	Friday, November 23
Christmas	Tuesday, December 25

October 2007 CAPP Statements

Watch for your October 2007 quarterly CAPP statement, which will be in the mail to you by mid-August. It will include all employer contributions received and processed through July 31. It will also include your enrollment options for coverage starting October 1. Be sure to review it carefully and respond by the deadline to avoid a lapse in coverage.

FROM THE EXECUTIVE DIRECTOR

This Special Edition newsletter for participants in the Health & Welfare Fund Plan C provides important information about upcoming changes to your benefits. Some of the changes become effective October 1, 2007. Others will be implemented as part of the annual enrollment process for coverage that begins January 1, 2008. While not all the changes may apply to you, please read this Special Edition newsletter carefully and keep it with your other plan descriptions for future reference.

As reported previously on a number of occasions, the cost of providing national health care coverage continues to increase, and Plans C-1 and C-2 are no exception. Consequently, CAPP charges will increase on October 1, 2007 (see the article on page 2). While we have little control over many of the factors that drive up the cost of health care nationwide, such as the aging of the American population and the introduction of expensive new medical technology and prescription drugs, the Trustees are committed to providing a range of Plan C alternatives designed to meet the diverse health and financial needs of our participants.

This Special Edition newsletter introduces a new Plan C-3 option, which provides medical, hospital, prescription drug and dental benefits for a CAPP charge that's about 25% less than Plan C-2. Plan C-3 provides medical and hospital coverage through an exclusive provider organization, or EPO, which means you must use an EPO network provider to receive benefits. If you choose to enroll in Plan C-3, you'll pay \$30 to visit a network doctor, and 80% of most other costs will be paid by the Plan (after you meet an annual deductible). In addition, your copays for prescription drugs will be the same as under Plan C-2 (subject to an annual maximum).

As you consider your health care options for October, you may want to take advantage of the improved resources available to you. For starters, if you have questions, our new call center is up and running, with a larger staff and faster response time. In addition, we have upgraded the Web site so that you now have 24/7 access to online information about your CAPP account balance. You can track employer contributions to your account and find out how much (if anything) you must self-pay to cover your quarterly CAPP charge. You can verify that the Fund Office received your check, or you can pay online using MasterCard or Visa. In addition, you can change your address, view plan documents, link to carriers and download forms.

If you prefer transacting business with us by telephone, our new interactive voice response system (IVR) will be available in August. When it goes live, you'll be able to connect to your CAPP account by phone and access the same features that are available on our Web site with the exception of the online payment feature.

We hope you share our enthusiasm for these improvements. If you have comments or suggestions, please feel free to contact us.

Anne J. Zeisler

WHAT'S NEW FOR OCTOBER 2007

Introducing the New Health & Welfare Plan C-3

Depending on your individual situation, especially if you have difficulty meeting the self-pay requirements for Plan C-2, you may want to consider the new health care option that will be available to eligible Plan C participants beginning October 1, 2007. While the new Plan has a higher deductible than Plan C-2, it is designed to keep your costs for everyday health care affordable (\$30 copay for doctor visits) and, in the event of a serious illness or injury, limit your annual out-of-pocket expenses (after you meet an annual deductible) to a predetermined amount (\$3,000 for an individual; \$7,500 for a family).

Unlike Plans C-1 and C-2, which are PPOs (preferred provider organizations), Plan C-3 is an EPO, or exclusive provider

organization. A primary difference between a PPO and an EPO is that an EPO requires you to use a network provider. *If you enroll in Plan C-3 and go to a doctor, hospital or other provider that is outside the network, no benefits will be paid.* To find out if your doctor is in the EPO network, you can log on to the Empire BlueCross BlueShield Web site at www.empireblue.com or call 1-800-553-9603. Check with Empire often as participating providers change frequently.

Plan C-3 provides coverage for medical and hospital expenses (administered by *Empire BlueCross BlueShield*), prescription drugs (*Caremark*) and basic preventive dental care (*Delta Dental*). Here are highlights of the coverage available under *Plan C-3*:

HOSPITAL AND HEALTH BENEFITS		PRESCRIPTION DRUG BENEFITS		
Annual deductible	\$1,000/individual; \$2,500/family		Retail ¹	Mail-Order ²
Coinsurance after annual deductible	Plan generally pays 80%	Generic drugs	\$15	\$30
Annual out-of-pocket maximum (not including deductible)	\$3,000/individual; \$7,500/family	Brand name drugs without generic equivalent	\$30	\$60
Lifetime maximum	Unlimited			
Office visit (primary care physician or specialist)	\$30 copay (not subject to deductible or coinsurance)	Brand name drugs with generic equivalent	\$40	\$80
Emergency room visit	\$50 copay/admission (plus deductible and coinsurance)			
Hospital admission	80% (after deductible)	Annual maximum benefit	\$2,000/individual	
Outpatient surgery				
Laboratory and diagnostic tests				
¹ up to 30-day supply ² up to 90-day supply				
DENTAL BENEFITS Plan pays benefits in accordance with Schedule of Dental Benefits				
Oral examination, up to two per calendar year; prophylaxis (teeth cleaning), up to two per calendar year; x-rays, once per calendar year.				

CAPP Charges Effective October 1, 2007

As announced previously in **Behind the Scenes** newsletters, 2007 CAPP account charges are being increased over time. The October charges for Plans C-1 (and HMOs), C-2 and the new C-3 are shown in the chart below.

	QUARTERLY CAPP COST TO YOU	QUARTERLY COST TO HEALTH & WELFARE FUND
Plan C-1 and HMOs (Kaiser and Harvard)		
Individual	\$2,100	\$2,434
Family	\$4,380	\$5,248
Plan C-2		
Individual	\$1,155	\$1,408
Family	\$2,070	\$2,595
Plan C-3		
Individual	\$835	\$835*
Family	\$1,585	\$1,585*

*Estimated

If Your CAPP Account Has Insufficient Funds

If you are enrolled in Plan C-1, Plan C-2 or Plan C-3, your coverage will be automatically "downgraded" to a lower level of coverage (or terminated entirely) during the next calendar quarter if:

- Contributions in your CAPP account are not sufficient to cover the upcoming quarter's cost for your current coverage, and
- You do not make up the shortfall through a timely self-payment.

The downgrade will depend on your current coverage and the balance in your CAPP account as of the date your CAPP statement is generated, as shown on the next page.

DOWNGRADE BASED ON OCTOBER 1, 2007 CAPP CHARGES

If Elected →	C-1 Family	C-2 Family	C-3 Family	C-1 Individual	C-2 Individual	C-3 Individual
Coverage Downgraded To ↓	C-2 Family	C-3 Family	C-3 Individual	C-2 Individual	C-3 Individual	No Coverage
	C-3 Family	C-2 Individual	No Coverage	C-3 Individual	No Coverage	
	C-2 Individual	C-3 Individual		No Coverage		
	C-3 Individual	No Coverage				
	No Coverage					

Increase in Administrative Fees

If you are already participating in Plan C, you may recall that, before you became eligible for coverage, the first \$100 contributed by your employer was used to cover a portion of the Fund's administrative expenses. Effective with enrollments starting October 1, 2007, this fee is increasing to \$150. If you are a current participant and continue your participation uninterrupted, this change will not affect you. However, if your participation is pending, here's what the increase in administrative fees means for you:

- If you are enrolling for the first time, you'll become eligible to enroll voluntarily after the Fund Office receives an initial \$150 contribution from your employer and employer contributions in your CAPP account equal the *monthly charge* for individual coverage under Plan C-2 (a total of \$535 for an October enrollment).
- If you do not enroll voluntarily (and don't provide proof of coverage elsewhere), you must enroll when your CAPP account includes the \$150 administrative fee plus the *quarterly charge* for Plan C-2 individual coverage (a total of \$1,305 for an October enrollment). If you do not enroll when your account reaches this level, you will be automatically enrolled for individual coverage in Plan C-2.
- If you lose coverage because you fail to make a required payment, you can reenroll after your CAPP balance includes the \$150 administrative fee plus *two times the quarterly charge* for Plan C-2 individual coverage (a total of \$2,460 for an October enrollment).

HEALTH AND WELFARE FUND BOARD OF TRUSTEES

Union Trustees	Employer Trustees
Thomas C. Short	Irving W. Cheskin
Brian J. Lawlor	Howard S. Welinsky
Matthew D. Loeb	Jeffrey Ruthizer
Peter J. Fitzpatrick	Harriet Slaughter
Deborah A. Reid	Carol A. Lombardini
James B. Wood	Seth Popper
Daniel DiTolla	Dean Ferris
Executive Director Anne J. Zeisler	

Changes to Plans C-1 and C-2

Starting January 1, 2008, the amount you pay for a doctor's office visit and certain other health care services will be increasing under both Plan C-1 and Plan C-2. Here are the changes slated for January.

NEW PLAN COPAYS, COINSURANCE AND MAXIMUMS

	Plan C-1		Plan C-2	
	Current	Effective 1/1/08	Current	Effective 1/1/08
In-Network				
Office Visit	\$12	\$20	\$20	\$25
Coinsurance	0%	no change	10%	20%
Annual out-of-pocket maximum	none	no change	\$500/individual; \$1,250/family	\$1,000/individual; \$2,500/family
Out-of-Network				
Coinsurance	20%	25%	30%	40%
Annual out-of-pocket maximum	\$1,000/individual; \$2,500/family	\$1,500/individual; \$3,750/family	\$3,000/individual; \$7,500/family	\$5,000/individual; \$12,500/family

New Annual Administrative Fee and Proof Requirements If You're Enrolled in Other Health Care Coverage

If you waive coverage under the Health & Welfare Plan C by providing proof of other coverage, \$150 will be deducted automatically from your CAPP account each year during open enrollment (beginning this Fall) to help cover administrative expenses for the Medical Reimbursement Program (whether or not you submit claims for reimbursement to the Program and regardless of how long you have been enrolled in the program). Keep in mind, if you submit a claim for reimbursement under the Medical Reimbursement Program, an additional fee will be deducted by the program administrator (currently ASO/SIDS).

In addition, beginning this Fall, if you want to continue to waive coverage entirely under Health & Welfare Plan C, you must provide valid proof *each year* that you have medical coverage elsewhere. (Currently, you are required to submit initial proof only once.) If you do not provide proof during the open enrollment period, and the balance in your CAPP account in November when statements are generated is sufficient for individual coverage in Plan C-2, you will be enrolled automatically for that coverage. If you do not submit valid proof and the balance in your account does not cover Plan C-2 individual coverage, you will be enrolled automatically for Plan C-3 individual coverage.

Address Label
Goes Here
[Remove this text
block prior to
printing]

www.iatsebnf.org
417 Fifth Avenue • 3rd Floor • New York, NY 10016-2204



Postage
information
goes here



PLEASE READ!

IMPORTANT INFORMATION

FOR IATSE NATIONAL HEALTH & WELFARE FUND
PLAN C PARTICIPANTS