



EQUITY-LEAGUE BENEFIT FUNDS

PENSION, HEALTH & 401(K)

WINTER 2017

NOW PLAYING

Cigna’s mail order program now includes thousands of retail pharmacies

The Equity-League Health Fund’s Cigna Plan has long required its participants to fill prescriptions for long-term drugs (taken for 90 days or more) with a single mail order pharmacy – Cigna Home Delivery Pharmacy. But now Cigna has added thousands of retail pharmacies to its mail order program. Effective March 1, 2017, you will be able to obtain up to a 90-day supply of your maintenance drugs at selected retail pharmacies, in addition to supplies filled through Cigna Home Delivery Pharmacy.

While 90-day prescriptions are still required for any medication on Cigna’s 90 NOW Maintenance Drug List, participants will soon be able to fill these prescriptions at any of the pharmacies listed below:

- National retail pharmacy chains such as CVS, Target and Kroger
- Local retail pharmacies in Cigna’s 90 NOW network (this includes 29,000 pharmacies nationwide, or almost half of Cigna’s total retail pharmacy network)
- Cigna Home Delivery Pharmacy

To learn if your local pharmacy is in Cigna’s 90 NOW pharmacy network, visit cigna.com/pharmacy-networks/90-day-network, and follow the instructions to search for one of these participating pharmacies. The list that appears will have a 90 day "icon" next to the name of every pharmacy that is in the Cigna 90 NOW network.

Lastly, remember that any time you are prescribed a new maintenance drug, you will need to ask your doctor for a 90-day prescription (as opposed to a standard 30-day prescription).

Enhanced benefits for gender transition services available to those with Cigna Plan coverage

The Trustees of the Equity-League Health Fund are pleased to announce major enhancements to the benefits the Fund provides for gender transition services available under the Cigna Plan. These enhancements, which will become effective on March 1, 2017, include:

- Breast augmentation
- Facial feminization surgery
- Thyroid cartilage reduction
- Speech therapy
- Voice feminization surgery
- Electrolysis epilation of the face and genitalia

For a description of the combined old and new covered services, please visit the Fund’s website at equityleague.org.

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Participants are encouraged to use a special network of Cigna providers – travel reimbursement available

In addition to enhancing the gender transition benefits, the Fund has worked with Cigna to make the benefits more effective by developing a special network of physicians experienced with the specific surgeries than can be part of the gender transition process. While gender transition services from both network and non-network providers will be covered under the Cigna Plan, we encourage participants to consider having these procedures performed by surgeons in Cigna's special network. As with other care under the Health Plan, services from network providers are covered at the higher, network level of benefits.

Since some will need to travel significant distances to visit providers in Cigna's special network, the Fund wants to help assure that such travel required is both convenient and affordable. Therefore, the Fund will provide a \$5,000 lifetime travel allowance for travel costs associated with having these procedures performed by Cigna's special network providers. This travel allowance may be used for transportation, lodging, and meal allowances for the patient and a companion/caretaker who might need to accompany the patient.

As previously announced, gender transition treatments are considered medically necessary for those with confirmed gender dysphoria who are age 18 and older. Patients must also participate in a recognized gender identity treatment program to receive coverage.

What if I'm covered by an HMO?

The enhanced benefits described in this announcement are available to participants with coverage under the Cigna Plan only. If you are covered by one of the Fund's HMO Plans, any coverage for gender transition services is determined solely by the HMO. For an overview of your HMO's benefits, visit equityleague.org (choose "Health" from the top menu and then click "Benefits Explained" and the name of your HMO). You may also contact the HMO directly to ask about any benefits that may be available for gender transition services.

If you have questions about these benefits, please call the Fund Office at (212) 869-9380 (New York City) or (800) 344-5220 (toll free nationwide), and we will be happy to help you.

Reduced Copays for network acupuncture services, effective March 1, 2017

Effective March 1, 2017, the copayment required for acupuncture visits from network providers will be reduced from \$25 to \$15 per visit. Following this benefit improvement, acupuncture copays will be the same as copays for physical therapy and chiropractic visits, which have been in place for the past several years. This change will reduce out-of-pocket costs for participants who choose network providers.

This enhancement to in-network acupuncture benefits is part of a comprehensive effort to address rising costs and help Cigna grow the network of acupuncture providers available to participants. (Please read on to learn how you can help this process along.)

In conjunction with the aforementioned copay reduction, the Fund has asked Cigna to vigorously recruit more acupuncture providers for its network – particularly those providers who treat our participants in high volumes. At the same time, the Health Plan will reduce reimbursements to non-network providers to roughly the same level Cigna pays its network providers. This important change makes it less attractive to a provider to remain outside Cigna's network.

What led the Health Plan to enact these changes?

The answer is two-fold: rising (and accelerating) costs and high utilization of non-network providers for acupuncture services.

While the rate of inflation in the overall economy has been relatively low in recent years, health care costs have continued to rise substantially. In the most recent Plan Year alone, the Health Fund saw a 6.5% increase in costs per participant from the previous year. Though this overall trend is concerning, costs have risen much more dramatically for our participants' acupuncture care—these costs have increased more than 75% between 2013 and 2015. An analysis of current trends suggests that these cost increases are accelerating, especially among non-network providers.

Additionally, while more than 80% of Health Plan participants' overall medical claims are from Cigna network providers, more than 80% of Plan participants' acupuncture care is from non-network providers. This has led to costs that are many times higher than they are for most health plans, and continue to increase at a faster rate. Only a portion of the higher costs can be explained by the high level of physical activity common to certain Fund participants, such as dancers.

The Health Fund's Trustees recognize that many participants find acupuncture treatments to be essential, especially those who perform highly physical roles. Therefore, to balance the need to hold down costs (for the benefit of all participants) with the need to provide quality, comprehensive benefits, the Trustees enacted this benefit improvement and asked Fund staff to open a dialogue with Cigna about its network of acupuncture providers.

How you can help

If you currently receive acupuncture care from a non-network provider, please ask your provider to consider joining the Cigna network. If he or she joins, costs will be reduced both for you and the Health Plan.

If your provider shows interest in joining the network, please call the Fund Office (see contact information below) to let us know, and we will ask Cigna to get in touch with your provider.

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We are committed to helping Cigna grow its network of acupuncture providers available to our participants.

If you have other questions about these changes, or any other specific questions about your benefits, call the Fund Office at (212) 869- 9380 (New York City area) or at (800) 344-5220 (toll free nationwide).

Introducing Retirement Planning 101

Especially if you are new to investing or financial planning, understanding how retirement plans work — or even knowing the terminology — can be challenging. Through a new series of articles called Retirement Planning 101, we will cover some of the basics in this and upcoming issues of *Now Playing*.

Retirement Planning 101:

Understanding defined benefit vs. defined contribution retirement plans

There are two major types of retirement plans — defined benefit plans (for example, the Equity-League Pension Plan) and defined contribution plans (such as the Equity-League 401(K) plan). This article explains some of the key differences between the two types.

About defined benefit plans

Defined benefit plans require the employer (or in the case of the Equity-League Pension Plan, multiple employers) to make regular contributions to the pension plan. This type of plan provides retirees with a specific monthly benefit at retirement (e.g., \$1000 per month). This amount is calculated using an established formula set forth in the official plan document (e.g., 3% of covered salary).

Additionally, the plan sponsor (the Equity-League Pension Fund) is responsible for managing the Fund's investments on behalf of all plan participants. As such, the burden is on the sponsor to collect the employer contributions and realize the investment returns necessary to provide the defined benefit to all participants, when they are eligible to receive it.

Defined benefit pension plans are the most common type of traditional pension plans. Similarly, Social Security is a government-sponsored defined benefit plan that provides a pension to participants at retirement.

About defined contribution plans

Defined contribution plans — such as the Equity-League 401(k) Plan — have become prevalent in recent decades. "Defined contribution" means that employers and/or

employees agrees to contribute a specific amount (such as a percentage of salary) to an investment account that is managed by the employee.

Under a defined contribution plan, the plan doesn't agree to provide a specific benefit amount. Instead, employers and/or employees contribute a specific amount to each employee's investment account. This fundamental difference means that you are responsible for managing your investments in a way that provides you with financial support during retirement. It also means that the amount of savings available to you at retirement will fluctuate, as your account's market value is constantly impacted by changes in the market.

Watch for future articles in this series devoted to retirement planning basics. At any time, you may also visit equityleague.org to review Plan documents and other communications to learn more about the benefits available to you. And don't hesitate to contact the Fund Office at (212) 869-9380 (New York City area) or at (800) 344-5220 (toll free nationwide) if you have specific questions about your benefits.

Health participants:

Rebates can save you money on high-cost prescription purchases

If you have taken certain prescription specialty medications, you know that the out-of-pocket costs can be expensive. For example, consider the average monthly copayment (for a 30-day supply) of the following specialty drug:

- Truvada (used to treat HIV/AIDS) — \$300

We understand that such an expensive copayment can be a burden. As such, we want to remind you that certain drug manufacturers offer coupons that can offset some of your out-of-pocket expenses. Coupon programs for many specialty drugs, including the one listed above, can be found at the websites listed below. Some rebates help you with the cost of this medication directly, while others provide copayment relief:

- helprx.info
- goodrx.com
- gileadadvancingaccess.com/copay-coupon-card

In addition, remember that therapeutically equivalent drugs (which contain identical amounts of the same active ingredients) or alternative drugs (different drugs used to treat the same condition) can often produce the same results at a lower price. For example, the drugs Emtricitabine and Tenofovir are often taken in combination as an alternative to Truvada, and the average overall cost for a 30-day supply is approximately \$200 less.

Considering the potential savings, you may want to discuss equivalent or alternative prescription options with your doctor. There is a chance that another medication could produce results that are just as good or even better — all while saving you money.

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Investment Spotlight

Invesco’s Balanced Risk Allocation Fund actively manages risk

Learn more about the 401(k) Plan’s Global Tactical Asset Allocation (GTAA) investment option

Many investors manage risk by investing a certain percentage of their portfolios in stocks to promote growth and the remaining percentage in bonds to provide stability to their portfolios. While this traditional approach can be effective, it also means you could miss certain opportunities for gains while the market is strong, or be exposed to undue risk during economic downturns.

Global Tactical Asset Allocation (GTAA) is an investment strategy that seeks to actively manage risk based on overall trends in the market, rather than tracking a market index. Typically, GTAA funds actively invest in the market when the economy is performing well and become more conservative during challenging economic times, to protect investors’ assets.

The Invesco Balanced-Risk Allocation Fund (Class R5)

The 401(k) Plan offers a GTAA investment option to its participants – Invesco’s Balanced Risk Allocation Fund (Class R5), which invests in stocks, bonds and commodities. Since its inception in 2009, this fund has carried a 4-Star rating from Morningstar (out of five stars), with an average annual return of 8.24%. The fund’s net expense ratio is .99%.

Global Tactical Asset Allocation (GTAA) investment option	
Fund Name/Share Class	Ticker Symbol
Invesco Balanced-Risk Allocation Fund (Class R5)	ABRIX

To learn more about the Invesco Balanced-Risk Allocation Fund or any investment option offered to 401(k) participants, visit mylife.jhrps.com and securely log into your account or call John Hancock at (800) 294-3575.

About 401(k) investments

As noted throughout our 401(k) Plan communications, past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than figures referenced in communications materials from John Hancock. Investment return and principal value will fluctuate so that, upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such a fee applies, would lower performance.

Wellness

It’s not too late to guard against the flu with an annual flu shot

Even though winter has arrived, it is not too late to help prevent a flu infection by getting a flu shot.

The Centers for Disease Control (CDC) recommends annual flu vaccinations for every person 6 months of age or older. For the 2016-17 flu season, the CDC recommends vaccinations with the inactivated influenza vaccine (IIV) or the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine, or LAIV) should not be used during the current season.

Flu shots are widely available nationwide – and often for free. You can ask your doctor for a flu shot, of course. But flu shots are also commonly provided by:

- Retail pharmacies and national pharmacy chains
- Mobile clinics, including those held in stores, malls and other shopping areas
- Employers
- City and county health departments

To learn where flu shots are available in your area, visit flu.gov and enter your ZIP code. For additional information, you may also visit cdc.gov/flu/.

The Affordable Care Act (ACA) 1095-B Form

Under the Affordable Care Act, individuals are required to provide proof of health insurance coverage each tax year. Proof of coverage consists of a IRS form called the 1095-B. The Health Fund will produce this form in early 2017 for all participants who had coverage under the Cigna plan during 2016. Participants who were covered under an HMO Plan will receive this form in early 2017 directly from their HMOs as well.

The ACA also requires that certain larger employers report information regarding health coverage offered to their employees in 2016, via IRS form 1095-C. If this applied to your employer, you will also receive Form 1095-C from your employer(s) directly. The 1095-B and 1095-C forms provide information that will be needed to file your 2016 tax return. Once that has been done, we suggest that you keep these forms with your other 2016 tax records.

Annual notice**The Women's Health and Cancer Rights Act**

The Women's Health and Cancer Rights Act is a federal law that provides protection for breast cancer patients who choose breast reconstruction in connection with a mastectomy. All group health plans, including HMOs that provide medical and surgical benefits in connection with a mastectomy, must also provide for reconstructive surgery in a manner determined in consultation with the patient and attending physician. If you or an enrolled dependent are a breast cancer patient, you should know that in addition to providing medical and surgical benefits in connection with a mastectomy, the Equity-League Health Plan also includes coverage for the following:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.

This coverage is subject to applicable copayments, referral requirements, annual deductibles and coinsurance provisions. You should review the applicable provisions of the Health Plan regarding any such restrictions that may apply. If you have any questions about this coverage, please contact the Fund Office at (212) 869- 9380 (New York City area) or at (800) 344-5220 (toll free nationwide).

Reminder**Protect those you care about most: Keep your beneficiary designations up-to-date**

No one wants to think about being separated from loved ones by death. But advance planning is essential to protect those you care about most. If something happened to you, it would be especially tragic if the benefits you earned aren't inherited by your survivors according to your wishes. Unfortunately, we at the Funds see this happen far too often.

It is critically important that you separately designate a beneficiary or beneficiaries for your Equity-League Pension and 401(k) benefits, and that you keep these designations up-to-date. Participants often wish to update their choices of beneficiaries when certain life events occur — such as getting married, divorcing, or having a child. So when your life changes, take a few moments to review and confirm your beneficiary choices.

For both the Equity-League Pension and 401(k) Plans, if you are married, your spouse is automatically your beneficiary. To name a beneficiary for your retirement benefits who is not your spouse, your spouse must consent in writing. Refer to the Equity-League Pension Plan and 401(k) Summary Plan Description, which is available at equityleague.org, for complete information about this requirement.

Changing your beneficiary designations

To make an initial beneficiary designation or to change your beneficiaries (or to change the allocations to beneficiaries), you must complete and return standard beneficiary forms, which are separate for the two funds. You'll find current versions of the beneficiary forms on separate forms pages linked from the "Pension" and "401(k)" sections of equityleague.org's site menu.

Divorce can automatically change your beneficiaries

Following a divorce or legal annulment, your ex-spouse will be automatically removed as your beneficiary (if previously designated as your beneficiary) unless a Qualified Domestic Relations Order (QDRO) stipulates otherwise. If you wish your ex-spouse to continue as your beneficiary, a separate Re-designation of Former Spouse as Beneficiary Form is required.

Other questions?

For complete details about Equity-League retirement benefits, refer to the Equity-League Pension Plan and 401(k) SPD. If you have additional questions or need assistance, please contact the Retirement Services Department at (212) 869-9380 (New York City area) or (800) 344-5220 (toll free nationwide).

When contacting us, or when you need to update your own contact information, remember we are separate from Actors' Equity.

As separate organizations, the Equity-League Benefit Funds and Actors' Equity, the union, are required to keep separate records.

So when you move, or if you change your phone number or email address, keep your contact information up-to-date with both organizations. This ensures that we can get you the information about your benefits you need without delay.

Call us at (212) 869-9380 (New York City) or toll free nationwide at (800) 344-5220. Or visit us online at equityleague.org, where you can log in and update your contact information securely.

Never send us your personal information by regular email – keep it secure

When you send anything to the Equity-League Benefit Funds that includes your personal information – for example, forms to enroll in health coverage or to change your beneficiaries – always send it securely. Secure ways to send us personal information include:

- By regular mail, through the US Postal Service
- By fax (fax numbers for each department are listed on the "Contact Us" page at our site)
- The Self-Service Portal at equityleague.org
- Encrypted email (the Funds' main email addresses are listed on the "Contact Us" page at our site)

Equity-League can provide you with a way to send your information in an encrypted manner. All you need to do is send a general email request to have us set you up with a secure connection, and one of our customer service representatives will then coordinate with you to have an account established. Once a user name and password have been created, you will be able to reply back via the encrypted email and send us a message providing us with your information in a secure manner.

Secure channels, like those described above, should always be used when sending us any of the following types of information:

- Social Security numbers
- Credit card numbers
- Bank account numbers
- Your equityleague.org Self-Service Portal user name and password
- Your date of birth, mother's maiden name or any other personally identifying information

Annual notice

HIPAA Privacy Notice

If you would like to see the Health Plan's HIPAA Notice of Privacy Practices, which was last revised in September 2013, please visit equityleague.org, click on the "Health" tab and select "HIPAA Privacy Notice." Or, to request your own printed copy of the notice, contact us as directed below:

By mail: Privacy Officer
Equity-League Health Trust Fund
165 West 46th Street, 14th Floor
New York, NY, 10036

By phone: Call (212) 869-9380 (New York City area) or (800) 344-5220 (toll free nationwide).

The HIPAA Notice of Privacy Practices describes how the Health Plan uses and discloses protected health information, and it also discusses important federal rights that you have with respect to your protected health information.

Annual notice

Your right to request a pension benefit statement

If you would like to receive a detailed statement of the pension credit you've earned under the Equity-League Pension Plan, and whether you are vested, you must make the request in writing. Send your request to Equity-League's Retirement Services Department as directed below:

By email: pension@equityleague.org

By fax: (212) 869-1824 (Attention: Retirement Services)

By mail: Equity League Pension Fund
Retirement Services Department
165 West 46th Street, 14th Floor
New York, NY 10036

You are entitled to receive a pension benefit statement, upon request, once every 12-month period. If you have questions, call the Retirement Services Department at (212) 869-9380 (New York City area) or at (800) 344-5220 (toll free nationwide).

SUMMARY ANNUAL REPORT**For EQUITY-LEAGUE HEALTH TRUST FUND**

This is a summary of the annual report of the EQUITY-LEAGUE HEALTH TRUST FUND, EIN 13-6092981, Plan No. 501, for period June 01, 2015 through May 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with Berkley Life And Health Insurance Company, Cigna Health And Life Insurance Company And Affiliates, Hip Health Plan Of New York, Kaiser Foundation Health Plan Inc., Kaiser Foundation Health Plan Inc. and Kaiser Foundation Health Plan Of The Mid-Atlantic to pay health, dental, prescription drug, stop loss, HMO, indemnity and NON-HMO claims incurred under the terms of the plan. The total premiums paid for the plan year ending May 31, 2016 were \$4,034,760.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$120,933,118 as of May 31, 2016, compared to \$125,655,624 as of June 01, 2015. During the plan year the plan experienced a decrease in its net assets of \$4,722,506. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$64,399,119, including employer contributions of \$47,718,753, employee contributions of \$10,936,368, realized losses of (\$446,647) from the sale of assets, earnings from investments of (\$51,022), and other income of \$6,241,667.

Plan expenses were \$69,121,625. These expenses included \$4,107,716 in administrative expenses, and \$65,013,909 in benefits paid to participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of BOARD OF TRUSTEES OF THE EQUITY-LEAGUE HEALTH TRUST FUND at 165 WEST 46TH STREET 14TH FLOOR, NEW YORK, NY 10036-2501, or by telephone at (212) 869-9380. The charge to cover copying costs will be \$0.00 for the full annual report, or \$0.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (BOARD OF TRUSTEES OF THE EQUITY-LEAGUE HEALTH TRUST FUND, 165 WEST 46TH STREET 14TH FLOOR, NEW YORK, NY 10036-2501) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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To the extent that any of the information contained in this newsletter is inconsistent with the official Plan documents (which, of course, includes the Trustees' rights to amend or modify the Plans at any time), the Plan documents will govern in all cases. No official (other than the Trustees) has any authority to interpret the Plans, or other official Plan documents, or to make any promises to you about them.