



# EQUITY-LEAGUE BENEFIT FUNDS

PENSION, HEALTH & 401(K)

# NOW PLAYING

WINTER 2017

## Major pharmacy benefit improvements take effect on Jan. 1, 2018, for those who have Cigna medical coverage

The Trustees of the Health Fund are making several improvements in the Health Fund’s Pharmacy benefits, effective Jan. 1, 2018:

- Generic drugs are no longer subject to the Plan’s \$100 annual prescription drug deductible – only the copay will be payable by you for drugs in this category
- All “specialty drugs” (generally high cost/high tech) will have a flat 25% copay – many such drugs formerly required a 30% copay
- The drug plan’s annual out-of-pocket copayment maximum has been lowered to \$4,000 per individual – from the former \$5,000 – and there will no longer be a 5% copay on any category of drugs, after the out-of-pocket maximum has been reached
- A new pharmacy benefit management company – ProAct – will replace Cigna’s pharmacy services, including home delivery – approximately doubling the number of 90-day supply retail pharmacies to more than 60,000.

Participants who will be covered by an HMO on Jan. 1, 2018 will not be affected by these changes.

## Here is what you will need to do in connection with the move to ProAct

First, rest assured that any existing prescriptions for long-term medications you have with Cigna Home Delivery will automatically be transferred to ProAct Home Delivery as of Jan. 1 – so you won’t have to concern yourself about prescriptions that extend beyond Jan. 1. To fill prescriptions that are ordered Jan. 1 or later, **you can visit ProAct Home Delivery online, at <https://secure.proactrx.com/mail-order/getting-started/> to register by completing a New Patient Profile Form** (access to this site will be available for Equity-League participants beginning on Dec. 15, 2017. Once you have registered, you’ll be able to access ProAct’s secure portal to begin managing your mail order prescriptions.

Second, you’ll receive a new ID card from ProAct prior to Jan. 1. You will be able to use that card at any of the nearly 70,000 pharmacies in ProAct’s 30-day retail pharmacy network, as well as the more than 60,000 pharmacies in ProAct’s 90-day pharmacy network.

## More details regarding the pharmacy benefit improvements

### \$100 annual prescription drug deductible no longer applies to generic drugs

Beginning Jan. 1, you will be able to purchase all of your generic prescription drugs with a copay that is 20% of the generic drug’s cost (with a minimum of a \$10 copay for a 30-day supply, and a minimum of \$20 for a 90-day supply) – you won’t have to satisfy an annual deductible first. The \$100 annual deductible will still apply to non-generic drugs.

### Say Goodbye to “Tiers” and hello to simple categories

Going forward, the prescription drug benefit will no longer refer to tiers, but rather to simple categories of prescription drugs:

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- Follow us on Twitter: [Twitter.com/EquityLeague](https://twitter.com/EquityLeague)

### We have some important and useful news to share with you in this issue of *Now Playing*:

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**Generic** – If a drug is generic, you will pay 20% of the drug's cost with a minimum of \$10 for a 30-day supply (a minimum of \$20 for a 90-day supply) – and drugs in this category are not subject to the \$100 annual deductible – so your generic drug benefits begin the day you fill your first prescription under the new benefit.

**Specialty** – If a drug is a “specialty” drug, you pay 25% – we've done away with the prior practice of requiring you to pay 25% for some specialty drugs and 30% for others (however, if a specialty drug is also a generic drug you pay even less – because the generic copay described earlier applies).

**Preferred Brand Name** – You continue to pay 25% of the drug's cost, with a minimum of \$20 for a 30-day supply (\$40 for a 90-day supply) – but you pay a flat 25% if the preferred brand name drug is also a Specialty drug.

**Non-Preferred Brand Name** – You continue to pay 30% of the drug's cost, with a minimum of \$25 for a 30-day supply (\$50 for a 90-day supply) – but you pay a flat 25% if the non-preferred brand name drug is a Specialty drug.

Some examples of Generic drugs are Atorvastatin Calcium (brand name Lipitor) and Levothyroxine (brand name Synthroid). Some examples of Specialty drugs are Truvada and Harvoni. Some examples of Preferred brand name drugs are Xarelto and Simcor. Some examples of Non-Preferred brand name drugs are Zocor and Abilify tablets.

Unsure about which category applies to a drug you are taking? Just visit [equityleague.org/druglist](http://equityleague.org/druglist) where you will find a link to an alphabetical list of drugs, with each drug's category shown right alongside. Please note that this list is provided for your convenience, but that drugs can change categories from time-to-time. So it is important that each time you fill or refill a prescription, you check with your pharmacist, or ProAct, to confirm the categorization of that drug.

### What are “specialty” drugs?

Specialty drugs are high-cost medications that often have special handling or administration requirements. Specialty drugs are typically prescribed to treat rare, chronic, and/or complex medical conditions, including HIV, certain autoimmune conditions, hemophilia and certain cancers.

### No coinsurance after the prescription drug out-of-pocket maximum

Beginning in 2018, if you reach the out-of-pocket maximum of \$4,000 for prescription drugs, during a calendar year, the Fund will pay 100% of your eligible prescription drug costs for the balance of that calendar year.

### ProAct to replace Cigna's pharmacy services

In addition to making the benefit changes already described, the Trustees of the Equity-League Health Fund have selected ProAct Pharmacy Services to manage the Fund's pharmacy benefits, replacing Cigna in this capacity, effective Jan. 1, 2018. Cigna will continue to provide all the services it has provided for years in connection with other medical and dental benefits.

ProAct is a full-service pharmacy benefit management company owned by its employees. For nearly 20 years, ProAct has provided innovative and flexible prescription solutions to benefit funds and their participants.

Overall, the ProAct program will be very similar to the Cigna program, with one major positive difference. While Cigna's 90-day retail network consists of more than 30,000 pharmacies, **ProAct's 90 day retail pharmacy network has more 60,000 pharmacies, and it includes Walgreens and Duane Reade.**

Other changes that will occur when you switch to ProAct will be some changes in formulary drugs, categorizations, prior authorizations, and certain quantity limits. In some cases, ProAct's policies may be more restrictive than Cigna's corresponding policies, and in other cases they will be less so.

You can see an alphabetical list of all prescription drugs, with an indicator of how they will be categorized by ProAct on the Fund Office's website page: [equityleague.org/druglist](http://equityleague.org/druglist).

If you have more specific questions about these changes, or if you need assistance with the transition to ProAct Pharmacy Services, please call the Fund Office's Benefits Services Department at (212) 869-9380 (New York City) or (800) 344-5220 (toll-free nationwide), Monday through Friday, 9:30 AM to 5:30 PM EST, and a representative will assist you. **Beginning Jan. 1, 2018, please call ProAct with any questions regarding the processing of your pharmacy benefits, at (833) 636-1400. They are available 24/7.**

### You can still participate in the Health Fund's Annual Open Enrollment Period — if you make a \$100 penalty payment — but only until January 2!

#### Take advantage of this once-a-year opportunity to make changes to your health coverage

The Health Fund's Annual Open Enrollment Period ended on November 30th, but you can still participate in the open enrollment program until Jan. 2, if you make a \$100 penalty payment. Any changes that you make to your coverage during open enrollment are effective on Jan. 1, 2018 **You may not participate in the open enrollment process, even with a penalty payment, after Jan. 2, 2018.** However, you may

still add or remove a dependent at any time of the year when certain life events occur — for example, if you get married or have a child. Visit our life events pages at [equityleague.org](http://equityleague.org) for additional information.

## Understanding the choices available to you during Open Enrollment

Listed below are examples of common changes you may make during the Annual Open Enrollment period. For more detailed information about the choices available to you, visit [equityleague.org](http://equityleague.org):

- You may switch from one of the HMO Plans to the Cigna Plan, or vice versa.
- You may add self-paid dependent coverage for any qualified dependents not already covered by the Health Fund.
- You may also choose to add (or change) self-paid coverage for dental care.

If you want to make one or more changes to your coverage, visit [equityleague.org](http://equityleague.org) to submit your choices using the Self-Service Portal.

## Do you have questions or need assistance?

For additional information, visit our Annual Open Enrollment page at [equityleague.org](http://equityleague.org). For complete information, refer to the Equity-League Health Fund Summary Plan Description (SPD), which is also available at our website.

If you have any questions, or if you encounter issues with the Self-Service Portal or need other assistance, call the Benefit Services Department at (212) 869-9380 (New York City) or (800) 344-5220 (toll-free nationwide) Monday through Friday, 9:30 AM to 5:30 PM EST, and a representative will assist you.

## Open enrollment for most Health Insurance Marketplaces ends Dec. 15

If you do not have Equity-League Health Fund coverage or other coverage, help is available to understand the options available to you through the Actors Fund.

The Artists' Health Insurance Resource Center (AHIRC) of the Actors Fund is a recognized "navigator" for the ACA's Health Insurance Marketplace coverage. If you do not have coverage, contact AHIRC and let them assist you with Marketplace open enrollment, or other options that may be available to you.

Open enrollment for the Health Insurance Marketplaces began Nov. 1 and will end on Dec. 15 in many states. Other states have later deadlines. To learn more or to request assistance, visit [actorsfund.org/health-insurance-hq-10](http://actorsfund.org/health-insurance-hq-10), or call the AHIRC at (917) 281-5975 (New York City) or (855) 491-3357 (Los Angeles).

## Cigna Dental PPO to cover TMJ appliances and the Cigna Dental HMO to cover implants — beginning in 2018

**Cigna Dental PPO** — one of the Health Fund's voluntary self-pay options for dental coverage — will begin covering appliances to treat temporomandibular joint (TMJ) disorders effective Jan. 1, 2018. These appliances, which include mouth guards, splints, bite plates and similar devices, were previously excluded from coverage.

The temporomandibular joints are the joints and jaw muscles used to open and close your mouth. Diseases such as arthritis, as well as injuries and jaw alignment issues, can cause pain and limit the functioning of these joints.

After the effective date, the Health Fund's Cigna Dental PPO will cover medically necessary TMJ appliances. The Plan will pay 50 percent of the allowable cost of these appliances if you use a Cigna DPPO provider. The Plan pays 40 percent of the allowable cost if you use a non-network provider. There will be a \$2,000 lifetime maximum on these appliances and related services.

As a reminder, the annual maximum benefit under the Cigna Dental PPO is \$2,000. There is also a \$1,500 lifetime maximum for orthodontic procedures.

**Cigna Dental HMO** — will cover dental implants beginning on Jan. 1, 2018.

For details regarding both of these plans please visit Cigna's website: [cigna.com/offered-cigna-through-work/dental/](http://cigna.com/offered-cigna-through-work/dental/).

## New Small Professional Theatre (SPT) agreement allows participants to contribute to the 401(k) Plan beginning Aug. 7, 2017

Participants working under the new Small Professional Theatre (SPT) national agreement that took effect earlier this year may now elect salary deferrals to the 401(k) Plan. Under the previous SPT agreement, salary deferrals were not permitted.

To begin salary deferrals, visit [equityleague.org/my-401k-plan/401k-forms/](http://equityleague.org/my-401k-plan/401k-forms/) to download and complete a 401(k) Deferral Form. For complete details, refer to the 401(k) Plan Summary Plan Description, which is also available at our website.

If you need assistance, contact the Benefit Services Department at (212) 869-9380 (New York City area) or (800) 344-5220 (toll free nationwide), Monday through Friday, 9:30 AM to 5:30 PM EST, and a representative will assist you.



## Hardship withdrawals available to 401(k) participants in hurricane and wildfire affected areas<sup>1</sup>

In response to the recent damage from hurricanes and wildfires, the Trustees of the 401(k) Fund have taken action to help participants impacted by these major events.

Effective immediately, participants in Texas, Florida, and Georgia, who live in counties designated for individual assistance by the Federal Emergency Management Agency (FEMA), may request a hardship withdrawal from their 401(k). This withdrawal option is available until Jan. 31, 2018.

For those in Puerto Rico affected by Hurricane Maria, and those affected by the California wildfires, the deadline will be Mar. 15, 2018.

Amounts you withdraw may be used to assist with a broad range of needs related to the storms or fire, including helping close relatives (children, grandchildren, parents or grandparents).

Additionally, the IRS has also waived the standard six month waiting period to resume salary deferrals after a hardship withdrawal. This means that you can begin contributing to your 401(k) again as soon as you are able to do so.

These special provisions to assist participants follow guidance from federal agencies, including FEMA and the IRS. You may visit [fema.gov](http://fema.gov) to find out if you live in one of the areas designated for assistance — simply click “Apply for Assistance” on the home page and enter your address. Additionally, please note that IRS regulations do not allow you to take a hardship withdrawal if you qualify for another type of withdrawal available under the Plan, such as normal retirement or termination of employment.

To request a hardship withdrawal, or to learn more, call the Benefit Services Department at (212) 869-9380 (New York City area) or (800) 344-5220 (toll free nationwide), Monday through Friday, 9:30 AM to 5:30 PM EST, and a representative can assist you.



## Additional assistance available from the Actors Fund

Whether or not you choose to take a hardship withdrawal, affected participants should know that the Actors Fund also offers assistance to performing arts and entertainment professionals impacted by these storms. To learn more, visit [actorsfund.org/am-i-eligible-help](http://actorsfund.org/am-i-eligible-help).

## Davis Vision announces new mobile app

Your vision benefits provider, Davis Vision, recently announced the release of their brand new mobile app. The app works on Apple and Android phones and includes the following features:

- **Provider Location Search** – Using this tool, you can find a Davis eye care provider on the basis of your current location, a city/Zip code, or by provider name.
- **Eligibility & Benefits** – You can check your current or future eligibility status and review available benefits.
- **Order Tracker** – Here you can check the progress of an eyeglass order you have made.
- **ID Card** – Display your member information and personalize it with a photo if you wish.
- **Claims & Status** – Review your current claims and claims history, or upload a photo of a receipt to submit an out-of-network claim.
- **Tools** – These include benefit calculators, a frame try-on tool and a reference library.

You can access the Apple or Android versions of this app through your Davis Vision account, or you can go to the Apple App Store/Google Play store. If you have any questions you can call Davis Vision at (800) 999-5431, visit [davisvision.com](http://davisvision.com), or call the Fund Office.

<sup>1</sup>Your primary residence must be located in one of the designated counties.

## Health Fund to mail 2017 IRS Form 1095-Bs to participants in Jan.

### These forms provide evidence of health coverage during 2017

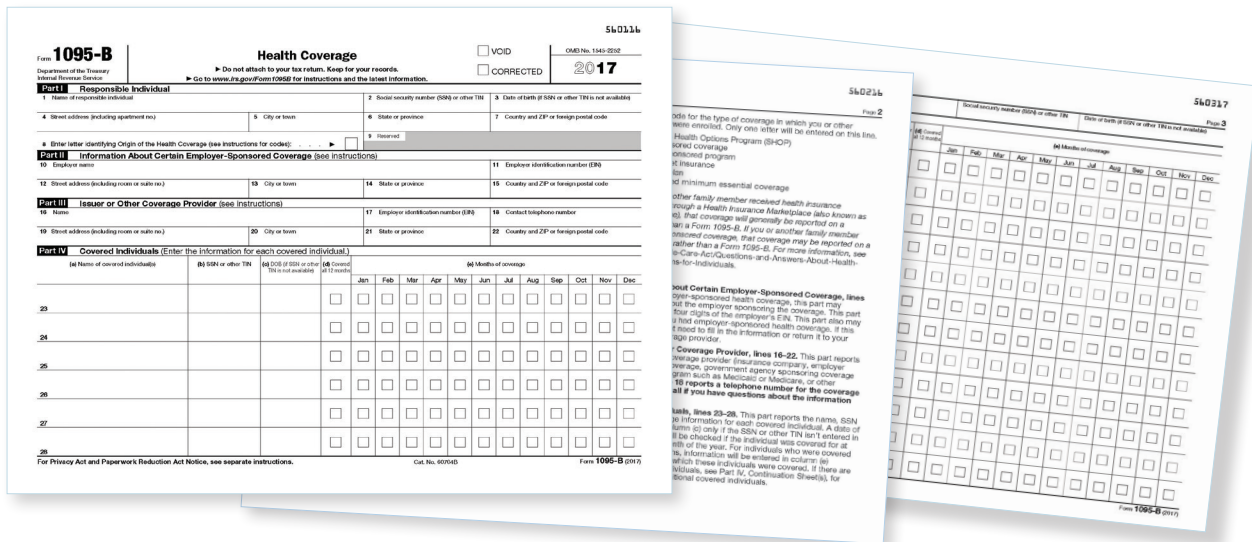
By the end of Jan. 2018, the Health Fund will mail an IRS Form 1095-B to each participant who had Cigna Plan coverage during 2017. Participants who were covered by one of the Health Fund's HMO Plans during 2017 should expect to receive this form directly from their HMO in early 2018.

As a reminder, federal law requires individuals to maintain proof of health coverage annually by retaining the IRS Form 1095-B with their tax records. In support of this requirement, early each year, all health plans must mail a Form 1095-B to

every person covered by the plan during the previous year. These forms show the dates you (and/or your dependents) were covered, and you should receive a form from every plan that provided you with coverage during the year.

The ACA also requires certain larger employers to report information about the health coverage they offer to their employees via IRS Form 1095-C. If this applies to any company that employed you in 2017, you will also receive 2017 Form 1095-C directly from your employer(s). All Forms 1095-B and 1095-C that you receive should be retained with your tax records.

If you have questions, or if you had Cigna Plan coverage in 2017 and you do not receive a Form 1095-B, call the Benefit Services Department at (212) 869-9380 (New York City) or (800) 344-5220 (toll-free nationwide), Monday through Friday, 9:30 AM to 5:30 PM EST, and a representative will assist you.



## Notice of Grandfathered Status

The Equity-League Health Fund believes the Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime dollar limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at (212) 869-9380, or (800) 344-5220 (outside New York City). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

In contrast to the Fund's self-insured coverage administered by Cigna, coverage provided through the Fund through an HMO is not grandfathered and will have to satisfy all the minimum coverage requirements of ACA (which is the HMO's responsibility).

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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.