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This *Benefits Update* includes important information about your AFTRA Health Plan and Retirement Plan benefits. Please keep this *Benefits Update* with your AFTRA Health Plan and Retirement Plan documents and share this information with your family.

Health Plan change provides flexibility for those who qualify for coverage retroactively

Effective Jan. 1, 2015, some participants who qualify for coverage retroactively have more time – 30 days – to notify AFTRA H&R when to begin coverage

AFTRA H&R has implemented a Health Plan change to provide additional flexibility to performers who qualify for health coverage retroactively. Effective for coverage periods beginning on and after Jan. 1, 2015, some performers who receive retroactive notices of qualification for coverage have 30 days from the date of the qualification letter to contact AFTRA H&R and choose a coverage start date (based upon Plan rules summarized below) to enroll in coverage. Previously, performers in this situation had only 10 days to contact AFTRA H&R and choose a start date.

As described on pages 16-17 of the 2011 Health Plan SPD, which is available at www.aftrahr.com (“Health Fund” | “Health Plan SPD”), if AFTRA H&R determines that your notice of qualification for coverage was delayed due to covered earnings being reported late or incorrectly by a contributing employer, you have different options for when you may begin coverage. You may:

- Pay the Health Plan premiums retroactive to the start of the quarter in which the notice of qualification is received;
- Pay Health Plan premiums retroactive to the first day of the month in which the qualification notice is received, or
- Pay Health Plan premiums prospectively as of the first day of the month following the month in which the notice of qualification is received.

If you receive a qualification notice after your coverage period begins, call Participant Services at (800) 562-4690 within 30 days of the date of the qualification notice and speak to a counselor to find out if these different options are available to you. The counselor can help you select any option that is available to you.

Important Health Plan Updates

Updated Health Plan ID cards to be mailed to participants in early April

In December, all participants and dependents under age 65 with active coverage under the Health Plan were mailed new Health Plan ID cards which include information for the new Cigna OAP network, the new provider network for medical and hospital services under the Health Plan effective Jan. 1, 2015, and for ValueOptions, the Health Plan’s mental health and chemical dependency provider network. The Health Plan ID cards are currently being updated again to include additional information required by our benefit partners. Once completed, the updated Health Plan ID cards will be mailed separately to participants and dependents in early April.

After you and any covered dependents receive your updated cards, please begin carrying the updated cards immediately and destroy the previous version of the card. (The version to be replaced/destroyed can be identified by the “Rev. 10/14” revision date on the back of the card, in the lower right-hand corner.)

The updated ID cards will include additional information necessary to assist health care providers with electronic billing. Until you receive your updated ID card, if your health care provider alerts you to any issues with submitting claims to AFTRA H&R electronically, please refer the provider to the announcement at www.aftrahr.com titled “Important info for providers submitting claims electronically” (see the “Current News” box on the right side of the home page and every page on the site) or ask the provider to call Participant Services at (800) 562-4690. Please present the updated ID card to each health care provider you use on your first visits after you receive your updated ID card.

Mark your calendars: Reminder of the Health Plan’s quarterly premium billing and due dates

The chart in the opposite column refers to quarterly premium due dates and other important dates related to coverage under the Health Plan. To pay your premiums online at www.aftrahr.com (“Pay premiums”), you must

provide your Account No. (or, if unavailable, your H&R Funds No.), your Social Security No. and your date of birth.

Coverage Start Date	Date Invoice Generated	Quarterly Premium Due Date	Last Day to Make Online Payment
Jan. 1	Nov. 24	Dec. 26	Jan. 25
April 1	Feb. 23	March 25	April 24
July 1	May 22	June 22	July 22
Oct. 1	Aug. 24	Sept. 23	Oct. 23

Remember that you can sign up to receive Health Plan premium reminder updates and other types of AFTRA H&R communications by email at our website. To subscribe to one or more of our email lists, go to www.aftrahr.com and click on the “E-mail preferences” button in the upper right corner of the home page. From there, simply choose the types of communications you’d like to receive by email and submit. It’s important to remember that your premium payment must be made on time, as described in the table above, in order for you to maintain coverage (regardless of whether you receive an invoice for the premium payment due that was mailed to you or an email reminder). If you have any questions, call Participant Services at (800) 562-4690.

Responses needed for mailing requesting SSNs for covered dependents

As part of our efforts to comply with reporting requirements under the Affordable Care Act (ACA), AFTRA H&R sent a mailing to Health Plan participants in early December (and a follow-up mailing in early March) requesting Social Security numbers for all covered dependents under age 65. If you received such a letter and have not yet responded, please reply with the requested information as soon as possible.

AFTRA H&R is committed to protecting your personal information, and the requested information will only be reported to the IRS, as required by law, to demonstrate

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that your dependents have health coverage, as required by the ACA's individual mandate. If you have any questions, please contact Participant Services at (800) 562-4690.

New ACA reporting requirements apply to plans and certain employers in 2016

Starting in early 2016, group health plans and certain employers (generally, large employers with 50 or more full-time employees) will need to report to individuals and to the IRS certain information about health coverage as part of the reporting requirements under the ACA. These reports are designed to demonstrate whether and for what time period(s) individuals and their dependents have or were offered health coverage as required by the ACA individual and employer mandates. The IRS forms to comply with this requirement — the IRS Form 1095-B for plans and the IRS Form 1095-C for applicable employers — are not required to be issued until early 2016, and these forms will include information regarding coverage during the 2015 calendar year. Although this reporting requirement does not take effect until 2016, your tax preparer may request a Form 1095-B or Form 1095-C as part of preparing your personal income taxes for the 2014 calendar year. Please note, however, that there is no requirement that health plans provide forms for the 2014 tax year, during 2015 or otherwise, so AFTRA H&R will not be sending you any tax forms regarding your coverage for the 2014 tax year. We will provide additional information regarding these reporting requirements as the 2016 effective date approaches.

Requirements for participants moving from active coverage to the Senior Citizen Health Program

As a reminder, participants and surviving spouses age 65 and older whose qualification changes from active coverage to Senior Citizen Health Program coverage due to a change in age, earnings or retirement status must be enrolled in Medicare Parts A & B to remain covered under the Health Plan (with Senior Program coverage). However, any participant enrolled in a Medicare Advantage Plan (Part C) or a Medicare Prescription Drug Plan (Part D) does not qualify to enroll in Senior Program coverage.

Those new to the Senior Citizen Health Program who also receive a pension from the AFTRA Retirement Plan should know that they can pay their Senior Program premiums with a deduction from their monthly pension payments. To sign up for the premium pension deduction option, visit www.aftrahr.com ("Forms" | "Health Forms") to download and complete a Health Plan Premium Deduction from Pension Benefit Form, and then return it to AFTRA H&R as directed on the form. For more information about the pension deduction premium payment option, call Participant Services at (800) 562-4690.

Senior Program participants no longer required to send Medicare EOBs to AFTRA H&R

For claims with dates of service on or after Jan. 1, 2015, participants covered under the Senior Citizen Health Program should no longer submit Medicare Explanation of Benefits (EOB) forms to AFTRA H&R if they have provided AFTRA H&R with their Medicare ID numbers (if you received but have not yet responded to an AFTRA H&R request for your Medicare ID number, please respond with this information immediately). In 2015 AFTRA H&R began receiving Medicare payment information directly from Medicare through a new electronic interface, and AFTRA H&R now processes these claims automatically, but only for those who have provided their Medicare ID numbers. If you have questions about this change, please call Participant Services at (800) 562-4690.

Get to know the new Cigna OAP network

As announced in the October 2014 *Benefits Update*, the Health Plan transitioned to a new provider network — the Cigna Open Access Plus (OAP) network — effective Jan. 1, 2015. The Cigna OAP network offers a broad network of facilities and providers, and the new network includes the vast majority of providers that participate in the Cigna PPO network, which was utilized by the Health Plan prior to 2015.

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Have you confirmed that your health care providers are in the CIGNA OAP network, and have you notified your providers of the network change?

Though there should be very little disruption as a result of the transition from the Cigna PPO network to the Cigna OAP network, there are some differences between the two networks, and so you should confirm that the providers you use are in the OAP network by visiting www.aftrahr.com ("Find a provider") or calling the Cigna/CareAllies 24-hour Health Information Line at (800) 768-4695. Also, during your first visit to each provider in 2015, be sure to tell your provider (or his or her office staff) that the AFTRA Health Plan now uses the Cigna Open Access Plus (OAP) network and present your new Health Plan ID card, which was mailed to you in December (or, if you have received the updated Health Plan ID card to be mailed in early April, please present this updated ID card).

Cigna OAP provides you the option to choose a primary care physician (PCP)

Under the OAP network, you are encouraged – but not required – to choose a primary care physician (PCP). While other plans may require their members to select a PCP, choosing a PCP within the Cigna OAP network is completely voluntary and optional. Additionally, each covered member of your family can choose his or her own PCP — you do not need to have the same PCP for all family members.

Remember that you are *never* required to obtain a referral from your PCP before visiting a specialist.

Though you aren't required to choose a PCP, there are advantages to having a personal doctor who coordinates your care. Your PCP can:

- Be your source for basic care, advice and direction.
- Coordinate your total care — from preventive checkups and routine medical care to specialized care and hospitalizations.
- Get to know you. Developing a relationship with your PCP can help you better manage your overall health.

How to select a PCP

To choose an OAP network provider as your PCP:

- Visit www.aftrahr.com and click the "Find a provider" button in the lower right corner of the page, and then click "Search Cigna's Shared Administration PPO network."
- From the provider directory, select the "SAR OAP Provider Directory" and search for the doctor you would like to designate as your PCP.
- Then click the link "Add/Change your Physician" and follow the steps to complete your selection of a PCP.

You may choose any PCP in the CIGNA OAP network who is available to accept you. For children, you may designate a pediatrician as a PCP. If you have any questions about the OAP network, please contact Participant Services at (800) 562-4690.

Clarification: AIG Benefit Solutions provides life insurance benefit

Effective Jan. 1, 2015, AIG Benefit Solutions provides the life insurance and accidental death and personal loss (AD&PL) benefits included with AFTRA Health Plan coverage. As announced in the October 2014 *Benefits Update*, United States Life Insurance Company in the City of New York (US Life) issued the new policy to begin providing these benefits for Health Plan participants on the effective date; but, as a clarification, AIG Benefits Solutions is the name of the division of American International Group, Inc., which markets US Life's products.

The life insurance and AD&PL benefits provided with the Health Plan have not changed — only the company providing these benefits. Previously, these benefits were provided by Aetna. Participants do not need to take any action related to this transition. If you have questions about life insurance and AD&PL benefits, refer to pages 64-67 of the 2011 AFTRA Health Plan SPD available at www.aftrahr.com ("Health Fund" | "Health Plan SPD").

To contact AIG Benefits Solutions, call (800) 250-8898.

New AIG Benefits Solutions forms for life insurance and AD&PL benefits now available

To view information from AIG Benefits Solutions about the life and AD&PL benefits as well as forms for submitting claims for these benefits, visit www.aftrahr.com ("Forms" | "Health Forms") and scroll down to the section labeled "Life insurance and AD&PL forms."

Anthem Blue Cross Blue Shield responds to cyber-attack

Anthem will contact any affected participants and extend monitoring and protection services for those impacted

In early February, Anthem, Inc. announced that it was the victim of a cyber-attack which resulted in the exposure of data that includes personal information for some Anthem members, clients and staff. Anthem reported that it discovered the cyber-attack in late January, and reported it to the FBI.

Blue Cross of California processed California claims for AFTRA Health Plan participants prior to Jan. 1, 2011, and Blue Cross of California is a part of Anthem. As such, some participants' data could have been affected. We have not yet received information from Anthem as to whether any AFTRA Health Plan participants were directly affected by this incident.

Anthem has advised that it will individually notify by mail everyone whose information was accessed and for whom Anthem has contact information. Anthem will offer credit monitoring¹ and identity protection services² for 24 months free of charge to affected individuals who register at www.anthemfacts.com. While Anthem may send emails to those who have registered at www.anthemfacts.com, those emails will only link to the www.anthemfacts.com website. Please be careful if you receive any emails regarding Anthem, since scammers have attempted to exploit this situation by posing as Anthem employees and contacting affected individuals to gain access to other personal information.

To view up-to-date information about this situation from Anthem, including frequently asked questions and answers, visit www.anthemfacts.com or call (877) 263-7995.

Understanding the Multiemployer Pension Reform Act of 2014 (MPRA)

In December 2014, the Multiemployer Pension Reform Act of 2014 (MPRA) was passed and signed into law. This new law is designed to provide tools and flexibility for financially troubled pension plans. Some summary information about the provisions of MPRA is provided below for your information.

Overview of MPRA provisions

Listed below are key provisions of MPRA as it was passed and signed into law:

- *PPA modifications and repeal of sunset* – Certain provisions of the Pension Protection Act of 2006 (PPA) were set to expire on Dec. 31, 2014, but MPRA made them permanent. MPRA also included various technical corrections and expansion of certain disclosure requirements established by the Employee Retirement Income Security Act of 1974 (ERISA).
- *Mergers and partitions* – The Pension Benefit Guaranty Corporation's (PBGC) authority to facilitate mergers and partitions for "critical and declining" status was expanded by MPRA.

- *Benefit suspensions* – MPRA provides trustees of plans in "critical and declining" status with the new option to suspend benefits if doing so will avoid insolvency.
- *Increase PBGC premiums* – MPRA doubled the flat-rate premiums that multiemployer plans must pay to the PBGC for 2015 (from \$13 to \$26 per participant) as well as corresponding increases for future premiums.

MPRA and the AFTRA Retirement Plan

While the new law applies to all multiemployer pension plans, AFTRA Retirement Plan participants and beneficiaries should be aware that MPRA only allows plans in "critical and declining" status to consider benefit suspensions. The AFTRA Retirement Plan is not in "critical and declining" status.

As reported in the latest "Annual Funding Notice for the AFTRA Retirement Plan" (see page 6 in this *Benefits Update*), the Retirement Fund's funded status has remained very near or above 90% for the past several years. This funded percentage keeps the Retirement Fund firmly in the "Green Zone" (meaning it is not in "endangered," "critical" or "critical and declining" status — refer to the Annual Funding Notice beginning on page 6 for explanations of these terms), and so the new options for benefit suspensions provided by MPRA do not affect the AFTRA Retirement Fund.

¹ Credit monitoring services require a participant to actively enroll within 24 months and consent to have their credit monitored. Visit www.anthemfacts.com or call (877) 263-7995 for assistance.

² Identity theft repair services are available to participants who feel they have experienced fraud. Participants impacted by the cyber-attack receive these services automatically and are not required to enroll. Others may access identity repair services by visiting www.anthemfacts.com or calling (877) 263-7995 for assistance.

Annual Funding Notice for the AFTRA Retirement Plan

Introduction

This notice includes important information about the funding status of your multiemployer pension plan (the “Retirement Plan”). It also includes general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”), a federal insurance agency. All traditional pension plans (called “defined benefit pension plans”) must provide this notice every year regardless of their funding status. This notice does not mean that the Retirement Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is required by federal law. This notice is for the plan year beginning December 1, 2013 and ending November 30, 2014 (“Plan Year”).

How well funded is your Plan

The law requires the administrator of the Retirement Plan to tell you how well the Retirement Plan is funded using a measure called the “funded percentage.” The Retirement Plan divides its assets by its liabilities on the Valuation Date for the plan year to get this percentage. In general, the higher the percentage, the better funded the plan. The Retirement Plan’s funded percentage for the Plan Year and each of the two preceding plan years is shown in the chart below. The chart also states the value of the Plan’s assets and liabilities for the same period.

	Funded Percentage		
	2013	2012	2011
Valuation Date	December 1, 2013	December 1, 2012	December 1, 2011
Funded Percentage	89.8%	90.9%	89.4%
Value of Assets	\$2,296,707,841	\$2,201,038,888	\$2,107,949,393
Value of Liabilities	\$2,555,933,557	\$2,421,063,279	\$2,356,644,019

Year-end fair market value of assets

The asset values in the chart above are measured as of the Valuation Date. They also are “actuarial values.” Actuarial values differ from market values in that they do not fluctuate daily based on changes in the stock or other markets. Actuarial values smooth out those fluctuations and can allow for more predictable levels of future contributions. Despite the fluctuations, market values tend to show a cleaner picture of a plan’s funded status at a given point in time. The asset values in the chart below are market values and are measured on the last day of the Plan Year. The chart also includes the year-end market value of the Retirement Plan’s assets for each of the two preceding plan years.

	November 30, 2014	November 30, 2013	November 30, 2012
Fair Market Value of Assets	\$2,232,035,841 (preliminary)	\$2,128,905,010	\$1,889,438,018

Endangered, critical or critical and declining status

Under federal pension law, a plan generally is in “endangered” status if its funded percentage is less than 80 percent. A plan is in “critical” status if the funded percentage is less than 65 percent (other factors may also apply). A plan is in “critical and declining” status if it is in critical status and is projected to become insolvent (run out of money to pay benefits) within 15 years (or within 20 years if a special rule applies). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status

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or critical and declining status, the trustees of the plan are required to adopt a rehabilitation plan. Funding improvement and rehabilitation plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time. The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

The Retirement Plan was not in endangered, critical or critical and declining status in the Plan Year.

Participant information

The total number of participants in the Retirement Plan on the Valuation Date, December 1, 2013, was 39,051. Of this number, 15,593 were active participants, 9,564 were retired or separated from service and receiving benefits and 13,894 were retired or separated from service and have a right to future benefits.

Funding and investment policies

Every pension plan must have a procedure for establishing a funding policy for plan objectives. A funding policy relates to how much money is needed to pay promised benefits. The funding policy of the Retirement Plan is to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974.

Pension plans also have investment policies. These generally are written guidelines or general instructions for making investment management decisions. The investment policy of the Retirement Plan is to maximize the total rate of return over the long term, subject to preservation of capital, by diversifying the allocation of capital among professional investment managers with complimentary or diverse investment styles in domestic equity securities, international equity securities, domestic fixed income instruments and other asset classes as may be deemed prudent.

Under the Retirement Plan’s investment policy, the Retirement Plan’s assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocations	Percentage
1. Cash (Interest-bearing and non-interest bearing)	1.6%
2. U.S. Government securities	2.4%
3. Corporate debt instruments (other than employer securities):	
Preferred	0.0%
All other	23.6%
4. Corporate stocks (other than employer securities):	
Preferred	0.2%
Common	34.4%
5. Partnership/joint venture interests	9.3%
6. Real estate (other than employer real property)	11.1%
7. Loans (other than to participants)	0.0%
8. Participant loans	0.0%
9. Value of interest in common/collective trusts	3.3%
10. Value of interest in pooled separate accounts	1.5%
11. Value of interest in master trust investment accounts	0.0%
12. Value of interest in 103-12 investment entities	0.0%
13. Value of interest in registered investment companies (e.g., mutual funds)	9.8%
14. Value of funds held in insurance co. general account (unallocated contracts)	0.0%
15. Employer-related investments:	
Employer securities	0.0%
Employer real property	
16. Buildings and other property used in plan operation	0.0%
17. Other	2.8%

For information about the Retirement Plan’s investment in any of the following types of investments — common/collective trusts, pooled separate accounts or 103-12 investment entities — contact the Plan Administrator, AFTRA Retirement Fund, 261 Madison Avenue, New York, NY 10016, (212) 499-4800.

Events having a material effect on assets or liabilities

By law this notice must contain a written explanation of events that have a material effect on plan liabilities or assets. This is because such events can significantly impact the funding condition of a plan. For the Plan Year beginning on December 1, 2014 and ending on November 30, 2015, there are no events expected to have such an effect.

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Right to request a copy of the annual report

Pension plans must file annual reports with the US Department of Labor. This report is called the “Form 5500”. These reports contain financial and other information. For 2009 and subsequent plan years, you may obtain an electronic copy of the Retirement Plan’s annual report by going to www.efast.dol.gov and using the search tool. (Note, however, that this Plan’s 2012 Form 5500 will not be available online through EFAST until later in 2015, since the Plan Year starts on December 1 rather than January 1.) Annual reports are also available from the US Department of Labor, Employee Benefits Security Administration’s Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1513, Washington, DC 20210, or by calling (202) 693-8673. Or you may obtain a copy of the Retirement Plan’s annual report by making a written request to the Plan Administrator, AFTRA Retirement Fund, 261 Madison Avenue, 8th Floor, New York, NY 10016. The charge to cover copying costs will be \$11.25 for the AFTRA Retirement Fund’s Form 5500, and/or \$.09 for any page thereof. Annual reports do not include personal information, such as the amount of your accrued benefit. You may contact the Plan Administrator if you want information about your accrued benefits.

Summary of rules governing plans in reorganization and insolvent plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice.

A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for that plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan’s available resources. If such resources are not enough to pay benefits at the level specified by law (see Benefit Payments Guaranteed by the PBGC, below), the plan must apply to the PBGC for financial assistance. The PBGC will loan the plan

the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan’s financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option.

Benefit payments guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called “vested benefits”) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Retirement Plan is covered by PBGC’s multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first \$11 of the Plan’s monthly benefit accrual rate, plus 75 percent of the next \$33 of the accrual rate, times each year of credited service. The PBGC’s maximum guarantee, therefore, is \$35.75 per month times a participant’s years of credited service.

Example 1: If a participant with 10 years of credited service has an accrued monthly benefit of \$600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant’s years of service ($\$600/10$), which equals \$60. The guaranteed amount for a \$60 monthly accrual rate is equal to the sum of \$11 plus \$24.75 ($.75 \times \$33$), or \$35.75. Thus, the participant’s guaranteed monthly benefit is \$357.50 ($\35.75×10).

Example 2: If the participant in Example 1 has an accrued monthly benefit of \$200, the accrual rate for purposes of determining the guarantee would be \$20 (or $\$200/10$). The guaranteed amount for a \$20 monthly accrual rate is equal to the sum of \$11 plus \$6.75 ($.75 \times \$9$), or \$17.75. Thus, the participant’s guaranteed monthly benefit would be \$177.50 ($\17.75×10).

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The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In addition, the PBGC guarantees qualified preretirement survivor benefits (which are preretirement death benefits payable to the surviving spouse of a participant who dies before starting to receive benefit payments). In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under the plan within 60 months before the earlier of the plan's termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay or severance pay.

For more information about the PBGC and pension insurance program guarantees, go to the Multiemployer Page on PBGC's website, at www.pbgc.gov/multiemployer. Please contact your employer or plan administrator for specific information about your pension plan or pension benefit. PBGC does not have that information. See "Where to Get More Information" below.

Where to get more information

For more information about this notice, you may contact:

AFTRA Retirement Fund
Attn: Plan Administrator
261 Madison Avenue, 8th Floor
New York, NY 10016 | (212) 499-4800

For identification purposes, the official plan number is 001, and the plan sponsor's name and employer identification number or "EIN" is the Board of Trustees of the AFTRA Retirement Fund, 13-6414972.

JoAnn Kessler resigns from AFTRA H&R Board of Trustees

JoAnn Kessler, a Producer (Employer) Trustee for AFTRA H&R for the past three years, resigned from the AFTRA H&R Board of Trustees effective Jan. 2, 2015. The Board and staff of AFTRA H&R would like to thank Ms. Kessler for her years of service.

Every issue reminders

Keep your benefits up-to-date

To keep your benefits up-to-date, listed below are items that Health and Retirement Plan participants should check or verify regularly.

- *Confirm and/or update your mailing address.* AFTRA H&R regularly mails performers important information about their benefits. When you move or change business representatives, you should always notify AFTRA H&R by submitting a completed Performer Address Change Form, which is available at www.aftrahr.com ("Forms" | "General forms"). You should also verify regularly that AFTRA H&R has your current contact information on file by calling Participant Services at (800) 562-4690.
- *Notify AFTRA H&R of life events that may affect your benefits promptly as they occur.* It's important that you notify AFTRA H&R about changes in your life and business affairs to ensure that you and your dependents receive all the benefits to which you are entitled. Generally you have 30 days to notify AFTRA H&R of any life events that may affect your Health Plan benefits, including marriage, divorce, birth, adoption, death or the loss of other health coverage. For more information about life events, refer to the AFTRA Health Plan and You: It's a Partnership brochure, which is available at www.aftrahr.com ("News and Updates" | "Brochures"). For complete details about life events and the corresponding notification and documentation requirements, refer to the current Health Plan Summary Plan Description and modifying *Benefits Updates*, which are available at www.aftrahr.com ("Health Fund" | "Health Plan SPD.")
- *Request a pension analysis.* If you are vested in the Retirement Plan, but you have not yet begun receiving your pension, you should consider requesting an updated pension analysis at regular intervals. A pension analysis provides a comparison of your monthly payment amounts (based on your

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benefit earned to date) under the different options available under the Retirement Fund. While you can request a pension analysis at any time — even years before you plan to retire — by calling Participant Services at (800) 562-4690 (Option 3), be sure to request a current analysis within three months of the date you want to retire. Please remember that a pension analysis is only an estimate. Your actual benefit will be calculated when you retire.

- **Update your beneficiaries.** It is important that you keep your beneficiary information up-to-date — both your beneficiary for the life insurance benefit (if you have active coverage) or survivor benefit (if you have Senior Citizen Health Program Coverage) under the Health Plan, and the beneficiary for any pension benefits due to you under the Retirement Plan.
 - If you are a Health Plan participant, you originally designated your life insurance (or Senior Program survivor benefit) beneficiary at enrollment. To update your beneficiary, complete a Health Plan Beneficiary Designation Form available at www.aftrahr.com (“Forms” | “Health forms”) and submit it to AFTRA H&R. If you name your spouse as your designated beneficiary and then divorce or become legally separated, the divorce or separation does not automatically revoke your prior designation, so keep your beneficiary information up-to-date.
 - For your Retirement Plan benefits, if you are married and you die before you retire, your spouse is your beneficiary for your Retirement Fund benefits, unless your spouse consented in writing to you naming another person. In order to designate a beneficiary or to change a beneficiary you previously designated, you must submit to AFTRA H&R a completed Designation of Beneficiary Form, which is available at www.aftrahr.com (“Forms” | “Retirement forms”). Once you begin receiving pension payments, your Joint & Survivor Annuity beneficiary can’t be changed from the person you named on the Application for Retirement Benefits Form. For additional information, refer to the Retirement Plan SPD, which is available at www.aftrahr.com (“Retirement Fund” | “Retirement Plan SPD”).

For additional information about designating beneficiaries, refer to the current Health Plan SPD and Retirement Plan SPD, which are available at www.aftrahr.com.

Notice: Women’s Health and Cancer Rights Act of 1998

If you are an enrolled Health Plan participant or beneficiary who received or is receiving treatment in connection with a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For enrolled participants and covered dependents receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications at all stages of mastectomy, including lymphedema.

This coverage is subject to all of the Health Plan’s rules regarding benefits, including but not limited to the annual deductibles, copayments and coinsurance applicable to other medical and surgical benefits provided under the Plan, as well as the Plan’s definitions, limitations and exclusions which are described in the 2011 Health Plan SPD, which is available at www.aftrahr.com (“Health Fund” | “Health Plan SPD”). If you would like more information on WHCRA benefits, call Participant Services at (800) 562-4690.

Are you paying your premium by personal check or using an online bill payment service provided by your bank or other financial institution? If so, then don’t forget to include (or direct your bill payment service to include) your Account No. on the memo line of each payment check. Your Participant Account No. is printed on your premium invoice.

Notice of Grandfathered Health Plan Status

The AFTRA Health Plan believes that it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (ACA). As permitted by the ACA, 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 the AFTRA Health Plan may not include certain consumer protections of the ACA 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 ACA, for example, the elimination of lifetime 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 Director of Benefits at (212) 499-4800. You may also contact the US Department of Labor’s Employee Benefits Security Administration at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the US Department of Health and Human Services at www.healthreform.gov.

Important contact information:

- **AFTRA H&R Participant Services: (800) 562-4690 or www.aftrahr.com**
- **Cigna/CareAllies 24-hour Health Information Line: (800) 768-4695 or www.cignasharedadministration.com**
- **ValueOptions: (800) 704-1421**

Important information

You should take the time to read this *Benefits Update* carefully and share it with your family. It is very important that you retain this notice, which is intended to serve as a Summary of Material Modification (SMM), with the 2011 Health Plan SPD and the 2013 Retirement Fund SPD and prior *Benefits Updates*. While every effort has been made to make the SMMs as complete and as accurate as possible, they do not restate the existing terms and provisions of the Plans other than the specific terms and provisions they are modifying. If any conflict should arise between this summary and the terms of the applicable SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the applicable SPD will govern in all cases. The Board of Trustees of the AFTRA Health and Retirement Funds or its duly authorized designee reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plans. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plans or any benefits provided under the Plans (or qualification for such benefits), in whole or in part, at any time and for any reason (including with respect to retirees and with respect to benefits already earned).

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