

**INTERNATIONAL ALLIANCE OF
THEATRICAL STAGE EMPLOYEES LOCAL 22
PENSION AND WELFARE FUNDS**



Summary of Material Modifications

Important Notice Regarding Changes to Your Plan of Medical Benefits

August 2025

Dear Participant:

This Summary of Material Modifications (SMM) describes important changes to the rules governing the International Alliance of Theatrical Stage Employees Local 22 Welfare Fund ("Plan"). We encourage you to read this notice carefully and to keep it with your Plan Document and Summary Plan Description ("SPD" or "Plan Document"). As always, please feel free to contact the Fund Office if you have any questions.

NEW BENEFIT OPTIONS EFFECTIVE AUGUST 1, 2025

The Plan's Board of Trustees ("Trustees") engaged in much discussion, analysis, and evaluation of the Plan's financial health and its benefit offerings. Based on their review, the Trustees are pleased to announce two new types of coverage that will be rolled out effective **August 1, 2025**: establishing a new Tier III schedule of benefits ("Tier III") and a Teladoc Health-only benefit ("Teladoc Benefit"). The Trustees, based on the health of the Plan and the needs of participants and beneficiaries, determined that implementing these changes is prudent and in the best interests of the Plan's participants and dependents. These new benefit options will provide Local 22 and Local 772 members and referrals who don't qualify for Tier II coverage an opportunity to obtain some medical benefits from the Plan. This SMM provides additional information about these two new offerings that the Trustees encourage you to review carefully.

1. New Tier III Schedule of Benefits

The Plan's Tier III schedule of benefits includes both Medical and Prescription Drug coverage that is comprehensive and similar to the schedule of benefits for Tier I and Tier II. The following provides more detailed information.

A. Eligibility Rules for Tier III Schedule of Benefits

As with the Plan's other Tiers, Tier III has a Minimum Monthly Earnings Requirements for both Local 22 and Local 772 members. Tier III will be available to Local 22 and 772 members earning **a minimum of \$2,500 per month** and includes Medical and Prescription Drug coverage.

The eligibility rules as stated in Section II of the Plan Document also apply to Tier III. (See pages 24-27 of Plan Document.) A member establishes initial eligibility for benefits by meeting the Minimum Monthly Earnings Requirement during a Work Month or by meeting between two and six times the Minimum Monthly Earnings Requirement during a period of between two and six consecutive Work Months. Once you meet the Minimum Monthly Earnings Requirement in one Work Month, your benefit coverage commences on the first day of the following Benefit Coverage Month (there is a two-month interval

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between the end of the Work Month and the start of the Benefit Coverage Month). For example, if you meet the Minimum Monthly Earnings requirement in October, you will have coverage under Tier III for the month of January.

B. Tier III Benefits

The following chart sets forth the benefits available under Tier III, including applicable coinsurance, copays, and other information. **Note that Tier III does *not* cover services rendered by an Out-of-Network provider except in a few narrow circumstances.**

Benefits	Tier III	
	In-Network	Out-of-Network
Medical		
Deductible (Single/Family)	\$3,000/\$7,500	N/A
Coinsurance	50%	N/A
Out-of-Pocket Maximum (Single/Family) ¹	\$7,000/\$14,100	N/A
Physician	First three (3) visits covered at 100% (deductible does not apply); fourth and additional visits (4+) subject to deductible and 50% coinsurance.	Not Covered
Hospital Services	Hospital room: \$200 copayment per day for ten days, then 100% covered; Physician/Surgeon: subject to coinsurance and deductible.	Not Covered
Emergency Room	\$250 copayment (deductible does not apply).	
Urgent Care	\$50 copay	Not Covered
Other Medical Benefits	Subject to coinsurance and deductible	
Prescription Drug	In-Network	Out-of-Network

¹ Includes deductible.

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Deductible (Single/Family)	\$3,000/\$7,500	N/A
45 Day Supply (Generic/Formulary/Non-Formulary)	50% coinsurance after deductible	N/A
46-80 Day Supply (Generic/Formulary/Non-Formulary)	50% coinsurance after deductible	N/A
81+ Day Supply (Generic/Formulary/Non-Formulary)	50% coinsurance after deductible	N/A
Out-of-Pocket Maximum (Single/Family)	\$7,000/\$14,100	N/A

2. New Teladoc-Only Benefit

As mentioned at the beginning of this SMM, the Trustees are pleased to announce that the Plan is implementing a new telehealth-only benefit through Teladoc Health ("Teladoc Benefit"). This telehealth-only benefit will provide members and referrals (collectively, "Potential Teladoc Participants") access to health benefits more quickly than they could gain coverage under any of the Tiers and provide access to health benefits during times of transition when Potential Teladoc Participants might not otherwise be eligible for coverage under the Plan.

A. Eligibility Rules for Teladoc

Local 22 and 772 members/referrals qualify for the Teladoc Benefit after they meet two requirements:

- (a) spend at least ninety (90) days on the Union referral hall list, **and**
- (b) either:
 - (i) complete at least one (1) eight-hour call; or
 - (ii) complete at least two (2) four-hour calls for a total of eight (8) hours of work in Covered Employment as defined in the Plan Document.

One exception to the above requirements is for members/referrals who are on an employer's call-by-name/direct call list permitted under the employer's collective bargaining agreement. These

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members/referrals need to satisfy only requirement (b) (*i.e.*, complete at least one eight-hour call or two four-hour calls).

The eligibility rules for Teladoc are different than the eligibility rules for the Tiers found in Section II of the Plan Document. A Potential Teladoc Participant establishes initial eligibility by meeting the above eligibility criteria for Teladoc. Once you meet the eligibility criteria for Teladoc in one Work Month, your benefit coverage commences on the first day of the following Benefit Coverage Month (solely for the Teladoc Benefit, there is a one (1) month interval between the end of the Work Month and the start of the Benefit Coverage Month).

For example, if you put your name on the referral hall list on May 15, 2026, spend 90 days on the referral list (*i.e.*, through August 15, 2026), and complete at least one (1) eight-hour call or two (2) four hour calls in those 90 days, your benefit coverage for Teladoc will begin on October 1, 2026. You must continue working to retain eligibility for the Teladoc Benefit.

Teladoc Benefit coverage will terminate upon the earlier of (1) you become eligible for coverage under one of the Plan's Tiers, or (2) 60 days have passed since you completed your last call in Covered Employment. Your benefit coverage terminates on the first day of the following Benefit Coverage Month (solely for the Teladoc Benefit, there is a one (1) month interval between the end of the Work Month and the start of the Benefit Coverage Month).

For example, if you last worked on September 5, 2025 and still have not worked at any time during the next 60 days (*i.e.*, by November 5, 2025), you are no longer eligible for Teladoc and your benefit coverage will terminate on January 1, 2026.

B. Benefits Available Through Teladoc

Teladoc is a 100% virtual telehealth and telemedicine provider that can provide nonemergency care. Through Teladoc, Eligible Members have access to telehealth services, including:

- Virtual access to medical and mental health services seven days a week. Medical conditions treated include:
 - Cold & flu symptoms
 - Allergies
 - Pink Eye
 - Ear infection
 - Respiratory infection
 - Sinus problems
 - Skin problems

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- A network of doctors to send short-term (7-10 days) prescription medicine (non-controlled substances only) to your pharmacy of choice. Prescription claims will be administered by CVS and subject to co-payments.
- Mental health conditions treated include:
 - Depression
 - Anxiety
 - Stress
 - Marital or Family issues

Conclusion

Please be assured that the Trustees are constantly monitoring the Plan's finances and reviewing the benefits offered by the Plan so as to accomplish the Plan's goal of offering a comprehensive medical benefits package to those who work in the industry for years to come.

IMPORTANT REMINDER

We have tried to write this SMM in clear, understandable, and informal language. However, you should refer to the official Plan documents for more information about your benefits.

If you have any questions about the above changes, or the Fund in general, please feel free to contact the Fund Office at (517)321-7502.

Sincerely,

Board of Trustees

International Alliance of Theatrical Stage Employees Local 22 Welfare Fund

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This notice is intended as a non-technical summary of certain changes to the rules of the International Alliance of Theatrical Stage Employees Local 22 Welfare Fund, so it does not contain all details of the changes. It modifies the information set forth in the Fund's Plan Document and Summary Plan Description that was previously provided to you. In the event of a discrepancy between this notice and the official Plan documents, the official Plan documents, as interpreted and applied solely by the Trustees pursuant to their exclusive discretionary authority, will prevail. The Trustees reserve the right to modify the official Plan documents and the benefits offered by the International Alliance of Theatrical Stage Employees Local 22 Welfare Fund at any time, in accordance with applicable law, in their sole and absolute discretion.

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