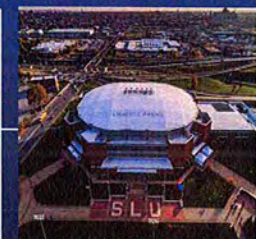
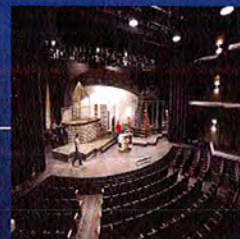
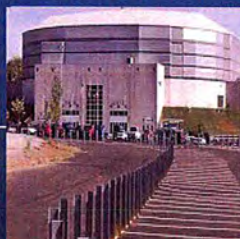
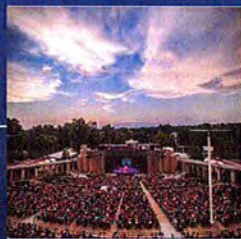
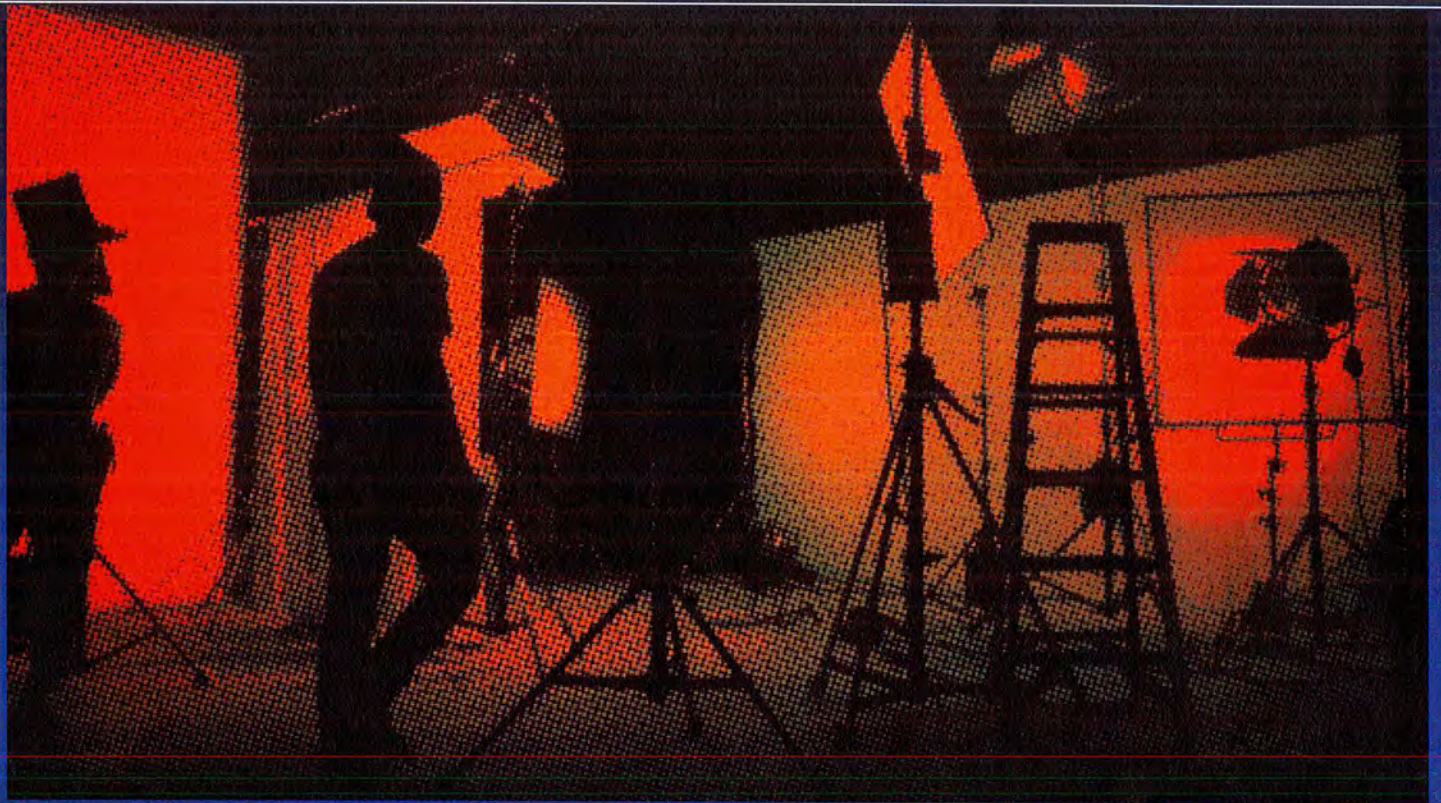




**International Alliance of
Theatrical Stage Employees
Local 6
Health and Welfare Fund
Benefits Summary**



INSURANCE PLAN YEAR | **2023 – 2024**



Benefits

- Medical Insurance
- HSA
- Dental Insurance
- Vision Insurance
- Life and AD&D
- Short Term Disability
- Long Term Disability

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the carriers. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources or your dedicated Account Managers at TIC International Corporation. (913)236-5490

MEDICAL:

United Healthcare
866.527.9597 Customer Service
www.myuhc.com

HEALTH SAVINGS ACCOUNT :

HealthEquity
866-346-5800 Customer Service
www.healthequity.com

DENTAL:

Delta Dental of Missouri
800-335-8266 Customer Service
www.deltadentalmo.com

VISION:

EyeMed
844-225-3107
www.eyemed.com

SHORT TERM DISABILITY:

The Hartford
800-549-6514 Customer Service
www.thehartford.com/mybenefits

LONG TERM DISABILITY :

The Hartford
800-549-6514 Customer Service
www.thehartford.com/mybenefits

Eligibility



Plan 1 – Participants who have contributions of \$6,250.00 or more made on their behalf during the Qualifying Period, (June 1, 2022 through May 31, 2023), will be eligible to elect coverage under Plan 1 effective September 1, 2023. All contributions made on the participant's behalf will be allocated to the coverage tier elected during Open Enrollment. If dependent coverage is selected, the additional cost, if any, will be shared by the Fund and the Participant, with the Fund paying 75% of the cost and the Participant will be responsible for the remaining 25% of the cost

Plan 2– Participants who have contributions of \$3,125 to \$ 6,249 made on their behalf during the Qualifying Period June 1, 2022 through May 31, 2023 will be eligible to elect coverage under Plan 2, medical coverage. Plan 2 provides coverage with \$3,000 annual individual deductible and \$6,000 family deductible. For those individuals who elect coverage the Fund will pay 50% of the cost for Employee coverage. The Participant will be responsible for the remaining 50% for employee coverage and 100% for dependent coverage.

Medical Insurance



IATSE Local 6 Health and Welfare Fund Health Insurance Effective Date: September 1, 2022	United Healthcare Plans	
Plan Name Plan Description Network Utilized	Plan 1 - PPO \$1,500 Ded., 80% Choice Plus	Plan 2 - HSA \$3,000 Ded., 100% Choice Plus
In-Network Benefits		
Calendar Year Deductible & Coinsurance		
Inpatient Hospitalization	\$1,500 / \$3,000 then	\$3000 / \$6000 then
Outpatient Surgery / Services	80% Coinsurance	100% Coinsurance
Hospital Copay- Inpatient / Outpatient		
Lab / Diagnostic Testing		
Office Visit - Primary Care/Specialist	\$25/\$50	Deductible then \$35/\$70
Emergency Room (Waived if Admitted)	\$250	Deductible then \$300
Urgent Care	\$75	Deductible then \$100
Rx- Tier 1/Tier 2/Tier 3 (30 day supply)	\$10/\$35/\$60	Deductible then \$10/\$35/\$60
Specialty Rx	N/A	N/A
ACA Preventive Services <i>Other routine services may require an out-of-pocket expense.</i>	Covered in full	Covered in full
Max Out-of-Pocket (Single/Family)	\$5,000 / \$10,000	\$12,500 / \$25,000
Out-of-Network Benefits		
Calendar Year Deductible & Coinsurance	\$4,500 / \$5,900 then 50% Coinsurance	\$7,500 / \$15,000 then 70% Coinsurance
Max Out-of-Pocket (Single/Family) <i>(UCR- Benefits Based on Approved Charges)</i>	\$10,000 / \$20,000	\$12,500 / \$25,000

Health Savings Accounts (HSA)



Who is Eligible: All Participants enrolling in Plan 2

Benefits You Receive:

With the Plan 2 medical plan, you can set up an HSA. HSAs provide you with a savings tool which allows you to make tax-free contributions to a federally-insured savings account. The balances earn tax-free interest and can be used to pay for qualified medical expenses.

HealthEquity

HealthEquity is an option for you to set up your HSA bank account or you can contact a local bank of your choice. HealthEquity's Member services is available at 866.346.5800 every hour of every day.

Dental Insurance



All eligible participants are offered the opportunity to enroll in the IATSE Local 6 Health and Welfare Fund dental plan offered by Delta Dental of Missouri. Delta Dental offers in and out-of-network benefits; allowing you the opportunity to see any dentist you like. Provider can be found at www.deltadentalmo.com

I.A.T.S.E. LOCAL #6 HEALTH & WELFARE

Delta Dental PPO SM Plan Features	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
	Based on applicable PPO SM Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier [®] Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non-Participating Dentist -- Dentist Balance Bills
Diagnostic and Preventive Services <ul style="list-style-type: none"> • Oral exams (all types), twice per calendar year • Prophylaxis (cleanings all types), twice per calendar year • Periodontal maintenance, twice per calendar year (subject to the prophylaxis frequency limitation) • Fluoride, once per calendar year for dependents under age 19 • Space maintainers, once in 5 years, to age 16 • Periapical x-rays as required • Bitewing x-rays as required • Full-mouth x-rays, once in any 36 month period • Sealants for dependent children under 19, once per tooth every 5 years, limited to caries-free first and second permanent molars • Emergency palliative treatment 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> • Restorative services using amalgam (silver) on molar teeth and composite (white) filling material on front teeth • Simple and surgical extractions • Endodontics: root canal filling and pulpal therapy • Periodontics: treatment for diseases of gums and bone supporting the teeth – surgical and non-surgical • General Anesthesia 	90%	80%	80%
Major Services <ul style="list-style-type: none"> • Prosthetics: bridges and dentures, a replacement is covered once in 5 years • Crowns, inlays and onlays when required for restorative purposes, once in 5 years • Oral surgery, except for extractions covered under Basic Services • Implants, as well as bone grafts, limited to once in 5 years 	60%	50%	50%
Orthodontic Services <ul style="list-style-type: none"> • Available for dependent children under age 19 orthodontic treatment while covered by this plan 	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 individual / \$150 family limit		
Calendar Year Benefit Maximum	\$1,500 per person		
Separate Orthodontic Lifetime Maximum	\$1,000 per person		

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.

Vision



All eligible participants are offered the opportunity to enroll in the IATSE Local 6 Health and Welfare Fund vision plan offered by EyeMed, through Delta Dental. Benefits are based on the use of in or out -of- network providers using the EyeMed provider network. Provider can be found at www.eyemed.com.

EyeMed Vision Benefits - Exam, Frames and Lenses - Benefit once every 12 months

In Network Only - EyeMed	Amount You Pay
Exam Copay	\$10 Copay
Exam Allowance	Covered at 100% after copay
Materials Copay	\$25 Copay
Base Lenses	
<i>Single</i>	Covered at 100% after copay
<i>Trifocal</i>	Covered at 100% after copay
<i>Lenticular</i>	Covered at 100% after copay
Contact Lenses	
<i>Elective Allowance</i>	Covered up to \$150, then 15% discount
<i>Therapeutic Allowance</i>	Covered at 100%
Frame Retail Allowance	Covered up to \$150, then 20%
Laser correction surgery	Up to 15% off usual and customary

Life Insurance



Benefits You Receive:

The Hartford - Group Term Life Insurance

Life Insurance

IATSE Local 6 Health and Welfare Fund provides Participants with a \$50,000 term life insurance and AD&D benefit. This is a guaranteed issue amount.

Coverage may be continued for you under an individual conversion life certificate. The specific terms and qualifying events for conversion are described in the certificate. Conversion is not available for AD&D coverage.

Who is Eligible - Plan 1 Participants

Short Term Disability



Benefits You Receive:

The Hartford - Group Short Term Disability Insurance

Short Term Disability Insurance

IATSE Local 6 Health and Welfare Fund provides Participants with Short Term Disability Insurance. The benefit amount is 66 2/3% of weekly earnings to a maximum of \$350 per week benefit and minimum of \$12.

Your benefits will begin on your 15th day of accident or illness and last for 24 weeks. Some disabilities may not be covered or may have limited coverage under the policy.

Who is Eligible - Plan 1 Participants

Long Term Disability



Benefits You Receive:

The Hartford - Group Long Term Disability Insurance

Long Term Disability Insurance

IATSE Local 6 Health and Welfare Fund provides Participants with Long Term Disability Insurance. The benefit is 60% of monthly earnings to a maximum benefit of \$4,000.

Disability benefits are payable when you are prevented from performing one or more essential duties and a loss of earnings after 180 days.

Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Some disabilities may not be covered or may have limited coverage under the policy. The maximum benefit duration may vary depending on the age at which the disability occurs.

Who is Eligible - Plan 1 Participants

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.