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**AGMA Retirement Plan
AGMA Health Fund**

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Executive Director

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**IMPORTANT BENEFITS ANNOUNCEMENT TO ARTISTS PARTICIPATING IN
THE AGMA HEALTH FUND PLAN B**

Dear Plan B Participant:

The Trustees of the AGMA Health Fund are pleased to announce the continuation of the trial program that allows eligible Plan B participants to apply their individual account balance toward the purchase of the Standard Health Insurance coverage provided in Plan A. In addition to the reimbursement of uninsured medical expenses, Plan B accounts have always been available to help participants pay premiums for the purchase of health insurance coverage from other sources. The ability to “buy-in” to Plan A should significantly broaden the opportunities for the purchase of health insurance, as that can often be a challenge for an individual.

The AGMA Standard Health Insurance Plan provides comprehensive hospital/medical benefits and optional dental benefits through a group insurance contract issued by Aetna, Inc. The Standard Plan also includes prescription drug coverage through an arrangement with EnvisionRx Options. The Standard Plan hospital/medical coverage is in a Point of Service design, permitting enrollees to use any physician or provider. However, enrollees using Aetna’s extensive physician and provider network can obtain more generous benefits.

In order for a Plan B individual account balance to be used for this purpose, a participant must in a relatively recent period of time have a reasonable amount of employment that requires employer contributions to their individual account. Specifically, in order to purchase AGMA Health Fund Plan A Insurance coverage, starting September 1, 2009, the start of the next fiscal year and the next point of entry, a Plan B Artist must meet **ONE** of the following requirements.

- (1) Have a minimum of \$1,200 in employer contributions to his/her Plan B Individual Account based on Covered Employment between July 1, 2007 and June 30, 2009,

OR

- (2) Have at least 32 weeks of Covered Employment relative to Plan B in the period from July 1, 2007 through June 30, 2009.

To qualify for eligibility in future years, or for participants who do not meet the eligibility requirements as of the forthcoming June 30, 2009 cut-off, a similar, rolling two-year covered employment test will determine eligibility to start Plan A Health Insurance on each succeeding September 1.

If you enroll in the Plan A Health Insurance Coverage starting September 1, 2009, your enrollment will continue for two years so long as you maintain continuous enrollment. After two years, you will have to

requalify, using one of the two aforementioned tests, but within updated Covered Employment test periods. **If you are interested in purchasing Plan A Health Insurance Coverage, you must notify the Fund Office no later than July 31, 2009.**

You will be able to use contributions in your Plan B individual account to pay the premiums. Any premium costs above your account balance will then be billed to you directly.

For reference purposes, the following are the costs of the Standard Health Plan for the period September 1, 2008 through August 31, 2009 (please note that these costs are subject to change on September 1, 2009 and will be billed according to the rates in effect at the time of enrollment):

For most participants, those residing in parts of the country serviced by Aetna's Quality Point-of-Service premium/benefits platform, the current monthly costs are \$490.70 for individual coverage or \$1,270.95 for family coverage. If you enroll in the Standard Health plan and elect the optional dental coverage, the current monthly costs are \$513.11 for individual coverage or \$1,335.17 for family coverage.

For participants residing in California and a few other states, where Aetna's Managed Choice premium/benefits platform is applicable, the current monthly costs for the Standard Health plan are \$548.90 for individual coverage or \$1,389.66 for family coverage. If the optional dental coverage is included, the current monthly costs are \$571.31 for individual or \$1,453.88 for family coverage.

You also have the option of purchasing only the Dental Plan by meeting **ONE** of the following requirements:

- (1) Have a minimum of \$300 in employer contributions to his/her Plan B Individual Account based on Covered Employment between July 1, 2007 and June 30, 2009,

OR

- (2) Have at least 8 weeks of Covered Employment relative to Plan B in the period from July 1, 2007 through June 30, 2009.

Dental only current insurance costs \$24.96 per month for individual coverage or \$71.54 per month for family coverage (please note that these costs are subject to change on September 1, 2009 and will be billed according to the rates in effect at the time of enrollment).

If you do not enroll yourself (or your dependents) for coverage effective September 1, 2009, you may not enroll again until September 1, 2010 and must meet the employment requirements for the applicable period. However, you may add dependents at the next open enrollment period. In addition, you may enroll yourself or your dependents at an earlier time if you qualify under the Special Enrollment rules set forth in the Plan A Summary Plan Description (page 13).

The Trustees may discontinue this program at any time. However, should that happen, the Trustees will provide all participants with advance notice of their decision to terminate the program.

If you would like additional information on this program and the coverage provided by AGMA Health Fund Plan A, please contact the Fund Office at 212-765-3664 or via Email at agmaretirement_health@yahoo.com.

Sincerely,

The Trustees of the
AGMA Health Fund