TAKE 2

The Newsletter of the Screen Actors Guild – Producers Pension and Health Plans

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INSIDE TAKE 2

Health Plan Total Disability Extension Modified 2
A Reminder of Your Benefits under the Affordable Care Act 3
A Reminder of the Plan's Rules Regarding Divorces 4
New Summary Plan Descriptions to be Mailed .. 4
Notice of Availability of HIPAA Privacy Notice 4
Summary Annual Report 5
Express Scripts and Medco Are One Company 6
Directory 6

Preventive Benefits Expanded

Beginning January 1, 2013

Beginning January 1, 2013, several preventive services for women will be covered under the Health Plan with no deductible, copay or coinsurance. With the exception of the prescription drug items covered under the Express Scripts benefit, services must be obtained from a network provider in order to be paid at 100%. You can continue to use non-network providers for all services except dependent child maternity and breast pump rental or purchase, however you will be responsible for the non-network deductible and coinsurance. These benefits are provided in accordance with the Affordable Care Act.

- **Network maternity benefit** – Prenatal visits will be covered at 100% with no cost share. Some of the diagnostic tests associated with pregnancy, such as screening for gestational diabetes, will also be covered at 100%. Please see the U.S. Preventive Services Task Force website at www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html for a complete list. Tests and procedures that are not on the list, such as ultrasounds, will be subject to the deductible and coinsurance. Network professional fees for delivery of the baby will still be subject to the deductible, $100 copay and 10% coinsurance.

- **Network prenatal visits for dependent children** – The Plan currently excludes maternity care for dependent children except for complications of pregnancy. Effective January 1, 2013, prenatal visits will be covered with no cost share. Associated preventive care listed on the Task Force website will also be covered at 100%. The Plan will continue to exclude professional and facility charges for delivery of the baby, as well as all maternity charges from non-network providers.

See "Preventive Benefits Expanded" on page 2 →

Health Plan Total Disability Extension Modified

The Health Plan offers an extension of coverage to individuals who are totally disabled when their earned eligibility or self-pay coverage ends. Effective January 1, 2013, the total disability definition for adult participants and dependents will change. The new definition is as follows:

Total Disability means the disabled individual is prevented, solely because of sickness or accidental bodily injury, from *performing the material and substantial duties of their regular occupation.*

Previously the Plan required that you be prevented from engaging in *any* occupation.

The definition for minor participants and dependents will not change:

Total Disability means that the disabled individual is presently suffering from a sickness or accidental bodily injury, the effects of which are likely to be of long or indefinite duration and which will prevent him or her from engaging in most of the normal activities of a person of like age and gender, in good health.

If the Health Plan finds you to be totally disabled you may qualify for up to a 12-month extension of benefits at the Earned premium rate. Please contact the Plan Office if you have any questions regarding this benefit or if you believe you may qualify.

Preventive Benefits Expanded

continued from page 1

- **Lactation support and counseling** – Lactation support and counseling services received from network providers will be covered with no cost share. The Plan's benefit for non-network lactation consultants will not change. Benefits are limited to three visits per lifetime and the provider must be an International Board Certified Lactation Consultant.

- **Breast pump rental or purchase** – When rented or purchased through a network Durable Medical Equipment Provider, breast pumps will be covered at 100%. Please see the "Find Network Providers" search on our website at www.sagph.org. The Plan's allowance for this benefit is limited to the lesser of the cost of rental or the cost of purchase. Coverage is limited to one breast pump per birth.

- **FDA-approved contraceptive methods** – The following contraceptive methods will be covered at 100%:

  - ⇨ Sterilization procedures and other methods of birth control, such as Norplant, IUDs and Depo-Provera, when performed or administered by network providers.

  - ⇨ Over-the-counter contraceptives such as sponges and spermicides. These items will be covered with no cost share **when prescribed by your doctor**. You may obtain reimbursement directly from the Plan upon submission of a claim form, a copy of the prescription and original receipts.

  - ⇨ Birth control pills, diaphragms and emergency contraceptives (Levonorgestrel/generic for Plan B). These items are covered under the Express Scripts prescription drug benefit. Only generic prescriptions will be covered at 100% unless a brand name drug is medically necessary based on your medical history.

A Reminder of Your Current Benefits under the Affordable Care Act

Effective January 1, 2011 the Health Plan implemented the following benefit enhancements as a result of the Affordable Care Act:

- **Added coverage for dependent children to age 26.**
- **Eliminated the $2 million medical and hospital lifetime maximum.**
- **Eliminated the visit limits for certain therapies:**
  - ➪ Occupational;
  - ➪ Osteopathic manipulation;
  - ➪ Physical or physical medicine;
  - ➪ Speech; and
  - ➪ Vision.

  Although the visit limits have been removed, the Plan continues to apply its medical necessity requirement and the per visit dollar maximum for non-network providers.

  These visits will also count toward the visit maximums for acupuncture and chiropractic. Please see page 5 of the Winter 2011 Take 2 for more details.
- **Eliminated deductibles, copays and coinsurance for preventive services received from *network providers*.**

  To avoid cost share you must use a network provider, **the primary purpose of your office visit must be for preventive care**, and the services provided must be on the U.S. Preventive Services Task Force list at: www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html. Please see page 4 of the Winter 2011 Take 2 for more information.
- **Added coverage for certain over-the-counter medications with no cost share when prescribed by your doctor:**
  - ➪ Aspirin to prevent cardiovascular disease (men: age 45-79; women: age 55-79);
  - ➪ Folic acid supplements for women who may become pregnant;
  - ➪ Iron supplements for children 6 to 12 months who are at risk for anemia.

  You may obtain reimbursement directly from the Plan for these items upon submission of a claim form, a copy of the prescription and original receipts.
- **Eliminated the annual maximum for pediatric dental services.**

  The Plan removed the annual dollar limit for individuals under age 19. As a reminder, orthodontia benefits are still excluded. Please see page 4 of the Winter 2011 Take 2 for more details.

Using BlueCard network providers allows you to take advantage of the preventive services benefits with no cost share. Both you and the Plan save money with network providers because they have agreed to accept a designated fee schedule for their services. Non-network providers may charge whatever rate they deem reasonable. This can leave you with significant out-of-pocket costs, particularly if the charges are higher than the Plan's allowance.

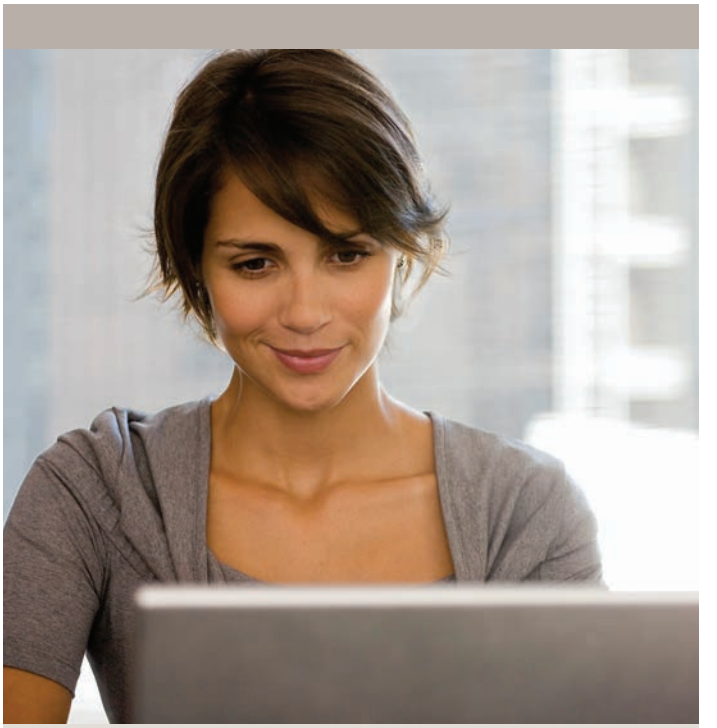
A Reminder of the Plan's Rules Regarding Divorces

Just as the Health Plan requires documentation of your marriage in order for you to add your new spouse as a dependent, you are also required to notify the Plan in the event of a divorce. The same rule applies to same-sex domestic partnerships or civil unions.

You must notify the Plan Office in writing within 60 days of the date of your final divorce or partnership dissolution. For a divorce, you need to submit a copy of the recorded judgment of Dissolution of Marriage. For a civil union or domestic partnership dissolution you must call the Plan Office to determine what documents you should submit. The reason for this is that medical expenses incurred by an ex-spouse or ex-partner on or after the date of divorce or dissolution are **not covered by the Plan under any circumstances. You will be billed** for expenses paid by the Plan if you fail to notify the Plan Office in a timely manner. Additionally, failure to notify the Plan Office within the 60-day timeframe will cause the individual losing eligibility as a dependent to forfeit his or her right to enroll in the Self-Pay Program.

Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides that the Plan periodically remind you of your right to receive a copy of the Plan's HIPAA Privacy Notice. This notice explains how your private health insurance information is used by the Plan and your rights under HIPAA. You can find the Plan's HIPAA Privacy Notice on the Plan's website or you may request a copy by contacting the Plan Office.



New Summary Plan Descriptions to be Mailed

Please Help the Plans Save on Printing and Mailing Costs

The updated Pension and Health Plan Summary Plan Descriptions (SPDs) will be mailed next year. The cost to the Plans to print and mail these materials is quite high. Therefore **we are asking as many participants as possible to sign up for e-communications.**

To further encourage you to sign up for e-communications, we are also enhancing the SPDs available on the website. Beginning in 2013, the electronic versions of the SPDs will be updated whenever benefits are – no more linking to or searching for Take 2 articles. All the information you need will be in one place.

Even if you sign up for e-communications, you can always request that a printed version of the SPDs be mailed to you.

Summary Annual Report
Screen Actors Guild – Producers Health Plan

This is a summary of the annual report of the Screen Actors Guild – Producers Health Plan, (Employer Identification Number 95-2110997 P501) for the year ended December 31, 2011. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement and Insurance Information

The value of the Plan assets, after subtracting liabilities of the Plan, was $129,466,670 as of December 31, 2011, compared to $143,126,126 as of January 1, 2011. During the year, the Plan experienced a decrease in its net assets of $13,659,456. This decrease included unrealized appreciation or depreciation in the value of the Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The Plan had total income of $190,922,347 including employer contributions of $138,582,967, employee and participant contributions of $33,560,203, other income of $4,832,136, realized gain of $9,432,861 from the sale of assets, unrealized depreciation in the value of Plan assets of $8,453,409, and earnings from investments of $12,967,589. Plan expenses were $204,581,803. These expenses included $21,394,789 in administrative expenses and $183,187,014 in benefits paid to participants and beneficiaries.

The Plan has a contract with Metropolitan Life Insurance Company to pay life insurance and accidental death and dismemberment claims incurred under the terms of the Plan. The total premiums paid for the Plan year ended December 31, 2011 were $1,331,506.

Your Rights To Additional Information

You have the right to receive copies of the full annual report, or any part thereof, on request. The following items are included in the report: an Accountant's report, assets held for investment, transactions in excess of 5% of Plan assets, insurance information including sales commissions paid by insurance carriers and actuarial information regarding the funding of the Plan.

To obtain a copy of the full annual report or any part thereof, write or call the office of: Mr. Christopher Dowdell, Chief Executive Officer (CEO), P.O. Box 7830, Burbank, CA 91510-7830. The charge to cover copying is 25 cents a page.

You also have the right to receive from the CEO, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expense of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the CEO, these statements and accompanying notes will be included as part of those reports. The charge to cover copying costs given above does not include a charge for the copying of these portions of the reports because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan: 3601 W. Olive Avenue, Burbank, CA 91505, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

TAKE 2

**SCREEN ACTORS GUILD–
PRODUCERS PENSION
AND HEALTH PLANS**

PO Box 7830
Burbank, CA 91510-7830

Express Scripts and Medco Are One Company

Express Scripts and Medco have come together as one company. The new Express Scripts is committed to helping millions of Americans like you have access to affordable medications and the services you need to stay healthy.

The combined company is in the process of changing the name on all its communications to Express Scripts. Until the renaming process is complete, you'll sometimes see the Medco name in pharmacy communications and on the web.

Please continue to refill your prescriptions as you normally would by using your current prescription drug ID card, refill order forms, the website, or the toll-free member services telephone number on your ID card.

Sign up for web access to all your information at sagph.org

PENSION AND HEALTH PLANS DIRECTORY

Burbank Plan Office: (818) 954-9400 or (800) 777-4013
Fax: (818) 953-2525 • Email address: psd@sagph.org
website: www.sagph.org

IF YOU NEED:	ASK FOR:
Benefit and Eligibility Information	Participant Services
Pension Plan Information	Pension Department, Ext. 2020
Information on Medical Claims	Participant Services
Information on Mental Health/Substance Abuse Coverage	
ValueOptions	(866) 277-5383
Information on Dental Claims	
Delta Dental – Member Services	(800) 846-7418
– Directories	(800) 846-7418
Information on Prescription Drugs	
Medco Health	(800) 903-4728
Prescription Pre-Authorizations	(800) 753-2851
NEW YORK Plan Office	(212) 599-6010
275 Madison Ave. #1819, New York, NY 10016	