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

Volume XXI, Number 2
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Changes to Out-of-Pocket Maximums

Effective January 1, 2014, as required by the Affordable Care Act, the Plan will add an overall out-of-pocket maximum which further limits what you have to pay out-of-pocket because it now includes deductibles and copays. In Plan I the out-of-pocket maximum will also apply to network mental health and substance abuse charges as these charges are included in the medical and hospital categories. **This new maximum does not change your current out-of-pocket limits for network hospital or medical benefits. It simply incorporates deductibles and copays into the new maximums. The new maximums will be \$6,350 per person and \$12,700 per family and will apply only to network medical and hospital charges. In other words, you will never have to pay more than the above amount in a calendar year.**



This new out-of-pocket maximum **for network providers** is **in addition** to the current hospital and medical out-of-pocket limits. It also works differently. Currently only your coinsurance amounts apply toward the out-of-pocket limits. For the new maximum, network hospital and medical coinsurance **as well as deductibles and copays** will apply. Once the new maximum is satisfied you will have **no additional** out-of-pocket expenses for **network** claims for the rest of the calendar year **and your network claims will be paid at 100%**.

A summary of the Health Plan's network hospital and medical deductibles and coinsurance out-of-pocket limits appears on page 2. It does not include copays which are required for office visits, surgeries, maternity and emergency room visits.

Continued on page 2 →

Changes to Out-of-Pocket Maximums *continued from page 1*

	Plan I	Plan II
Network Hospital –		
Deductible	TIHN – \$150/person; \$300/family	TIHN – \$150/person; \$300/family
	BlueCard PPO/ValueOptions – \$250/person; \$500/family	BlueCard PPO – \$500/person; \$1,000/family
Coinsurance	10%	10%
Coinsurance Out-of-Pocket Maximum	\$1,750/person; \$3,500/family	\$1,750/person; \$3,500/family
Network Medical –		
Deductible	TIHN – None	TIHN – None
	BlueCard PPO/ValueOptions – \$250/person; \$500/family	BlueCard PPO – \$500/person; \$1,000/family
Coinsurance	10%	10%
Coinsurance Out-of-Pocket Maximum	\$1,000/person; \$2,000/family	\$1,000/person; \$2,000/family
Overall Network Out-of-Pocket Maximum (includes Deductibles, Copays and Coinsurance)	\$6,350/person; \$12,700/family	\$6,350/person; \$12,700/family

It is possible to satisfy your deductibles and meet your coinsurance maximums without satisfying the new overall out-of-pocket maximum. If this happens, you will only be responsible for network copays until the overall maximum is met.

Here is an example of how the new maximum works under Plan I. Suppose you are hospitalized for a surgery and the resulting bills left you with network hospital charges of \$20,000 and network medical charges of \$12,000. The Plan would process these claims as shown to the right.

Your out-of-pocket expenses amounted to \$3,350 (\$250 + \$1,750 + \$250 + \$100 + \$1,000) and this amount will count toward your overall maximum. For future network claims, you will only be responsible for copays until your overall out-of-pocket maximum of \$6,350 is satisfied. After that your network claims will be paid at 100% for the rest of the year.

	Hospital	Medical
Contract Allowance	\$20,000	\$12,000
You Pay the Deductible	\$250	\$250
Remaining Charges	\$19,750	\$11,750
You Pay the Surgery Copay	\$0	\$100
Remaining Charges	\$19,750	\$11,650
You Pay the 10% Coinsurance, Subject to the Coinsurance Out-of-Pocket Maximum	\$1,750	\$1,000
The Plan Pays the Balance	\$18,000	\$10,650

Notice of Creditable Coverage

OCTOBER 2013

This Notice contains important information about your current prescription drug coverage with the SAG-Producers Health Plan and your options under Medicare's prescription drug coverage. Please read it carefully and keep it in a safe place with your important papers.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Key Information

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare Prescription Drug Plans and Medicare Advantage plans that offer prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher premium.
2. The SAG-Producers Health Plan's existing prescription drug benefits have been determined to be "creditable coverage" which means that the Health Plan is expected to pay as much in claims for all participants as standard Medicare prescription drug coverage. Because your Health Plan drug coverage is comparable to the standard Medicare drug benefits, you do not need to join a Medicare drug plan as long as you have coverage under the Health Plan.
3. You do not need to enroll in a Medicare drug plan as long as you have coverage under the SAG-Producers Health Plan. If you do enroll in a Medicare drug plan, you will not be eligible for any prescription drug coverage from the SAG-Producers Health Plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. In addition, if you lose your Health Plan prescription drug coverage you may be eligible for a two-month Special Enrollment Period to sign up for a Medicare drug plan.

Your Choices and the Consequences

If you do not enroll in a Medicare drug plan, you will continue to receive your current prescription drug benefits from the Health Plan as long as you are otherwise eligible for Plan coverage. Remember that the Health Plan also covers hospital and medical benefits. There is no separate premium for prescription drug coverage under the Health Plan.

If you enroll in a Medicare drug plan, you will no longer receive any prescription drug coverage from the Health Plan. However, you will continue to receive medical and hospital benefits from the Health Plan as long as you continue to pay the Health Plan premium and are otherwise eligible for Plan coverage. If you enroll in a Medicare drug plan and later drop that coverage, you can again receive your prescription drug coverage from the Health Plan, provided you are still otherwise eligible. Your Health Plan prescription drug coverage will be effective the first of the month after your Medicare drug plan coverage ends.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose coverage with the SAG-Producers Health Plan and do not enroll in a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 days or longer without prescription drug cover-

age that is as good as Medicare's drug coverage, your monthly Medicare Part D premium may increase by at least 1% for each month that you did not have that coverage. For example, if you go 19 months without coverage, your premium for Medicare drug coverage may be at least 19% higher than what you would have paid had you enrolled as soon as you lost your Health Plan coverage. You may have to pay this higher premium for as long as you have Medicare drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or the Health Plan's Prescription Drug Coverage

Contact the Plan Office at:
(800) 777-4013 or (818) 954-9400

An updated copy of this Notice will be provided annually. You will also get it before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the SAG-Producers Health Plan changes. You may also request a copy at any time by contacting the Plan Office.

Benefits under the SAG-Producers Health Plan are not vested or guaranteed. They may be modified, reduced or terminated at any time by the Board of Trustees.

For More Information About Your Options Under Medicare Prescription Drug Coverage

Detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. To get more information, you can:



- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see "Medicare & You" or www.medicare.gov/contacts for phone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call (1-877-486-2048).

If you have limited income and assets, extra help paying for Medicare prescription drug coverage is available. Information about this help is available from the Social Security Administration:

- Visit www.socialsecurity.gov.
- Call 1-800-772-1213 (TTY 1-800-325-0778).

Keep this Notice of Creditable Coverage

If you enroll in a Medicare drug plan, you may be required to provide a copy of this Notice when you enroll to avoid paying a higher premium. This Notice verifies that you have creditable coverage with the SAG-Producers Health Plan so that you are not required to pay the higher premium.



Women's Health and Cancer Rights Act of 1998 Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, the Health Plan provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

For more information contact the Plan Office at (818) 954-9400 or (800) 777-4013.

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.



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Moving???

When you move, you must notify the Pension and Health Plan Office so that you will continue to receive information about your eligibility and benefits. This is especially important now that premium payment coupons are mailed every quarter to your address on file.

You can change your address with the Plan Office four different ways:

- Online at www.sagph.org
- Call the Plan Office
- File a Change of Address Card
- Write or FAX a letter to the Plan Office

SAG-AFTRA is a separate entity from the Pension and Health Plans and requires a separate notice for change of address.

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) 953-9880 • 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	
Express Scripts	(800) 903-4728
Prescription Pre-Authorizations	(800) 753-2851
NEW YORK Plan Office	(212) 599-6010
275 Madison Ave. #1819, New York, NY 10016	