



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

Volume XI, Number 1 Spring 2003

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## Plans' Secure Web Site Now Officially Interactive

### Access Your Pension and Health Plan Information Online

We are pleased to announce that phase II of our Web site is complete. You now have the ability to securely and conveniently manage your Screen Actors Guild – Producers Pension and Health Plan benefits online at: [www.sagph.org](http://www.sagph.org).

Using a secure password, you can view your personal account information as it appears in the Plans' records. This information includes:

**Earnings History:** Your detailed personal account pages will show your reportable earnings – sessions and residuals, reported to the Plans over the last 10 years.

**Medical Claims:** Check the status of your medical claims and view your EOBs.

**Health Plan Information:** See how much has been applied toward your deductibles.

**Personal Data:** Check your address on file and update as needed.

**Family Information:** Review dependent coverage and eligibility.

**Pension Planning Tools:** Get a projection of future pension amounts.

### Online Registration

To access your personal information online you need a *user name* and a *password*. To obtain these, you need to register on the Plans' secure Web site: [www.sagph.org](http://www.sagph.org). Click on, REGISTER for access to Personal Data, and follow the simple prompts. When registration is complete, you will be assigned a *user name* online. However, to maintain the privacy and security of your personal information, your *password* will be mailed to you at the address on record with the Plan Office. You should receive your password in a few days.

Receiving your Pension and Health Plan information online is completely voluntary. If you do not choose to register, you do not need to do anything. The rest of our Web site content, which includes complete Pension and Health Summary Plan Descriptions (SPDs), network provider locations, forms, past issues of the TAKE 2 newsletter, and more, remains accessible without registration. If you change your mind, you may register for access to your personal information at any time in the future.

## New 15-day Grace Period For Health Premiums

We understand that extenuating circumstances can sometimes prevent timely payment of your Health Plan premium. Effective April 1, 2003, Earned premium payments, which are due in the Plan's Payment Center by the first day of each quarter, will be allowed a 15-day grace period before they are considered late. We strongly recommend that you mail your premium with sufficient time to reach the Plan's Payment Center by the due date because if your premium is late, your eligibility will be terminated. Remember, these premiums are used to maintain your Health Plan eligibility. The due date is the 1st, not the 15th. The grace period is for unforeseen circumstances; it is not the new due date.

# Summary of Earnings Statements Mailed

You should be receiving your 2002 Summary of Earnings Statement in the mail by the end of April. It is important to make sure all of your reportable earnings have been properly reported to the Plans. Errors, such as earnings not listed on your statement, or discrepancies, such as over or under reporting, can affect your future benefits. Because your Pension and Health Plan eligibility is based on these earnings, we urge you to carefully review the accuracy of your Earnings Statement.

## How Your Earnings Are Credited

Your earnings are credited based upon the date you were paid. The producer (or payroll house) submits reports of contributions, which provide the Plan Office with the payroll period ending date, along with other information. However, sometimes your earnings are reported late. This can happen for several reasons. The company may have neglected to report the earnings, the company could be in bankruptcy, or, the company may have reported the earnings under an incorrect Social Security Number. You will receive credit for late reported earnings, but it is still based on your pay date, and not on the date contributions are received by the Plans.

When reviewing your Summary of Earnings Statement, be aware that some payments, such as meal penalties and rest period violations may not be reportable earnings. Refer to Item C on the reverse side of your summary for a list of non-reportable earnings.

If you find an error in your Summary of Earnings Statement you should contact the Plan Office in writing. Your letter should identify the missing or incorrect item(s) and include all necessary documentation, such as:

- project title
- name and address of producer, studio or advertising agency
- dollar amount earned
- proof of earnings (pay voucher, SAG contract, etc.)



## Monitor Your Earnings Online or By Phone

The Summary of Earnings Statement is the only *written* record of your earnings you will receive from the Plan Office. However, you can find out who has reported earnings on your behalf 24 hours a day, 7 days a week, through our secure interactive Web site (see article on page 1), or by calling the Plan Office and using the Interactive Voice Response system (IVR).

Earnings information available through the IVR is, for your privacy and security, not as comprehensive as the information available through our secure Web site. When you access your earnings information through the IVR you can find out who has reported earnings on your behalf during the past 90 days. The system will give you information on the nine most recent employer reports. For your privacy, the *amount* of earnings reported is not provided on the Interactive Voice Response system.

## How To Use The Interactive Voice Response System

Call the Burbank Plan Office: In the Los Angeles area call (818) 954-9400, or if you reside outside of the Los Angeles area call (800) 777-4013.

Enter the participant's Social Security Number and follow the prompts. Once you know the series of numerical prompts that take you to the information you need, you can bypass the voice prompts in future calls. Simply enter all of the numbers without interruption and the system will take you directly to the information.

*The privacy of your personal health information has always been of paramount importance to the Plan. Recent federal regulations require that the Plan provide all participants with a written notice of its privacy practices. This notice appears below and on page 4.*

## NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

The Screen Actors Guild- Producers Health Plan (the “Plan”) is required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices with respect to that information. The Plan understands that your medical information is personal and we are committed to protect it. This Notice of Privacy Practices gives you information on how the Plan protects your medical information, when we may use and disclose it and your rights to access and request restrictions to the information.

### USES AND DISCLOSURES

In most instances, the Plan requires a court order or your written authorization to disclose your medical information. However, the Plan is permitted by law to disclose your medical information without your authorization or court order, as follows:

- **Treatment:** The Plan may share your medical information with doctors and other health care providers for treatment purposes. For example, if you are in the hospital due to an accident or illness, the Plan may share your medical information with all health care providers involved in your care and treatment.
- **Payment:** The Plan may use or disclose your medical information for purposes of processing medical claims (including coordinating benefits with another Plan), verifying your eligibility and authorizing services. For example, your medical information will be used in making a claim determination.
- **Health Care Operations:** The Plan may use or disclose your medical information for purposes of case management, underwriting/premium rating, quality improvement and overall Plan operations. For example, the Plan periodically obtains proposals from health care companies in an effort to select appropriate provider networks or insurance arrangements for Plan participants. It may be necessary to provide the companies with certain health information, particularly in regard to catastrophic illnesses.
- **Business Associates:** The Plan may disclose your medical information to Business Associates. Business Associates are entities retained or contracted by the Plan, such as Blue Cross of California, Private Health Care Systems (PHCS), Delta Dental. The Plan has a contract with each Business Associate, whereby they agree to protect your medical information and keep it confidential.
- **Workers’ Compensation:** The Plan may disclose your medical information to comply with laws relating to workers’ compensation or other similar programs that provide benefits for work-related injuries and illnesses.
- **Public Health:** The Plan may disclose your medical information to a public health authority in connection with public health activities.
- **Personal Representatives:** The Plan will disclose your medical information to personal representatives appointed by you, and, in certain cases, a family member, close friend or other person in an emergency situation when you cannot give your authorization.
- **Trustees:** The Plan may disclose your medical information to the Trustees of the Plan.
- **Secretary:** The Plan will disclose your medical information to the Secretary of Health and Human Services (HHS) or any other officer or employee of HHS to whom authority has been delegated for purposes of determining the Health Plan’s compliance with required privacy practices.
- **As required by law:** The Plan will disclose your medical information as required by law.

The Plan may not use or disclose your medical information for any purposes other than the ones outlined above without your written authorization. You may revoke your authorization at any time. **Continued on page 4**

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## YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to inspect and copy: You may inspect and request copies of your medical information by writing to the Plan's Privacy Officer. A fee may be charged to cover copying and mailing costs. In certain instances, your request for medical information may be denied. You have the right to appeal that decision.

Right to Receive Confidential Communications: The Plan normally provides medical information to participants via U.S. mail. You may request that the Plan communicate your medical information to you in a different way. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

Right to Request Restrictions: You have the right to request additional restrictions on how your medical information is used and disclosed. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

Right to Amend: If you believe the medical information the Plan maintains about you is incorrect, you have the right to request an amendment to it. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

Right to Receive an Accounting of Disclosures: You have the right to request a listing of the disclosures we have made of your medical information without your authorization for purposes other than treatment, payment of claims and health care operations. Your request must be made in writing to the Plan's Privacy Officer and cannot be for a period longer than six years and not prior to April 14, 2003. In certain cases, the Plan may charge a fee for this request.

Right to Obtain a Paper Copy of the Plan's Privacy Notice: If you received this Notice electronically (via e-mail or the Internet), you have the right to request a paper copy at any time.

## COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a formal complaint with the Plan's Privacy Officer and/or with the Secretary of the U.S. Department of Health and Human Services. You cannot be retaliated against for filing a complaint.

## EFFECTIVE DATE

The effective date of this Notice is April 14, 2003. The Plan is required by law to abide by the terms of this Notice until replaced. We reserve the right to make changes to this Notice and to make the new provisions effective for all medical information the Plan maintains. If revised, a new Notice will be provided to all participants eligible for or covered by the Plan at that time.

## CONTACT

To request additional copies of this Privacy Notice, obtain further information regarding our privacy practices and your rights, or to file a complaint, please contact the Plan's Privacy Officer. This Notice is also posted on our Web site: [www.sagph.org](http://www.sagph.org).

Name: Privacy Officer  
Address: Screen Actors Guild – Producers Health Plan  
3601 West Olive Avenue, P.O. Box 7830  
Burbank, CA 91510-7830  
Telephone: (818) 954-9400  
E-mail: [privacyofficer@sagph.org](mailto:privacyofficer@sagph.org)

# New User-Friendly Explanation of Benefits

We are pleased to introduce the newly redesigned Explanation of Benefits (EOB), a sample of which appears below. It provides the same thorough information as the old EOB, but in an easier to read format. Pertinent information is *grouped* together in easy-to-locate boxes on the form, allowing you to quickly reference and track your claim.

The appeals procedure, which used to appear on the back of the old EOB, now appears on the front. It contains important information about filing deadlines and procedures, and a brief description of the appeals process. *Note:* While all the relevant information is included, the text of the appeals procedure is slightly shorter in length than what appeared on the original EOB. This allows the entire form to be printed on one side, which saves on the Plan's printing costs.



## Screen Actors Guild - Producers

Health Plan  
3601 W. Olive Avenue, P.O. Box 7830  
Burbank, CA 91510-7830

200304020002

**Questions? Call the Plan Office  
(818) 954-9400  
Outside of the Los Angeles Area Only  
(800) 777-4013**

## Forwarding Service Requested

3-DIGIT 100

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John Doe  
123 Any Street  
Anytown, USA

**Claim No:** 2003092-GMC-132  
**Participant:** John Doe  
**Patient:** John Doe (MM1)  
**Patient No:** 123456789  
**Service Year:** 2003  
**Eligibility:** Earned

**Provider:** Network Provider  
**Date:** 04/02/2003  
**Check #:** 432107  
**Check Amount:** 136.00

Date(s) Incurred	Service	Amount Billed	Not Allowed	Remark Code	Discount Amount	Deductible Amount	Balance Payable		
							100%		
03/24/03	OFF VISIT	300.00	15.00	57 52	216.00	0.00	69.00	0.00	0.00
03/24/03	MEDI/SRVC	80.00	0.00	52	39.00	0.00	41.00	0.00	0.00
03/24/03	MEDI/SRVC	15.00	0.00	52	5.00	0.00	10.00	0.00	0.00
03/24/03	LAB/OP	15.00	0.00	52	11.00	0.00	4.00	0.00	0.00
03/24/03	LAB/OP	15.00	0.00	52	11.00	0.00	4.00	0.00	0.00
03/29/03	LAB/OP	15.00	0.00	52	11.00	0.00	4.00	0.00	0.00
03/30/03	LAB/OP	15.00	0.00	52	11.00	0.00	4.00	0.00	0.00
<b>Claim Totals</b>		<b>455.00</b>	<b>15.00</b>		<b>304.00</b>	<b>0.00</b>	<b>136.00</b>	<b>0.00</b>	<b>0.00</b>

Dear Participant: Your responsibility for this claim is \$ 15.00. As a Prudent Buyer Plan member, you saved \$ 304.00. This is your incentive for receiving services from a participating provider.

**Benefits Allowable** 136.00      **Total Benefits** 136.00

Accumulators	Met	Payment To:	Check No.	Amount
2003 Ind Maj Med Deduct	225.00	Network Provider	432107	136.00
2003 Fam Maj Med Deduct	500.00			
2003 Ind Hospital Ded	0.00			
2003 Fam Hospital Ded	250.00			
MM Out-of-Pocket	0.00			
Hosp Out-Of-Pocket	0.00			
Lifetime Maj Med	8,633.12			

## Remark Codes

- 52 Exceeds Blue Cross Prudent Buyer contract limit
- 57 \$15 copayment per visit/total for this claim: \$15.00
- \*\*\* Appeals Procedure: Within 180 days after you receive this notice, you, or your authorized representative, may file a written appeal of the Plan's action on your claim. Send your appeal to the Benefits Committee in care of: Mr. Bruce L. Dow, Screen Actors Guild - Producers Health Plan, 3601 West Olive Ave, P.O. Box 7830, Burbank, CA 91510-7830. The Benefits Committee will give your appeal a full and fair review. You will be provided with information relevant to your claim upon your request. You may submit written information relating to your claim. If a denial is based on medical judgment, a health care professional will be consulted. You will receive a written notice of the decision after the Benefits Committee decides your appeal. If your appeal is denied, in whole or in part, the notice will explain the basis of the denial, as well as your rights following the denial. The decision will be made at the first meeting of the Committee that is at least 30 days after you file your appeal unless an extension is necessary. You will be given a written notice before any extension period begins. A complete version of the appeals procedure appears on the Plan's Web site, [www.sagph.org](http://www.sagph.org), and in your SPD and supplements. Or, contact the Plan Office for a free copy.

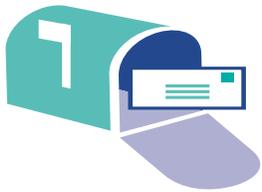


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**SCREEN ACTORS GUILD–  
PRODUCERS PENSION  
AND HEALTH PLANS**

3601 West Olive  
PO Box 7830  
Burbank, CA 91510-7830

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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.

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

- Online at [www.sagph.org](http://www.sagph.org)
- Call the Plan Office
- File a Change of Address Card
- Write or FAX a letter to the Plan Office

The Screen Actors Guild is a separate entity from the Pension and Health Plans and requires a separate notice for change of address.

**PENSION AND HEALTH PLAN DIRECTORY**

**Burbank Plan Office: (818) 954-9400**  
**From outside the Los Angeles area: (800) 777-4013**  
**Fax: (818) 953-9880**  
**New E-mail address: [psd@sagph.org](mailto:psd@sagph.org)**  
**Web site: [www.sagph.org](http://www.sagph.org)**

**IF YOU NEED:**

**ASK FOR:**

<b>Benefit and Eligibility Information.....</b>	Participant Services
<b>Pension Plan Information .....</b>	Pension Department, Ext. 2020
<b>Information on Medical Claims .....</b>	Participant Services
<b>Information on Dental Claims</b>	
Delta Dental – Member Services .....	(800) 846-7418
– Directories .....	(800) 846-7418
<b>Information on Prescription Drugs</b>	
Medco Health .....	(800) 903-4728
Prescription Pre-Authorizations.....	(800) 753-2851
<b>NEW YORK Plan Office .....</b>	(212) 599-6010
275 Madison Ave. #1819, New York, NY 10016	
<b>SOUTHEASTERN Plan Office.....</b>	(305) 670-9795
7300 North Kendall Drive #620, Miami, FL 33156	