



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

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Long-Term Care Insurance

This is a reminder that the Screen Actors Guild – Producers Health Plan sponsors a voluntary, participant-paid, Long-Term Care Insurance Plan. This plan is available to Eligible participants, their spouses, and their qualified same-sex domestic partners. It is also available to the parents and grandparents of Eligible participants and their spouses or qualified same-sex domestic partners.

While the Health Plan does not pay for the cost of this coverage, you can benefit from group rates. Long-term-care insurance is coverage that can help protect you and your family against the costs associated with extended care needed because of an accident, a long-term illness, or the effects of aging. When evaluating the need for long-term care insurance you should consider the potentially significant physical, emotional, and financial burden that could fall on the primary caregiver who may also have to work, care for children, and handle other responsibilities.

The Long-Term Care Insurance Plan is flexible and includes care at home, in a qualified adult day care center, in a residential care facility, or a nursing home. The plan offers case management by a registered nurse who can help develop a plan of care to meet your long-term care needs. The insurance is portable and can be continued at the same group rates even if you stop participating in the SAG – Producers Health Plan.

Purchasing long-term care insurance is completely voluntary. The insurance is underwritten by John Hancock Life Insurance Company, Boston, MA 02117. A more detailed description of plan provisions and exclusions is provided in the enrollment kit available by calling John Hancock Customer Service toll free: **1-888-828-3823** for more information. The toll-free number for the hearing-impaired is **1-800-255-1808**.



Anesthesia During Colonoscopy – What the Plan Covers

The Health Plan encourages participants to take advantage of the wellness benefits offered by the Plan.

One of these important benefits is a routine colonoscopy for participants beginning at age 50. If you need a colonoscopy or upper gastrointestinal endoscopy, the surgery codes under which these services are billed include moderate sedation. The Plan will not cover a separate anesthesiologist's charges unless

it is medically necessary. If you have any concerns or questions regarding moderate sedation and your comfort during the procedure, please talk with your surgeon. Please check with your surgeon before the procedure to determine if he or she intends to use a separate anesthesiologist, as this may increase your out-of-pocket expense. It is always a good idea to call the Plan Office and clarify your coverage before undergoing a medical procedure.

How the Health Plan Processes Surgical Suite Claims

The Health Plan provides benefits for outpatient surgery performed in a hospital, a surgical suite, or an ambulatory surgical center. Sometimes these claims are processed under the Plan's Hospital Benefits and subject to the Hospital deductible, and sometimes a claim is processed under the Major Medical Benefits and subject to that deductible. We would like to briefly clarify the rule that determines which deductible is applied. The claim is processed based on your use of a network facility or a non-network facility.

Use a Network facility for outpatient surgery – Hospital Deductible applies

When you use a network facility for outpatient surgery, whether it is performed in a hospital, surgical suite or surgical center, it is covered under your Hospital Benefits and subject to the calendar year Hospital Deductibles listed below:

Network Hospital Deductible	
Plan I	\$250/person; \$500/family
Plan II	\$500/person; \$1,000/family

Use a Non-Network facility for outpatient surgery – Major Medical Deductible applies

When you use a non-network facility for outpatient surgery, whether it is performed in a surgical suite or surgical center it is covered under your Major Medical Benefit with a maximum *allowance* of \$1,000* and subject to the calendar year non-network Major Medical Deductibles listed below:

Non-Network Major Medical Deductible	
Plan I	\$500/person; \$1,000/family
Plan II	\$750/person; \$1,500/family

*If the surgery for you or a dependent takes place in a non-network surgical suite or ambulatory surgical center, the Health Plan will only *allow up to a maximum of \$1,000* for use of the suite's operating and recovery rooms and all central supplies. The Plan also allows up to a maximum of \$1,000 for the use of a non-network birthing center.

TIHN Hospital Deductible Does Not Apply to Emergency Treatment

When you use The Industry Health Network (TIHN) facilities and physicians, you have lower deductibles than you would if you use a Blue Cross provider or a non-network provider. However, TIHN does not handle emergency care.

If you go to a hospital for emergency treatment, your deductible is based on the regular hospital deductibles outlined in the chart to the right. These deductibles apply even if you called or visited TIHN first and they told you to go to the emergency room. The Industry Health Network hospital deductible applies only to non-emergency hospital care received through TIHN. *Note:* Urgent Care centers, which are different than a hospital emergency room, are covered under your Major Medical benefits.

	Hospital Deductible	
	Network Deductibles	Non-Network Deductibles
Plan I	\$250/person; \$300/family	\$500/person; \$1,000/family
Plan II	\$500/person; \$1,000/family	Emergency Care only – \$750/person; \$1,500/family Non-emergency hospital care at Non-Network Hospitals in California is not covered.

Postponement of AFTRA Core Plan Affects SAG Health Plan's COB Rules

The Health Plan has special rules for coordinating benefits with other entertainment industry health plans, which include the AFTRA Health Plan, the Directors Guild of America – Producer Health Plan, the Equity-League Health Plan, the Motion Picture Industry Health Plan, and the Writer's Guild – Industry Health Plan. Basically, if you are primary in another entertainment industry plan and have secondary coverage with the SAG – Producers Health Plan, but decline coverage in your primary plan by failing to pay their premium, the SAG – Producers Plan does not become your primary plan. Instead, it will pay only what it would have paid as secondary. This means that the SAG Health Plan will pay no more than 20% of the Allowed Amount on the claim and the balance is your responsibility.

The Trustees had made an exception to the COB rule for individuals that would have been covered by AFTRA's Core Plan, which was scheduled to go into effect July 1, 2007. AFTRA has postponed implementation of their new Core Plan, so the SAG – Producers Health Plan's COB exception will be postponed as well.



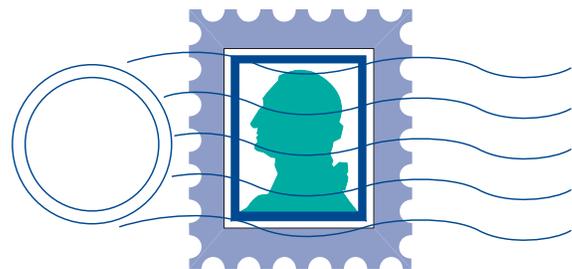
COORDINATION OF BENEFITS

Coordination of benefits is the method of dividing responsibility for payment among health plans when you are eligible for coverage in more than one plan. Your primary plan is the plan that pays first on the claim. If a balance is still due after the primary plan's payment, the claim is sent to the secondary plan for consideration. If you have dual eligibility and are unsure which health plan is primary and which is secondary, contact the Plan Office. For a complete explanation of the Health Plan's Coordination of Benefit rules and exceptions, see pages 68-70 in your new Summary Plan Description, or visit our Web site: www.sagph.org.

Summary of Earnings Statements Mailed

The 2006 Summary of Earnings Statements were recently mailed by the Plan Office to all participants who had earnings reported to the Pension and Health Plans during 2006. This Statement is a record of all sessions and residual earnings reported to the Plans on your behalf in 2006. It also states your total Pension Credits under the Pension Plan. You are urged to review the accuracy of this Statement because your eligibility for Pension and Health Plan benefits is based on your recorded earnings. Errors, such as missing earnings, or discrepancies, such as over or under reporting, can affect your future benefits.

When reviewing your Statement keep in mind that some payments made to you in connection with your employment may not be reportable earnings, i.e., meal penalties and rest period violations. These are outlined on the reverse side of your Statement.



If you find an error on your 2006 Summary of Earnings Statement, you should write to the Contribution Compliance Department at the Plan Office. Your letter should identify the missing or incorrect item(s) and include the project title, the name and address of the producer, studio or advertising agency and proof of earnings (pay vouchers, SAG contracts, etc.).

If you have not received your statement, please contact the Plan Office.



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Plan II Maternity Care Co-Pay Correction

All participants should have received the new Pension and Health Summary Plan Descriptions (SPDs). These booklets describe the benefits available to you and your eligible dependents as of January 1, 2007. Please be advised that the Benefit Summary chart, which appears on page 95 of the Health Plan SPD, contains a co-pay error that appears twice. The Network Provider Maternity Care co-pay for Plan II and Lower Cost Self-Pay is printed as \$25. Please note that the correct co-pay is \$100.

PENSION AND HEALTH PLAN DIRECTORY

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