



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

Volume XVIII, Number 1
Spring 2010

<input type="checkbox"/>	INSIDE TAKE 2	<input type="checkbox"/>
<input type="checkbox"/>	Network Provider Billing Practices.....2	<input type="checkbox"/>
<input type="checkbox"/>	Cataract Surgery – What The Plan Covers.....2	<input type="checkbox"/>
<input type="checkbox"/>	Same-Sex Domestic Partner Rules Amended.....3	<input type="checkbox"/>
<input type="checkbox"/>	Growth Hormones – What The Plan Covers.....3	<input type="checkbox"/>
<input type="checkbox"/>	Anesthesia During Colonoscopy Requires Medical Necessity.....4	<input type="checkbox"/>
<input type="checkbox"/>	Summary of Earnings Statements Mailed.....4	<input type="checkbox"/>
<input type="checkbox"/>	Notices & Updates.....5	<input type="checkbox"/>
<input type="checkbox"/>	Directory6	<input type="checkbox"/>

Annual Funding Notice and Notice of Endangered Status

By April 30th, all participants will be mailed an Annual Funding Notice and a special notice providing the Pension Plan’s 2010 zone status under the Pension Protection Act of 2006 (PPA). The Annual Funding Notice includes important funding information about your Pension Plan, including the Plan’s investment policy and asset allocation. In compliance with the PPA, the Annual Funding Notice has been expanded to include information that is currently not applicable to the Plan, such as a summary of federal rules governing multiemployer plans in reorganization and insolvent plans. It also includes an explanation of benefit payments guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a federal agency. If you do not receive these Notices within the next several weeks, please contact the Plan Office.

Pension Plan Status Report

We reported in the Spring 2009 Take 2 about the impact of the 2008 collapsing financial markets on the Pension Plan. In the Summer 2009 edition, we informed you of the Plan changes the Trustees approved as a key step in addressing the Plan’s financial condition. While the financial markets made a helpful recovery in 2009, the recovery was not sufficient to make up for all the losses suffered during 2008. Further, work levels, as measured by covered earnings, have not returned to pre-crisis levels. Since covered earnings are the basis for the contributions needed to fund the Plan, a decline in covered earnings means that the Plan is not receiving the expected level of contributions. With the financial markets remaining somewhat volatile and the covered earnings below expected levels, the Plan’s financial condition has not yet fully stabilized and returned to previous levels.

Given what has happened in the economy generally and to our Plan specifically, you as a participant may be asking “Is my pension safe?” If you are receiving a monthly pension the Trustees want to assure you that it is safe. If you are not currently receiving a monthly pension, any benefits you have earned to date are protected. The Plan maintains reserves to cover these promises. Although the 2008 events in the financial markets reduced those reserves, they are adequate to cover the benefits promised and have actually improved somewhat since we last reported to you.

As we look to the future, the Trustees continue to evaluate the impact of the losses with the Pension Plan’s actuary and to develop the best approach for fully restoring the Plan’s reserves. More information will follow in future editions of our “Take Two” newsletter. If you should have any questions please contact the Plan Office.

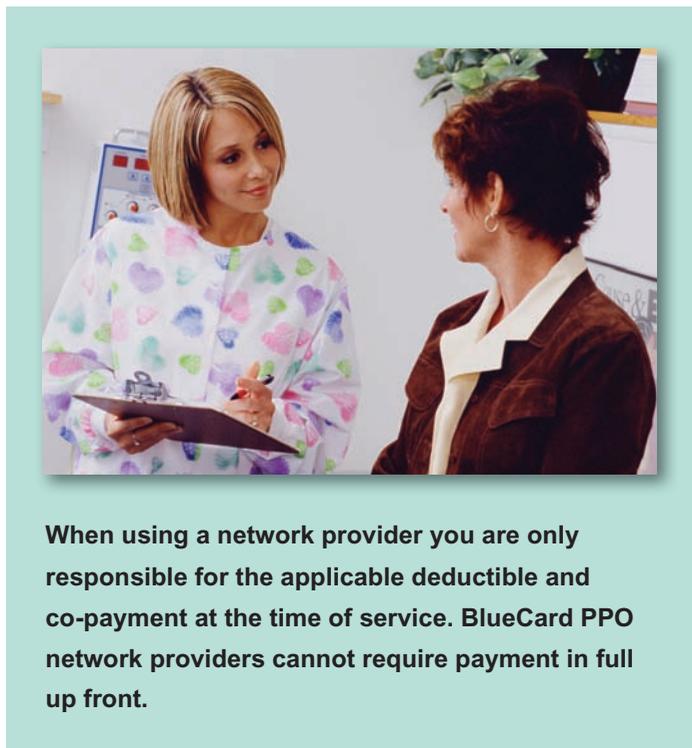
The Board of Trustees

Network Provider Billing Practices

The nationwide BlueCard PPO Network is the hospital and medical network for all Health Plan participants and their covered dependents. The network includes all of the local Blue Cross plans across the United States and allows you to enjoy the same network of providers whether seeking services at home or while traveling. The benefits of using network providers are savings, convenience and consistency. When you use the network, you save money because the network providers have agreed to accept a discounted fee schedule for their services. Network providers are convenient because there is no paperwork to fill out; the provider will complete and submit the claim forms for you. Networks also provide consistency in billing because all BlueCard PPO providers nationwide must adhere to specific billing practices.

At network providers, you may be billed for the following charges.

1. Medical services excluded by the Plan.
2. Co-payments, co-insurance, and deductible amounts required by the Plan. These charges appear on the Explanation of Benefits (EOB), which you receive from the Plan Office following the payment of the claim.



In most cases, network providers cannot charge you for medical services that are not considered to be medically necessary, **unless you have agreed in writing, in advance**, to be responsible for payment of those charges.

Cataract Surgery – What The Plan Covers

A cataract is a clouding of the eye's natural lens resulting in blurred vision. People with a cataract usually undergo surgery to remove the eye's natural lens and replace it with an artificial intraocular lens, or IOL. The Health Plan covers cataract surgery and a standard IOL. Standard IOLs are monofocal, which means they provide optimal vision at one distance only.

Your surgeon can advise you on which IOL is right for you, however IOLs are primarily used to provide distance vision. Following cataract surgery, patients often require eyeglasses or contact lenses to provide optimal vision for near-distance activities such as reading.

Over the last several years IOLs that correct presbyopia and astigmatism have been developed to decrease dependence on glasses or contact lenses following cataract surgery. These types of IOLs are called multifocal IOLs. The Health Plan does not provide benefits for IOLs implanted during cataract surgery that correct presbyopia and astigmatism. If you choose a multifocal IOL, you will be responsible for all charges above the Plan's Allowed Amount for cataract surgery. The exclusion of multifocal IOLs is consistent with Medicare's policy as well as the policies of health insurers across the country. If you would like more detailed information about the Plan's benefit for cataract surgery, or you need to verify that the provider and facility are in the Plan's BlueCard PPO Network, contact the Plan Office.

Same-Sex Domestic Partner Rules Amended As Of July 1, 2010

Coverage for Children of Same-Sex Domestic Partners

Under current Health Plan rules, the children of your same-sex domestic partner are not covered dependents unless they are your legal dependents as well. The Trustees recognize that there are situations where this is not an option; for example, when the child already has two legal parents, one of which is your same-sex domestic partner. Effective July 1, 2010, the Health Plan will provide coverage to the dependent children of same-sex domestic partners. The Plan currently defines dependent children as unmarried children who are younger than 19 years of age, or age 19 through age 22 and attending school as a full-time student. To add a new dependent, you must contact the Plan Office. Dependent eligibility does not begin until the Plan Office receives a new Performer Information Form signed by the participant with appropriate documentation. Performer Information Forms may be downloaded from the Plan's website: www.sagph.org. Coverage for children of same-sex domestic partners will be subject to all applicable IRS regulations.

Self-Pay For Domestic Partners

Under current Health Plan rules, a same-sex domestic partner may only enroll in the Self-Pay Program if the participant enrolls. In the event that the domestic partnership terminates, the same-sex domestic partner is not eligible to self-pay. Effective July 1, 2010, the Health Plan will provide individual self-pay rights to same-sex domestic partners who have officially terminated their Qualified Domestic Partnership as defined by the Plan. In the event of termination of your same-sex domestic partnership, you or your domestic partner must notify the Plan Office in writing within 60 days of the date of the event and submit the required documentation in order to receive individual self-pay rights. Failure to notify the Plan Office within the required time frame will result in the forfeiture of the individual's right to enroll in the Self-Pay Program.

For more information about the Self-Pay Program, including your notification requirements and required documentation, visit the Plan's website: www.sagph.org, or see your Health Plan SPD.

Growth Hormones – What The Plan Covers

Today, there are a variety of FDA approved uses for growth hormones, the most common being the treatment of Idiopathic Short Stature (ISS) in children. ISS is defined as a height significantly shorter than the normal population, a poor adult height prediction, and no detectable cause for the short stature. Diagnosis is based on a patient's full clinical picture taking into account one's birth weight, parents' heights, pubertal status, and laboratory results. ISS is not based on any one symptom or test result.

Growth hormones require pre-authorization from the Health Plan and when approved are covered only if obtained through Accredo, Medco's Specialty Pharmacy.

Growth hormones are not covered for familial short stature, constitutional growth delay, nor for non-FDA



approved uses such as anti-aging programs or athletic enhancement. Contact the Plan Office for more details if growth hormones have been prescribed for you or your child.

Anesthesia During Colonoscopy Requires Medical Necessity

One of the important wellness benefits offered by the Plan is a routine colonoscopy for participants beginning at age 50. As important as colonoscopies are as a health screening tool, no one looks forward to them. Having a colonoscopy can cause anxiety in many people because they are afraid that they will be in pain. The pain control method routinely used is generally rendered by the gastroenterologist or a member of his team and is included in the fee for the colonoscopy. In some cases, however, a patient may have a medical condition that requires the use of certain drugs which can only be administered by an anesthesiologist.

The Plan will not cover a separate anesthesiologist's charges **unless it is medically necessary**. If you have any concerns or questions regarding your comfort during the procedure, please talk with your surgeon. If a separate anesthesiologist is recommended, advise your doctor to submit a pre-authorization request showing medical necessity to the Plan at the pre-authorization fax number: (818) 973-4473. However, if a patient is under age 18 or over age 70, separate anesthesia is an allowable benefit. It is always a good idea to call the Plan Office and clarify your coverage before undergoing a medical procedure.

Summary of Earnings Statements Mailed

All participants should have received a 2009 Summary of Earnings Statement in the mail by the end of April. The Earnings Statement is a record of all sessions and residual earnings reported to the Plans on your behalf during 2009. It also provides 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 reported earnings. Errors, such as missing earnings, or discrepancies, such as over or under reporting, can affect your future benefits.

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. 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 Earnings 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 viola-



tions. These are outlined on the reverse side of your Statement. If you find an error on your 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 stubs, SAG contracts, etc.). The Summary of Earnings Statement is the only *printed* 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 website: www.sagph.org, or by calling the Plan Office and using the Interactive Voice Response system (IVR).

Notices & Updates

Mental Health Parity

For most plans, the compliance date for the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was January 1, 2010. However, due to a special rule for collectively bargained plans, the SAG-Producers Health Plan's compliance date is January 1, 2011. The Federal government has released preliminary regulations to help health plans implement the Act. After they are analyzed, the Trustees will adopt any necessary benefit changes to bring the Plan into compliance. We will update you in future issues of Take 2, and on the Plan's website: www.sagph.org.



Health Care Reform

In March of this year, President Obama signed both the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act. These health reform acts will have an impact on most health plans including the SAG-Producers Health Plan. We are working diligently to completely understand how the legislation impacts the Plan's participants. We will keep you advised as additional information becomes available. Please check the Plan's website: www.sagph.org.

Changes to Plan's HIPAA Notice of Privacy Practices

The American Recovery and Reinvestment Act of 2009 ("ARRA") amended the Health Insurance Portability and Accountability Act of 1996. In order to comply with ARRA, the Plan must revise certain provisions of its HIPAA Notice of Privacy Practices.

- The section regarding your right to inspect and copy medical information is revised to state that you also have the right to a copy of your health information in an electronic format, but only if it is contained in an Electronic Health Record.
- The section regarding your right to receive an accounting of disclosures is amended to provide that the Plan is not required to account for disclosures made for treatment, payment, and health care operations, except when such disclosures of your health information are made through an Electronic Health Record.

An updated copy of the Notice of Privacy Practices is available on the Plan's website: www.sagph.org. You may also request a copy from the Plan's Privacy Officer.



PRESORTED
STANDARD
U.S. POSTAGE
PAID
PERMIT NO. 14954
LOS ANGELES, CA

SCREEN ACTORS GUILD– PRODUCERS PENSION AND HEALTH PLANS

PO Box 7830
Burbank, CA 91510-7830



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

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 PLANS DIRECTORY

Burbank Plan Office: (818) 954-9400 or (800) 777-4013

Fax: (818) 953-2525

E-mail 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 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
- 24/7 Toll-Free Nurseline** (866) 670-0691
- NEW YORK Plan Office** (212) 599-6010
275 Madison Ave. #1819, New York, NY 10016