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Health and Pension Changes Establish Benefit Parity

The Trustees are pleased to announce that the pension and health plans have been amended to provide important new benefits to qualified same-sex couples effective July 1, 2011. As described below, where legally possible, the benefits provided to qualified same-sex couples will be on par with those benefits provided to opposite-sex spouses. In addition, there are also some important new rules regarding qualification of same sex couples.

Important New Requirements for Same Sex Couples

In addition to the enhanced benefits that are described on page 2, it is important to understand the new Health Plan qualification requirements for same-sex couples that are effective July 1, 2011. These requirements are as follows:

1. If a participant lives in a state that recognizes same-sex marriage, the participant and their same-sex partner must be married.
2. If a participant lives in a state that does not recognize same-sex marriage but recognizes same-sex domestic partnerships or civil unions, the participant and their same-sex partner must have their same-sex domestic partnership or civil union recognized by the state.

3. If you are receiving benefits as a same-sex domestic partner and either (a) your state subsequently recognizes same-sex marriage or (b) you move to a state where same-sex marriage is recognized, the existing same-sex partnership recorded with the Plans will continue to be honored.

4. If you are married or have a registered same-sex domestic partnership or civil union in a state other than the state in which you reside, the Plans will also recognize that documentation.

5. If you reside in a state that does not provide legal recognition of same-sex marriage, civil unions or domestic partnerships, please contact the Plan Office for information on documentation that must be provided to qualify for the same-sex domestic partner program.

The extended spousal benefit and the pre-retirement death benefits described below will only be available if (i) you meet any of the criteria listed in items 1-4 above or (ii) your same-sex domestic partnership has been determined qualified under the Plan rules because you live in a state that does not recognize same-sex marriages, same-sex domestic partnerships or civil unions and you meet the rules outlined in the 2007 Pension and Health Plan Summary Plan Descriptions.

Health and Pension Changes Establish Benefit Parity, *cont. from page 1*

Health Plan Changes

Extended Spousal benefits will be available to eligible same-sex couples for deaths occurring on and after July 1, 2011. Similar rules for eligibility applying to opposite-sex couples apply to same-sex couples including the rule that you must be married or in a state-recognized relationship for at least 12 months immediately preceding the participant's death. If you live in a state that does not recognize same-sex marriages or same-sex domestic partnerships or same-sex civil unions, your partner must be able to document that the relationship lasted for at least 12 months prior to the participant's death. The extended spousal benefit provides Senior Performers Health Plan benefits to your qualified dependents when you meet certain age and pension credit requirements at the time of your death. See the 2007 Health Plan Summary Plan Description or visit the Plans' website www.sagph.org for a complete description of the extended spousal benefit.

Pension Plan Changes

Lifetime pre-retirement death benefits will be available to eligible same-sex spouses and qualified domestic partners for deaths occurring on and after July 1, 2011. Under the pre-retirement death benefit rules, a surviving same-sex spouse or qualified same-sex domestic partner may receive monthly benefits beginning with the first day of the calendar month following a participant's death and continue for life. See the 2007 Pension Plan Summary Plan Description for a more detailed explanation or visit the Plans' website www.sagph.org.

For annuity starting dates occurring on or after July 1, 2011 participants with qualified same-sex spouses and domestic partners will also have the ability to select the 50% Joint and Survivor (currently called the Husband and Wife) Option when they retire. Due to the federal Defense of Marriage Act ("DOMA") and its interplay with state law, the Plan will not recognize Qualified Domestic Relations Orders for same-sex couples nor will it require consent by the same-sex spouse or partner for the participant to elect an option other than the 50% Joint and Survivor Option. Also, because of DOMA and provisions of the Internal Revenue Code, upon the death of a participant the provision applicable to an opposite-sex spouse whereby distribution of benefits can be delayed until the decedent would have attained age 70-1/2 does not apply to a same-sex spouse or qualified domestic partner who survives the death of a participant. Instead, distribution of benefits to the surviving same-sex spouse or partner will begin within one year of the decedent's death.

Pre-retirement death benefits are payable to the primary beneficiary listed on your Performer Information Form. Opposite-sex spouses are protected under federal law and the automatic form of payment to them continues to be the 50% Joint and Survivor benefit. For more information, please refer to the 2007 Pension Plan Summary Plan Description. The law does not afford similar protection to same-sex spouses or domestic partners. It is not enough that the Plans have a record of your same-sex spouse or domestic partner — to insure that pre-retirement death benefits are paid in accordance with your wishes, you must designate the beneficiary as such on your Performer Information Form.

Coverage of Bariatric Surgery

The Health Plan provides coverage for bariatric surgery (Lap-Band, Gastric Bypass, etc.) when it is considered medically necessary for the patient. In addition to medical necessity, the minimum requirements for coverage of bariatric surgery are a Body Mass Index (BMI) of 40 or a BMI of 35 when the patient has other weight-related health conditions such as diabetes or hypertension.

While the Health Plan does not have a specific requirement that bariatric surgery be pre-authorized, we strongly recommend that your physician send a pre-authorization request to the Plan Office if you are considering this type of treatment.

UNDERSTANDING HEALTH PLAN PROTOCOLS

Part of a continuing participant-education series to help you get the most from the Health Plan.

How To Obtain A Referral From The Industry Health Network

The Motion Picture and Television Fund administers seven health centers in Southern California. These centers, in conjunction with a network of specialists, make up the Industry Health Network (IHN). All medical care provided by IHN is coordinated through the health center doctor who is treating you. During your appointment the doctor will determine whether the medical condition can be treated at the health center. If not, he or she will give you a written referral to see an IHN specialist. A referral that is given for a specific IHN specialist is valid only for that specialist, not for any other physician, laboratory, radiologist, or hospital. Additionally, the referral is only for the specified condition. For example, if the referral is for plantar fasciitis and a new condition arises, you need to obtain a new referral from your health center doctor. The referral is good for one year from the date of issue.

If the IHN specialist feels additional testing is needed, he or she must make the request through your health center doctor. The health center will then approve or deny the request. If approved, a separate referral for the requested services will be mailed to you and a copy of the referral will also be sent to the specialist. This new referral is to the provider who will perform the services. If denied, a letter to both the patient and the IHN specialist requesting the services will be sent.

If the IHN specialist feels that surgery is required, he or she must contact your health center doctor. The health center will then approve or deny the request. If approved, a separate referral will be given under the name of the facility where the procedure is to be performed. This referral also applies to the hospital or surgery center and anesthesiologist. PLEASE



NOTE that if the procedure is for a colonoscopy and/or endoscopy, a separate anesthesiologist is only covered if it is determined to be medically necessary by the Screen Actors Guild - Producers Health Plan (see page 4 of the Winter 2011 edition of the Take 2 Newsletter). Should the request be denied, a letter to both the requesting IHN specialist and patient will be sent.

Exception for Pediatrician Referrals

For children under the age of 13, you may obtain a referral to a pediatrician by simply calling one of the Motion Picture and Television Fund health centers at (800) 876-8320. A referral will be given to you over the phone, which will include the name, address, and phone number of the pediatrician. A copy of this referral will be mailed to you and to the pediatrician.

Note: An IHN referral does not guarantee payments, benefits or eligibility. You must be eligible at the time of each service and up-to-date on your Health Plan premium. Services that are not covered by the Health Plan are your responsibility.

How The Health Plan Processes A Surgical Suite Claim

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/per person; \$500/per family
Plan II	\$500/per person; \$1,000/ per 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/per person; \$1,000/per family
Plan II	\$750/per person; \$1,500/per family

* The Health Plan's \$1,000 maximum allowance is applied to all charges for the use of the suite's operating and recovery rooms and for all central supplies. The Plan also allows up to a maximum of \$1,000 for the use of a non-network birthing center.

Urgent Care Facilities vs. Emergency Rooms

If you or a dependent requires immediate medical attention, the Health Plan provides coverage under both the hospital and major medical portions of the Plan depending on the type of facility you use. Treatment received in a hospital emergency room is covered under the Plan's hospital benefits and subject to the hospital deductible as well as a separate emergency room co-pay as shown in the table below. Treatment received in an urgent-care facility is covered under the Plan's major medical benefits and subject to the major medical deductible and an office visit copayment.

Urgent Care Facilities	Emergency Rooms
Covered under the Plan's major medical benefit and subject to the major medical deductibles and coinsurance as well as a \$15 office visit co-pay for Plan I and a \$25 office visit co-pay for Plan II.	Covered under the Plan's hospital benefit and subject to the hospital deductibles and coinsurance as well as a \$100 emergency room co-pay for Plan I and \$200 emergency room co-pay for Plan II. The emergency room co-pay is waived if you are admitted to the hospital.

Note: If you go to a hospital for emergency treatment, your deductible is based on the regular hospital deductibles outlined above. These deductibles apply even if you called or visited the Industry Health Network (IHN) first and they told you to go to an emergency room. The Industry Health Network hospital deductible applies only to non-emergency hospital care received through IHN.

Is Your Personal Information Up-To-Date?

Updating your personal information with the Plans' has never been easier. To submit an address or enrollment change simply log into our secure website at www.sagph.org. You must have a valid e-mail address to register, and it's easy. Once you register, a password will be e-mailed to you within seconds. You can then begin to enjoy the convenience of securely accessing your personal information from home; including claims status, earnings, eligibility and pension information. You can also download a Performer Information Form and fax, mail or e-mail it to our office with your name or address change.

The New Dependent Form is used to add new dependents to the Health Plan with the appropriate supporting documents. For instance, a recorded birth certificate is needed to add a newborn and a recorded marriage certificate is needed to add a new spouse to the Health Plan. Once your dependents have been added and all the appropriate documents have been received, your dependents are considered qualified. Qualified dependents are eligible to be enrolled in the Health Plan. This can be done by logging into our secure website or by returning a dependent enrollment form. The number of dependents you cover will determine the amount of your quarterly premium.

If you experience a change to your covered dependents, you may want to change your beneficiary designation. Remember that if you are eligible for Earned Plan I benefits your beneficiary is eligible for a \$10,000 life insurance benefit. Beneficiaries of Senior Performers are entitled to \$5,000 life insurance. If you are single, your listed beneficiary will also receive



any pre-retirement death benefits that may be payable upon your death. You can download the form from our website or call the Participant Services Department to request one.

It is the participant's responsibility to promptly notify the Plan Office of any changes in the information contained on the Performer Information Form including a change of address, addition of dependent children, marriage, divorce, dissolution of a same-sex domestic partnership or civil union, name change, death of a dependent or change of beneficiary.

Please keep in mind that the Plan Office and the Screen Actors Guild are two separate offices. You must notify both offices of any change of address.

24-Hour Nurseline Benefit Eliminated

Effective June 1, 2011

In January 2009, the Health Plan implemented a Toll-Free Nurseline, which provided participants an opportunity to speak with a registered nurse about any health-related matter 24-hours a day, 7 days a week. However, during both 2009 and 2010, less than 2% of the Plan's participants and dependents used the Nurseline. Given the Health Plan's current financial condition and the low utilization of this benefit by participants, the Trustees have decided to eliminate the Nurseline effective June 1, 2011.



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**SCREEN ACTORS GUILD-
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AND HEALTH PLANS**

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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

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

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