



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

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It's Important to Protect Your Identity

Anthem and Premera Breach Update

If you recently received a letter in the mail from Anthem or Premera Blue Cross (the local Blue Cross plan in Washington and Alaska), at least one of the following pieces of personal data was compromised for you or one of your family members: name, social security number, health care identification number, address or date of birth. In the Premera breach, medical information may also have been compromised. For more information regarding either breach, please contact Anthem at (877) 263-7995.

Even if you did not receive a letter, it is important to take steps to protect yourself and your family from identity theft. Make sure to sign up for the credit monitoring and protection that is offered from Anthem by a company called AllClearID. It is free to you for two years. Go to www.anthemfacts.com to read more about what is offered and follow the steps to sign up. You can also call (877) 263-7995.

While it is impossible to completely prevent data breaches, you can help safeguard your personal information by practicing the following:

- Never give out any personal information through a link sent to you via an email. This is called “phishing.” For more information on phishing

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How do the Plans protect my personal information?

The Plans have a multi-layered security network that is constantly monitored and updated.

Plan staff are also trained on physical and electronic security to make sure your data stays safe.

You can help protect your personal information by making sure you have a strong password for your secure online account and by never sharing your username or password.

Visit www.sagph.org for more resources.

Health Plan to Increase Your Vaccination Options

Travel immunizations and other vaccines covered at no cost to you as of July 1, 2015

The Trustees are pleased to announce that the Health Plan will add travel immunizations, rabies and bioterrorism vaccines as part of the preventive benefits package beginning July 1, 2015.

The following vaccines will be covered at no cost to you when received from a network provider:

- Flu
- Pneumonia
- Zoster (shingles)
- Hepatitis A and B
- Measles, mumps, rubella
- Varicella
- Polio
- HPV
- Meningitis
- Tetanus/diphtheria/pertussis
- Rabies
- Travel Immunizations
- Bioterrorism

As a reminder, as of April 1, 2015, in addition to receiving vaccines in your doctor's office, you and your family are now able to obtain preventive care vaccinations at Express Scripts network pharmacies at no cost to you.

In order to use this benefit, call your pharmacy first to make sure the vaccine you need is in stock and that they provide vaccine administration. Once you have verified the pharmacy has the vaccine and can administer it, simply visit your pharmacy, present your Express Scripts ID card and the pharmacy will take care of the rest.

For more information on adult vaccinations and how staying up-to-date on your shots keeps you and your family healthy, visit All-vax.org.

It's Important to Protect Your Identity

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scams visit <http://www.consumer.ftc.gov/articles/0003-phishing>.

- Never give out personal or financial information to third parties. If you are unsure of the requestor's identity or why you are being asked for the information, do not give them personal information and ask that they submit a written request. Companies such as credit card and credit monitoring companies who may have access to your personal information will not call you and ask for it.
- Use a cross-cut shredder to shred junk mail or anything with identifying information.

- Regularly change your password and make sure to use a strong password for all accounts.
- Take advantage of your free annual credit report. Experian, Equifax and TransUnion are the three credit reporting bureaus. You can go to www.annualcreditreport.com to request your report. Review it closely and report any inconsistencies either to the company with the unauthorized credit under your name or to one of the three credit bureaus.

For links to the websites listed above and more resources, you can also visit the Plans' website at www.sagph.org.

Coordination of Benefits with Medicare

Coordination of Benefits (COB) is a method of dividing responsibility for payment among the health plans that cover an individual so that the total of all reasonable expenses for covered services will be paid. Since the Health Plan adopted the network coinsurance rate of 90% some individuals have expressed concern regarding their financial responsibility after the Plan coordinates benefits, especially with Medicare. Please note that the coordination process will still cover the Medicare coinsurance amounts in most cases. Examples of Medicare COB scenarios under Plan I are found below.

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Hospital Example (only Network hospitals are covered by the Health Plan):

\$8,800 Medicare allowance
- \$7,540 Medicare payment
\$1,260 balance (Medicare's hospital deductible)

This is how the Health Plan will calculate your benefit:

\$8,800 allowance
- \$250 deductible
\$8,550 balance
x 90% coinsurance
\$7,695 available benefit

Since the Medicare balance of \$1,260 is less than the \$7,695 available for benefits, you have no out-of-pocket expense.



Medical Examples

Example A: You see your network doctor for treatment and have satisfied your medical deductible with the Health Plan.

This is how Medicare will calculate your benefit:

\$300 Medicare allowance
- \$240 Medicare payment
\$60 balance

This is how the Health Plan will calculate your benefit:

\$300 Medicare allowance
- \$15 Health Plan copay
\$285 balance
x 90% coinsurance (what the Health Plan pays)
\$256.50 available benefit

Since the Medicare balance of \$60 is less than the available benefit of \$256.50, you have no out-of-pocket expense.



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Example B: There are times where you will be responsible for a portion of the bill even though you have two insurance coverages. In this example, you see your network doctor for treatment but you have not yet satisfied your medical deductible.

This is how Medicare will calculate your benefit:

\$300 Medicare allowance
- \$240 Medicare payment
\$60 balance

This is how the Health Plan will calculate your benefit:

\$300 Medicare allowance
- \$250 Health Plan deductible
\$50 balance
- \$15 Health Plan copay
\$35 balance
x 90% coinsurance (what the Health Plan pays)
\$31.50 available benefit

Since the Medicare balance of \$60 is more than the available benefit of \$31.50, your out-of-pocket expense is \$28.50.

As this last example shows, the Plan does not provide benefits that exceed the amount the Plan would have paid as the primary carrier.

If you have questions about a specific claim, please contact the Plan Office.

Combined Earnings Eligibility Reminder

Last year the Trustees adopted a new way to qualify for coverage for Plan II benefits for eligibility beginning July 1, 2014 and after. Participants who do not qualify for health coverage under either the AFTRA Health Plan or the SAG-Producers Health Plan may combine their earnings reportable to each Plan in order to meet the dollar earnings requirement for Plan II eligibility (currently \$15,100). So far, several hundred participants have been able to take advantage of this benefit.

To find out if you qualify, go to www.sagph.org, click on the Apply for Combined Earnings Eligibility button and follow the instructions on the web.

Reminders

Remember to Pay Your Premium Before the Due Date

All participants are required to pay a premium for their Health Plan coverage. To ensure that there is no interruption to your coverage, we encourage you to submit your premium payment prior to the due date. When you pay your premium prior to the due date you reduce the likelihood that you will be denied services at your provider's office or at the pharmacy. The Health Plan recommends enrolling in the auto-debit program to give you the security of knowing your premium is paid on time.



Summary of Earnings Statements Mailed

All participants should have received a 2014 Summary of Earnings Statement in the mail by the end of May. We urge you to carefully review the accuracy of your Earnings Statement. It is important to make sure all of your reportable earnings have been properly reported to the Plans because your Pension and Health Plan eligibility is based on these earnings. Errors, such as earnings not listed on your statement, or discrepancies, such as over or under reporting, can affect your future benefits.

Please note, statements from the SAG-Producers Pension and Health Plans do not include earnings reported to AFTRA H&R.

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

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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 the summary for a list of non-reportable earnings.

**Statements
from the SAG-
Producers
Pension and
Health Plans
do not include
earnings reported
to AFTRA H&R.**

If you find an error in your Summary of Earnings Statement, you should contact the Plan Office in writing. Please address your letter to the Contribution Compliance Department, 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-AFTRA 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 website, www.sagph.org, 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 website. 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.



Network Provider Billing Practices

BlueCard PPO is the hospital and medical network provider for all Health Plan participants and their dependents. The network includes all of the local Blue Cross plans across the country and allows participants 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 you have a lower deductible and the Plan pays

a higher percentage of covered expenses. In addition, network providers have agreed to accept a designated fee schedule for their services.

Network providers are also 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 billing practices specified in their agreement with the Blue Cross/Blue Shield Association.



e-Communications – Go Paperless Today!

Sign up for e-Communications by logging into our secure website at www.sagph.org. ***You must have a valid email address on file with the Plans to register.*** Once you register, a password will be emailed to you within 24 hours.

Going paperless not only reduces paper waste, it also help the Plans save money.

You can enjoy the convenience of securely accessing information from home by signing up to receive these documents electronically:

- ✔ Premium Payment Reminder
- ✔ Health Plan Summary Plan Description
- ✔ Annual Summary of Earnings
- ✔ Explanation of Benefits
- ✔ Take 2 Newsletter
- ✔ Pension Plan Summary Plan Description
- ✔ Health Plan Identification Cards



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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	