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SOME GOOD NEWS

The Trustees are very pleased to announce that some benefit improvements have been made to the Health Plan. These are described throughout this newsletter. These improvements were made possible by favorable renegotiation of the Plan's managed care contracts as well as a lower than expected increase in health care costs and modest improvement in the investment returns.

However, the Trustees are proceeding with caution. Health care costs, particularly prescription drug expenses, are still increasing by over 10% annually and the economy is still recovering. The Trustees want to make sure that the Plan is able to continue to provide high quality health benefits to its current active participants as well as ensure a continuation of benefits for our retirees well into the future.

Minimum Earnings Requirement In Health Plan Reduced for 2006

The minimum earnings requirement for 2006 will be increased by 3% for Plan I and by 1% for Plan II, instead of the scheduled 5% increase previously announced. There will be no increase in the number of days of employment for Alternative Eligibility.

For eligibilities commencing in 2007 and 2008, the currently scheduled 5% increase will remain in effect as outlined in the chart below. However, the Trustees will re-evaluate the eligibility requirements each July to determine the new requirements for the subsequent year.

Minimum Health Plan Eligibility Requirement

	Plan I	Plan II
The first of any calendar quarter in 2006	\$28,120	\$13,790 or 74 days of employment
The first of any calendar quarter in 2007	\$29,530	\$14,480 or 78 days of employment
The first of any calendar quarter in 2008	\$31,010	\$15,200 or 82 days of employment

Calendar quarters start on January 1st, April 1st, July 1st and October 1st.



Chiropractic Benefit Increased From 8 to 12 Visits per Quarter

For chiropractic services rendered on or after October 1, 2005, the Plan will consider up to 12 visits per calendar quarter (if no other therapies are used). The current benefit is 8 visits per quarter. The Plan's allowance of \$45 per session for chiropractic service is unchanged.

The maximum number of therapy sessions the Plan will consider for *all* types of therapy combined is 12 sessions per calendar quarter and 48 sessions per calendar year.



New Federal Law Extends Self-Pay Benefits for Veterans

In accordance with the Uniformed Services Employment and Reemployment Rights Act, the Health Plan allows enrollment in the Self-Pay Program for participants whose military service (started on or after October 13, 1994) causes them to lose Earned Eligibility under the Plan. Recently, Congress passed the Veterans Benefit Improvement Act, which increases the number of months for which you are eligible to self-pay as a result of military service.

If your military service was **involuntary**, and you lose Earned Eligibility as a result of that military service, you are entitled to enroll in the Self-Pay Program on a waiver of premium basis. The waiver of premium will continue for the number of months you served in the military, up to a maximum of 24 months (up from 18 months). At the end of the waiver period, you can continue in the Self-Pay Program for up to 12 additional months, provided you have at least 17 years of Earned Eligibility in the Health Plan and the premiums for the coverage are paid.

If your military service was **voluntary**, and you lose Earned Eligibility as a result of that military service, you are entitled to enroll in the Self-Pay Program but are required to pay the premium for that coverage. Your maximum self-pay period is 24 months (up from 18 months) if you had less than 17 years of Earned Eligibility in the Health Plan or 36 months if you had at least 17 years of Earned Eligibility in the Health Plan.

Eligible veterans may enroll in self-pay up to 24 months.

Additional provisions associated with this Self-Pay enrollment are detailed in your Health Plan SPD. Complete information about the Self-Pay Program is also available on the Plans' Web site.

More Information on Medicare Prescription Drug Coverage

Medicare will implement its new prescription drug program called Medicare Part D beginning January 1, 2006. Starting this October, Medicare-eligible participants will begin receiving advertising materials from Medicare-approved Prescription Drug Plans, called PDPs. You will also receive the 2006 version of the *Medicare and You* booklet from Medicare.

The Health Plan will continue to offer its current prescription drug coverage for 2006. Since these benefits are more generous than the benefits available through the standard Medicare PDP, **you should not sign up for a Medicare PDP as long as you are eligible for the SAG-Producers Health Plan coverage.** You cannot have coverage under both Medicare Part D and the Health Plan's prescription drug program. This means that if you enroll in the Medicare PDP, you will lose your prescription drug coverage under the Health Plan.

This fall the Health Plan will provide you with a clear explanation of Medicare Part D and how it compares with your SAG-Producers Health Plan Coverage.

Women's Health and Cancer Rights Act of 1998 Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, the Health Plan provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For more information contact the Plan Office at (818) 954-9400 or (800) 777-4013.



Dental Self-Pay Option Reactivated For Grandfathered Group

Since January 1, 2002, participants enrolled in the Plan's Self-Pay Program must continue their dental benefits if they qualified for dental under their Earned coverage. If you were in the Self-Pay Program prior to this date, and declined the Plan's self-pay dental coverage because you had coverage in another group health plan at that time, you may be eligible to enroll in this Plan's dental program when your coverage terminates in the other plan. You are required to notify the Health Plan within 30 days of the loss of dental coverage under another group health plan. Additionally, you must provide a copy of the other plan's Certificate of Coverage issued in compliance with the Health Insurance Portability and Accountability Act (HIPAA).



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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 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
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	