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

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Eligibility for Extended Spousal Benefit Modified

The requirements to establish eligibility for the Extended Spousal benefit were improved effective January 1, 2006. This benefit provides Senior Performers Health Plan benefits to your qualified dependents if you meet certain requirements at the time of your death.

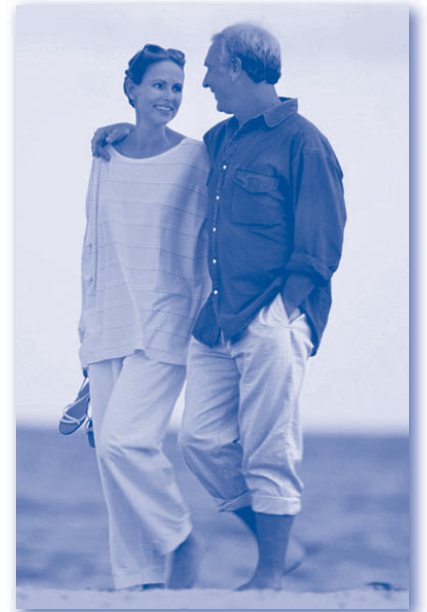
The new requirements apply if you are under age 65 when you die. They are based on a formula known as the Rule of 75 which replaces the old Rule of 85. At the time of death, your age plus the number of your Pension Credits must equal 75. In addition, you must be at least age 50 and have at least 20 Pension Credits. For example, if you die at age 50 you would need a minimum of 25 Pension Credits to meet the Rule of 75. If you die at age 53, you would need a minimum of 22 Pension Credits. If you die at age 60, you would need a minimum of 20 Pension Credits because of the 20 credit minimum.

The old Rule of 85 had a minimum age requirement of 60. The Trustees reduced the age requirement because they were concerned that an actor, who had a long career and had accumulated 20 or more Pension Credits, might die before reaching age 60 thus leaving his or her dependents without health coverage.

Extended Spousal coverage for your dependents begins when you would have reached age 65 had you lived. In the case of a participant age 50, this could be a 15-year period. The Trustees were concerned that dependents faced a potential loss of coverage until the Extended Spousal benefit would begin. To help bridge this gap, the Health Plan will allow dependents to self-pay under the Plan's Self-Pay Program until they are eligible for the Extended Spousal benefit.

If you are age 65 or older when you die, the rule for Extended Spousal coverage has not changed. Coverage is provided to your eligible dependents at no premium if you have at least 20 Pension Credits. If you have at least 15 but less than 20 Pension Credits, there is a premium equal to 25% of the cost of the coverage. Your dependents will be advised of the premium amount before coverage starts.

Although it is called the Extended Spousal benefit, coverage is available for your qualified dependent children and your surviving spouse, provided you and your spouse were married for at least 12 months immediately preceding your death. Coverage terminates if your spouse remarries.



Important: Pension Credits earned under the Alternative Eligibility Program do not count toward eligibility for the Extended Spousal benefit. Same-sex domestic partners are not eligible for the Extended Spousal benefit.

Plan's Right of Reimbursement Clarified

In response to a recent ruling by the U.S. Supreme Court, the Trustees have clarified the language regarding the Health Plan's Right of Reimbursement provisions. Benefits are not payable from the Health Plan for any illness, injury, disease or other condition for which a third party is or may be liable ("Loss"). Such third parties include, but are not limited to, organizations or individuals who caused the Loss by any act or omission and insurance carriers including insurance carriers liable under no-fault and/or uninsured motorist policies.

In the event you experience a Loss, the Plan will advance funds to you in order to assist you with the medical bills relating to the Loss in an amount not to exceed the amount of benefits to which you otherwise would have been entitled if no third party was or may be liable.

However, if you receive any funds from the Plan as a result of any Loss, you are required to reimburse the Plan for the full amount of such funds from any and all recoveries that you obtain, including any payment, judgment, settlement or other recovery from a third party. The Plan's share of such recovery will not be reduced because you have not received the full damages or recovery that you claim from the third party unless the Plan agrees to such reduction in writing.

You also agree to do the following:

- (i) notify the Plan within ninety (90) days of the date that you: (a) become aware that any third party is or may be liable for your loss and/or, (b) file a claim or institute an action against any third party;
- (ii) keep the Plan informed of the progress of any claim you assert against a third party;
- (iii) provide the Plan with information reasonably requested by the Plan regarding your claims against any third party, including filling out the Plan's questionnaire;

If a third party is liable for your illness, injury or disease, you must notify the Plan Office within ninety (90) days.

- (iv) enter into a written agreement with the Plan and instruct any attorney you may have to enter into a written agreement with the Plan (the "Lien Agreement") on a form to be provided by the Plan, whereby you grant the Plan a lien on any recoveries from a third party for the full amount of all funds advanced by the Plan related to the Loss; and
- (v) reimburse the Plan for funds advanced to you with respect to the Loss immediately upon the receipt of any recovery from a third party.

Your failure to comply with the above requirements may result in the Plan taking legal action to obtain reimbursement for amounts advanced to you for the Loss and/or by offsetting any amounts you must pay the Plan against benefits otherwise payable to you under the Plan.

**Contact the Plan Office at (818) 954-9400.
From outside the Los Angeles area, call (800) 777-4013.
Visit us online at www.sagph.org.**



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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.

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	