



<input type="checkbox"/>	INSIDE TAKE 2	<input type="checkbox"/>
<input type="checkbox"/>	Plans' Website Enhanced ..2	<input type="checkbox"/>
<input type="checkbox"/>	Sign Up for e-Communica- tions Today.....2	<input type="checkbox"/>
<input type="checkbox"/>	Notice of Creditable Coverage.....3	<input type="checkbox"/>
<input type="checkbox"/>	Colonoscopies and An- esthesia – Understanding Your Coverage.....4	<input type="checkbox"/>
<input type="checkbox"/>	Understanding Your Benefits Just Got A Little Easier.....5	<input type="checkbox"/>
<input type="checkbox"/>	Women's Health and Cancer Rights Act of 1998 Annual Notice6	<input type="checkbox"/>
<input type="checkbox"/>	Directory6	<input type="checkbox"/>

Senior Performers Health Plan Premium To Increase *Effective January 1, 2013*

The Trustees regularly evaluate the Senior Performers Health Plan benefit in order to ensure that the Health Plan continues to maintain its commitment to our long-term participants. Currently, the Health Plan has a deficit expected for the remainder of 2012 which is projected to increase for 2013. In an ongoing effort to reduce this deficit, the Trustees have made the difficult but necessary decision to raise the premiums for the Senior Performers Health Plan coverage. The Trustees realize the impact this will have on Senior Performers but believe the premium increase is necessary, at this time, in order to preserve the Senior Performers Health Plan coverage moving forward.

See "Senior Performers" on page 2 →

The new premiums are as follows:

- \$50 a month for Senior Performers with no spouse or with a spouse or a same-sex domestic partner who is age 65 or before January 1, 2013.
- \$100 a month for Senior Performers with spouses or same-sex domestic partners under the age of 65 as of January 1, 2013. Currently the Health Plan is paying as the primary Plan for spouses and same-sex domestic partners under the age of 65 because they are not yet eligible for Medicare. Costs are much higher for these spouses and partners than for Medicare-eligible spouses and partners, yet their Health Plan premium has been the same as that for couples who are both covered under Medicare.

*These new rates include coverage for dependent children.

Who is affected by the premium increase:

- All Senior Performers who have at least 20 pension credits.
- All Senior Performers who had at least 10 pension credits as of December 31, 2001 and were at least age 55 or older as of December 31, 2002.
- Dependents of deceased participants who are covered under the Extended Spousal benefit.

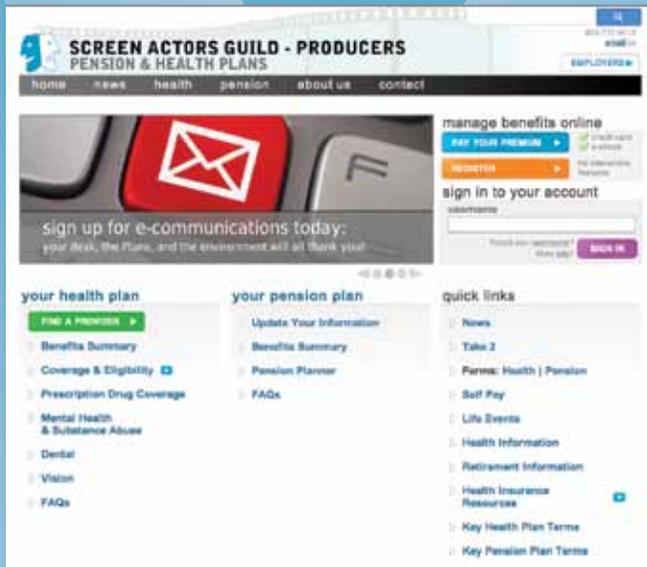
Premiums for Senior Performers who have 15 to 19 pension credits and who do not meet the grandfather requirements will remain at 25% of the cost of health coverage.

IMPORTANT NOTICE:

*Self-Pay Annual
Open Enrollment is
November 1st to
December 1st 2012*

OPEN ENROLLMENT allows you to add or remove dependent coverage for the following year. Changes in your dependent coverage may result in an increase or decrease to your monthly premium. Because Open Enrollment coincides with the annual rate increase, it is important that you review your dependent election. Open enrollment will not apply to you if your self-pay coverage ends on or before December 31, 2012. If you have no enrollment changes, simply pay your premium by the due date. Enrollment changes can be completed online.

Plans' Website Enhanced



STAY TUNED FOR THE SEPTEMBER ROLLOUT of the new SAG-Producers Pension & Health Plans website. We have been working hard to bring you a new look and functionality that's clear, clean and intuitive. We have created a site that puts you in control, with all the knowledge you need right at your fingertips. For even greater benefit, you can register for secure online access that makes it even easier for you to understand and get the most from your pension and health plans.

Sign Up for e-Communications Today. Your desk, the Plans and the environment will all thank you.

Printing and mailing all the communications that Plan participants need to receive is an expensive affair. When you sign-up for e-Communications at www.sagph.org, you'll get on-line access to Plan and benefits information whenever you want it. No more looking for notices that somehow disappeared into a sea of paper on your desk or managed to be accidentally tossed along with a stack of junk mail. **Registration** is quick. The benefits are long-lasting.

Senior Performers,

continued from page 1

Beginning in mid-November 2012 the Plan will hold an Open Enrollment period for all Senior Performers affected by this change. You will be given the opportunity to dis-enroll any family member you do not wish to cover after January 1, 2013. For those whose health premiums are automatically deducted from their monthly pension check, you will also have the option to change your premium payment method before the new rates become effective on January 1, 2013.

If you do not wish to change any of your current covered dependents no action is required on your part. There will be no disruption to your coverage as you and your qualified dependents will continue to be covered automatically.

Should you elect to change which dependents to cover please note your decision cannot be changed until the next annual Open Enrollment period unless you experience a life event. Life events include divorce, dissolution of a same-sex domestic partnership, your spouse or partner turning age 65, adoption or birth of a child, or death of a dependent. Additional special enrollment opportunities may be available if you have other health coverage, CHIP or Medicaid.

Our Participant Services representatives are available to assist you should you have any questions. Please call 800-777-4013 or e-mail us at psd@sagph.org for more information.

Notice of Creditable Coverage

Screen Actors Guild – Producers Health Plan
P.O. Box 7830, Burbank, CA 91510-7830

September 2012



This Notice contains important information about your current prescription drug coverage with the SAG-Producers Health Plan and your options under Medicare's prescription drug coverage. Please read it carefully and keep it in a safe place with your important papers.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Key Information

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare Prescription Drug Plans and Medicare Advantage plans that offer prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher premium.
2. The SAG-Producers Health Plan's existing prescription drug benefits have been determined to be "creditable coverage" which means that the Health Plan is expected to pay as much in claims for all participants as standard Medicare prescription drug coverage. Because your Health Plan drug coverage is comparable to the standard Medicare drug benefits, you do not need to join a Medicare drug plan as long as you have coverage under the Health Plan.
3. You do not need to enroll in a Medicare drug plan as long as you have coverage under the SAG-Producers Health Plan. If you do enroll in a Medicare drug plan, you will not be eligible for any prescription drug coverage from the SAG-Producers Health Plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. In addition, if you lose your Health Plan prescription drug coverage you may be eligible for a two-month Special Enrollment Period to sign up for a Medicare drug plan.

Your Choices and the Consequences

If you do not enroll in a Medicare drug plan, you will continue to receive your current prescription drug benefits from the Health Plan as long as you are otherwise eligible for Plan coverage. Remember that the Health Plan also covers hospital and medical benefits. There is no separate premium for prescription drug coverage under the Health Plan.

If you enroll in a Medicare drug plan, you will no longer receive any prescription drug coverage from the Health Plan. However, you will continue to receive medical and hospital benefits from the Health Plan as long as you are otherwise eligible for Plan coverage. If you enroll in a Medicare drug plan and later drop that coverage, you can again receive your prescription drug coverage from the Health Plan, provided you are still otherwise eligible. Your Health Plan prescription drug coverage will be effective the first of the month after your Medicare drug plan coverage ends.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose coverage with the SAG-Producers Health Plan and do not enroll in a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 days or longer without prescription drug coverage that is as good as Medicare's drug coverage, your →

monthly Medicare Part D premium may increase by at least 1% for each month that you did not have that coverage. For example, if you go 19 months without coverage, your premium for Medicare drug coverage may be at least 19% higher than what you would have paid had you enrolled as soon as you lost your Health Plan coverage. You may have to pay this higher premium for as long as you have Medicare drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or the Health Plan's Prescription Drug Coverage

Contact the Plan Office at:

- 1-800-777-4013
- 1-818-954-9400

An updated copy of this Notice will be provided annually. You will also get it before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the SAG-Producers Health Plan changes. You may also request a copy at any time by contacting the Plan Office.

Benefits under the SAG-Producers Health Plan are not vested or guaranteed. They may be modified, reduced or terminated at any time by the Board of Trustees.

For More Information About Your Options Under Medicare Prescription Drug Coverage

Detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. To get more information, you can:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see “Medicare & You” for phone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call (1-877-486-2048).

If you have limited income and assets, extra help paying for Medicare prescription drug coverage is available. Information about this help is available from the Social Security Administration:

- Visit www.socialsecurity.gov.
- Call 1-800-772-1213 (TTY 1-800-325-0778).

Keep this Notice of Creditable Coverage

If you enroll in a Medicare drug plan, you may be required to provide a copy of this Notice when you enroll to avoid paying a higher premium. This Notice verifies that you have creditable coverage with the SAG-Producers Health Plan so that you are not required to pay the higher premium.

Colonoscopies and Anesthesia

Understanding Your Coverage

A colonoscopy is one of the important wellness screenings that all participants over the age of 50 should talk to their doctor about. It is a routine procedure with little risk or discomfort that best medical practices say should be performed under moderate sedation provided by the gastroenterologist and his or her team. This level of sedation is highly effective.

Unless you have a specific medical condition that calls for drugs that can only be adminis-

tered by an anesthesiologist and that condition is substantiated by your doctor and approved by the Health Plan, the Plan will not pay for a separate anesthesiologist's charges for colonoscopy or other routine endoscopic procedures. This is a standard policy that is in line with the latest accepted medical practice guidelines.

Talk with your doctor ahead of the procedure if you have any questions about your comfort during your colonoscopy. If you have any questions about your coverage, please call the Plan Office.

Understanding Your Benefits Just Got A Little Easier

Here's what's new:

- ▶ We have highlighted **“Your Responsibility”** and broken out the charges there so you can see exactly what your **co-pay** and your **co-insurance** (the percentage of the bill you are responsible for) are.
- ▶ We have changed the title “Reason Code Messages” to **“Reason Code Explanations”** because that’s what they are. You can look here to see why a particular charge was not allowed.
- ▶ We have made it simple to see your **“Deductibles and Out-of-Pocket”** totals. Your deductible is the dollar amount you are liable for before the Plan begins covering costs. The Out-of-Pocket maximum limits the maximum amount you pay as co-insurance. For network providers, this means that once you reach your Out-of-Pocket maximum, you will not owe anything except co-pays. For non-network providers, benefits will be paid at the full amount of what the Plan allows, but you may still incur significant costs despite meeting the maximum if the provider’s charges are above the Plan’s allowance.

The Explanation of Benefits (EOB) form has been updated with a few clear, targeted changes that should make it easier for you to understand exactly what the Plan paid for, what charges you are responsible for and where you can go for more detailed information.

SCREEN ACTORS GUILD – PRODUCERS HEALTH PLAN P.O. BOX 7830 BURBANK, CA 91510-7830		EXPLANATION OF BENEFITS Questions? Call the Plan office (818) 954 - 9400 Outside of the Los Angeles Area Only (800) 777 - 4013 www.sagph.org								
Forwarding Service Requested John Doe 123 Main Street Anytown, CA 90099		CLAIM SUMMARY Claim #: 2012100991000 Participant: John Doe Patient Name: John Doe Provider: Smith, John MD SAG PHP Payment: \$62.55 Date: 07/03/2012 Payment To: Provider								
Sign up for Web access to all your information at www.sagph.org										
Claim and Payment Detail										
					Your Responsibility					
Date of Service	Type of Service	Billed Charge	Discount Amount	Allowed Amount	Non-Covered	Reason Code*	Applied to Deductible	Co-Pay	Co-Ins	Benefit Sub-total
05/08/12	Office Visit	125.00	45.32	79.68	0.00		0.00	15.00	6.47	58.21
05/08/12	O/P Lab	25.00	20.18	4.82	0.00		0.00	0.00	0.48	4.34
Claim Totals:		150.00	65.50	84.50	0.00		0.00	15.00	6.95	62.55
Coordination of Benefits				Your Responsibility			Claim Payment			
COB Allowable Expense:	0.00			Sub-Total:		21.95	SAG PHP Benefit:		62.55	
Other Carrier Paid:	0.00			Less Other Insurance:		0.00	Less Previously Paid:		0.00	
Balance:	0.00			Overpayment Applied:		0.00	Less Overpayment:		0.00	
Plan's Normal Benefit:	62.55			You may be billed by provider:		21.95	SAG PHP Payment:		62.55	
Benefits Due:	62.55									
*Reason Code Explanations										
Please Note: The allowed amount for services rendered by a network provider is based on the contract allowance. You are not responsible for charges that exceed the allowed amount.										
Please contact the Plan Office if you wish to receive the diagnosis and treatment codes for this claim, and/or the meaning of the codes.										
Deductible and Out-of-Pocket Information										
Year	Individual Major Med Deductible	Family Major Med Deductible	Individual Hosp Deductible	Family Hosp Deductible	Major Medical Out of Pocket	Hospital Out of Pocket				
2012	250.00	500.00	0.00	0.00	536.02	246.89				

We hope you find these improvements useful. As always, we welcome your comments and suggestions for any other ways we can better communicate with you.

EOBs are available online whenever you want to look at them when you register at www.sagph.org. Sign-up for e-Communications and your latest EOBs will automatically be delivered to your e-mail.



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**SCREEN ACTORS GUILD-
PRODUCERS PENSION
AND HEALTH PLANS**

PO Box 7830
Burbank, CA 91510-7830



**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.

*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) 953-2525 • 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 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	
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	