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Information When You Need It

New Automated Information Center Ready to Serve You

The newly redesigned Automated Information Center (AIC) can now give you answers to many of your Pension and Health Plan questions 24 hours a day, 7 days a week. It can handle six times the call volume of the original system, and has been updated and expanded with a new menu of available services. Now you have faster access to more information, and you can still talk with a Service Representative if you like.



AIC is fast. Obtain your information immediately without having to wait for a Participant Services Representative.

AIC is informative. Get answers to questions on claim status, eligibility, deductibles and pensions. Order claim forms, get provider addresses, phone numbers and more.

AIC is user friendly. Simply call the Plan Office and follow the voice prompts. You can get answers to several questions in one call.

AIC is convenient. Get forms faxed to you within minutes. The AIC is available 24/7. Get the information you need when it's convenient for *you*.

How to Access the Automated Information Center

1. Call the Burbank Plan Office: In the Los Angeles area call (818) 954-9400, or if you reside outside of the Los Angeles area call (800) 777-4013.
2. Enter the participant's Social Security number and follow the prompts.

Once you know the series of numerical prompts that take you where you need to go, you won't need to wait for the voice prompts in the future. Simply enter all of the numbers without interruption and the system will take you directly to the information.

Information When You Need It,

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Entering your Social Security number at the beginning of the call allows us to serve you much more efficiently. And, should you need to speak to a Service Representative, the information you requested from the menu is already displayed on the Service Representative's computer screen. Answers to your questions are not delayed by having to repeat your Social Security number. And don't forget you have access to a menu of information without having to speak with a Service Representative.

The information available through the AIC includes:

-  **Medical Claims** – Find out the status of a particular claim. The system can tell you when the claim was processed and how much was paid. (You'll need to know the date the service was provided). You can request that a duplicate Explanation of Benefits (EOB) be mailed to you the next business day. If the claim is being processed or is pending, you will automatically be routed to a Participant Services Representative for further details.
-  **Deductible** – Find out how much of your major medical and hospital deductibles have been satisfied.
-  **Eligibility** – Find out if you are currently eligible for benefits. You can also find out if you have met the requirements for future eligibility and, if not, the amount of earnings or how many days you need to qualify.
-  **Earnings** – Find out who has reported earnings on your behalf during the past 90 days. The system will give you information on the most recent nine employer reports during that period. For your privacy, the amount of earnings is not provided on the automated system.
-  **Forms** – Choose from a list of commonly used Pension and Health Plan forms and have them faxed to you within minutes. (also available on the Plans' Web site: www.sagph.org)
-  **Phone Numbers** – Get the phone numbers for the Health Plan's managed care providers, including PHCS, Blue Cross of California, Delta Dental, UBH and VSP. (also available on the Plans' Web site: www.sagph.org)
-  **PHCS Provider List** – Obtain a list of PHCS providers in your area. You can choose from selected specialties such as family practitioners, internal medicine, OB/GYN, chiropractors, pediatricians and physical therapists. The customized list will be mailed to you on the next business day. (also available on the Plans' Web site: www.sagph.org)

For your security the AIC system does not provide any confidential information such as, medical diagnosis or earnings amounts. What it does provide is the convenience of 24/7 accessibility and ease of use. We hope you'll give it a try. One helpful hint, which may make using the system easier: listen to the full menu before making your selection. If you have trouble – or just prefer the sound of a live voice on the other line – simply follow the prompts and a Service Representative will be happy to assist you.



Senior Performers Health Plan Modified

If you are not currently retired or retirement is many years away, you may not know about one of the Health Plan's most important benefits – Senior Performers Health Coverage.

Approximately 5,000 of your fellow actors age 65 and over receive their health care benefits through the Senior Performers Health Plan. Most seniors would not be able to survive the high cost of health care for items such as prescription drugs without the benefits of the Senior Performers Health Plan.

Although you may not have given much thought to the future costs of health care during your retirement years, your Health Plan Trustees have thought a lot about this subject lately. Similar to the Federal government addressing the issue of Medicare, your Trustees have been looking into the future.

The most important issue the Trustees addressed was whether the Health Plan will be able to offer future generations the same Senior Performers Health coverage that is enjoyed today. What actions could be taken today to preserve this benefit for performers in the future?

The Trustees became concerned when they reviewed the retiree health cost projections prepared by their actuary, The Segal Company. These projections showed that the sheer number of baby boomers entering retirement could force dramatic cuts to our Senior Performers Health coverage. With the clock ticking and the first boomers retiring 10 years from now, the Trustees were committed to developing a plan to preserve retiree benefits.

The conclusion the Trustees reached was that in the future we could no longer continue to offer this benefit to people with reduced careers. Recall that Senior Performers coverage is currently offered to people age 65 and over who have 10 or more Pension Credits. Although they qualify for benefits by working only 10 years in the industry, they could easily receive coverage in the Senior Performers Plan for 20 or more years – much longer than their working careers. This is a situation we can no longer afford.

The following changes were made by the Trustees effective January 1, 2002:

- The eligibility requirement for Senior Performers Plan I is increased from 17 Pension Credits to 20 Pension Credits.
- Participants who have at least 15 but less than 20 Pension Credits can obtain coverage under Senior Performers Plan I by paying a premium equal to 25% of the actual cost of the coverage. The actual premium will be determined at the time coverage starts and will be adjusted from time to time by the Trustees based on the experience in the Plan.
- Senior Performers Plan II is eliminated.

To ensure that no current Senior Performer participants lose coverage as a result of these changes and in fairness to those participants who have already met the current minimum Pension Credit requirement and are relatively close to age 65, the Trustees adopted the following exception:

Participants who have at least 10 Pension Credits as of December 31, 2001, and who are age 55 or older as of December 31, 2002, will be eligible for Senior Performers Plan I coverage at age 65.

\$10 For a 90 Day Supply of Medication!

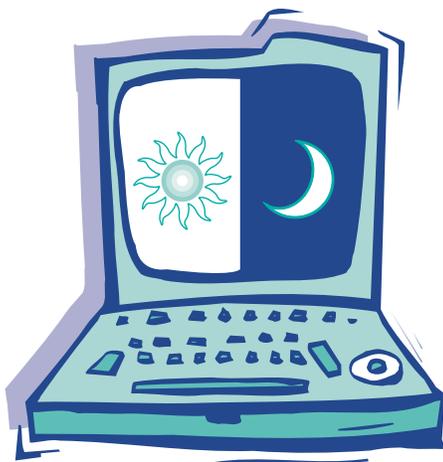
If the cost of your long-term maintenance type medication is making your bank account sick, we have just the right prescription: The Mail Service Program. As the name implies, your prescriptions are filled and sent directly to your home through the mail.

Designed for individuals who are taking long term maintenance type medication, the Mail Service Program allows up to a 90 day supply of medication and unlimited refills for a flat \$10 per prescription with no deductible. Whether your medications cost \$50 or \$500, your total cost is only \$10 per prescription.

If you fill your prescriptions through:	Your Calendar Year Deductible is:	Your Copayment per prescription is:
A Retail Pharmacy	\$50/person; \$100/family	\$10 or 20% (whichever is greater) up to \$35
Mail Service Program	\$0	\$10

You can use the mail service program for new prescriptions or for refills. For new prescriptions either mail your prescription with an order form and the copayment or have your doctor fax the prescription by calling (888) EASYRX1. For refills, either mail your prescription, call (800) 4REFILL or access the Web site at www.merckmedco.com.

The Plans' Web site is Also Open 24/7: www.sagph.org



For an even more comprehensive selection of information than what is available through the AIC, go online with www.sagph.org, the Web site of the Screen Actors Guild-Producers Pension and Health Plans.

Review back issues of our newsletter, Take 2. Peruse Pension and Health Plan FAQs. Study the complete text of both Pension and Health Plan SPD's. Locate network providers. Download forms. Check out the links to other health and pension issues and assistance organizations. Use the Life Event Guide to easily and thoroughly find out how changes like adding a new dependent or spouse affect your benefits and what steps you need to take, such as notifying the Plan Office.

Results of Dependent Audit Program – 15% of Dependents Ineligible for Coverage

You may be receiving – or have already received – a letter from the Health Plan requesting documentation to verify the eligibility of the dependents you listed on your Master Data Card. Why is the Plan asking for this information?

In March of last year, the Plan implemented the Dependent Audit Verification Program because we became aware of several situations in which ineligible dependents were receiving Health Plan coverage. The Audit Program verifies that the Health Plan is only providing benefits to those dependents who meet the Plan’s eligibility requirements.

Results of the initial audit revealed that the majority of dependents were, in fact, legal dependents of our participants. A total of 9,463 dependents were audited, of which 8,008 were verified as eligible. However, 1,455 were found to be ineligible for benefits and their health coverage was terminated. The Plan is actively pursuing recovery of over \$275,000 in benefits paid on behalf of these ineligible dependents.

The Plan Office is committed to auditing 100% of the dependents we have on file.

The Plan Office is committed to auditing 100% of the dependents we have on file. You can help us by being prepared with copies of documentation should you receive a dependent audit letter in the mail. Requests for documents will vary based on your personal family profile. For example, if you are married, the Plan Office will need a copy of your recorded marriage certificate, if you have children listed, we will need a copy of each child's recorded birth certificate. Failure to respond to a dependent audit request can lead to a loss of benefits for your dependents, so your cooperation is important and appreciated.

If you need assistance in locating a regional Vital Statistics or Public Health office to request duplicate birth or marriage documents, or have a question regarding acceptable documentation for dependents, please call the Plan Office. You may be able to obtain information on needed documents directly from the Internet at www.vitalrec.com.

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 service 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.

Notice To Interested Parties

1. Notice to all actors and employees whose services are subject to a collective bargaining agreement between the Screen Actors Guild and producers as well as employees of the Screen Actors Guild-Producers Administrative Corporation. An application is to be made to the Internal Revenue Service for an advance determination on the qualification of the following employee pension benefit plan:

2. Plan: The Screen Actors Guild-Producers Pension Plan For Motion Picture Actors

3. Plan number: 001

4. Applicant: Board Of Trustees
The Screen Actors Guild-Producers Pension Plan
Business Arts Plaza
3601 West Olive Avenue
P.O. Box 7830
Burbank, California 91510-7830

5. Applicant ein: 95-6031814

6. Plan administrator: Board of Trustees
Screen Actors Guild-Producers Pension Plan
Business Arts Plaza
3601 West Olive Avenue
P.O. Box 7830
Burbank, California 91510-7830

7. The application will be filed on December 10, 2001 for an advance determination as to whether the Plan meets the qualification requirements of section 401 or 403(a) of the Internal Revenue Code of 1986 with respect to the Plan's amendments. The application will be filed with:

Key District Director
Internal Revenue Service
Ohio Key District Office
P.O. Box 192
Covington, Ky 41012-0192

8. The employees eligible to participate under the Plan are actors and employees whose services are subject to a collective bargaining agreement between the Screen Actors Guild and producers, as well as employees of the Screen Actors Guild-Producers Administrative Corporation and who otherwise meets the eligibility requirements as set forth in the plan document.

9. The Internal Revenue Service has previously issued a determination letter with respect to the qualification of this Plan.

Rights of Interested Parties

10. You have the right to submit to the Key District Director, at the above address, either individually or jointly with other interested parties, your comments as to whether this Plan meets the qualification requirements of the Internal Revenue Code.

You may instead, individually or jointly with other interested parties, request the Department of Labor to submit, on your behalf, comments to the Key District Director regarding qualification of the plan. If the Department declines to comment on all or some of the matters you raise, you may, individually, or jointly if your request was made to the Department jointly, submit your comments on these matters directly to the Key District Director.

Requests For Comments By The Department Of Labor

11. The Department of Labor may not comment on behalf of interested parties unless requested to do so by the lesser of 10 employees or 10 percent of the employees who qualify as interested parties. The number of persons needed for the Department to comment with respect to this Plan is 10. If you request the Department to comment, your request must be in writing and must specify the matters upon which comments are requested, and must also include:

- (1) the information contained in items 2 through 5 of this notice; and
- (2) the number of persons needed for the Department to comment.

A request to the Department to comment should be addressed as follows:

Deputy Assistant Secretary
Pension And Welfare Benefits Administration
Attn: 3001 Comment Request
U.S. Department Of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Comments To The Internal Revenue Service

12. Comments submitted by you to the Key District Director must be in writing and received by him by January 24, 2002. However, if there are matters that you request the Department of Labor to comment upon on your behalf, and the department declines, you may submit comments on these matters to the Key District Director to be received by him within 15 days from the time the Department notifies you that it will not comment on a particular matter, or by January 4, 2002, whichever is later, but not after January 24, 2002. A request to the Department to comment on your behalf must be received by it by January 4, 2002 if you wish to preserve your right to comment on a matter upon which the Department declines to comment, or by January 4, 2002 if you wish to waive that right.

Additional Information

13. Detailed instructions regarding the requirements for notification of interested parties may be found in section 17 and 18 of Rev. Proc. 97-6. Additional information concerning this application (including, where applicable, an updated copy of the plan and related trust; the application for determination; any additional documents dealing with the application that have been submitted to the Service; and copies of section 17 of Rev. Proc. 98-6 are available at the Plan Administrator's address, as given above, during the Plan Administrator's normal hours of operation for inspection and copying. There is a nominal charge for copying and/or mailing.



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

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PO Box 7830
Burbank, CA 91510-7830



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PRE-SORT
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★
★ *Holiday Greetings* ★
★ *from* ★
The Board of
Trustees and Staff
of the Screen
Actors Guild -
Producers Pension
and Health Plans

PENSION AND HEALTH PLAN DIRECTORY

Burbank Plan Office: (818) 954-9400
From outside the Los Angeles area: (800) 777-4013
Fax: (818) 953-2507
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**
 - Merck-Medco.....(800) 903-4728
 - Prescription Pre-Authorizations(800) 753-2851
- NEW YORK Plan Office**(212) 382-1020
1500 Broadway #1705, New York, NY 10036
- SOUTHEASTERN Plan Office**(305) 670-9795
7300 North Kendall Drive #620, Miami, FL 33156

