

The Screen Actors Guild-Producers Pension and Health Plans

Important Benefit Updates

Volume XXIV, Number 1 Spring 2016

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Getting the Most Out of Your Health Plan Benefits

ave money and maximize your Health Plan benefits by using a BlueCard PPO network provider and facility. It's also important to know that not every treatment or service your doctor recommends is covered by your insurance, regardless of whether you're in or out of the network. Covered services are described in the Summary Plan Description available at www.sagph.org.

To get the most out of your benefits, be sure to verify that your:

- treatment or procedure is covered.
- providers are in the BlueCard PPO network.
- facility is in the BlueCard PPO network.

You can also call and check with the Health Plan if you have any questions.

Save More by Staying in Network

The Health Plan pays 90% of the allowed benefit for covered services when you stay in the BlueCard network of general practitioners and specialists because they have agreed to accept a specific payment amount.

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Important Changes to the Same-Sex Domestic Partner Program

n June 26, 2015, the U.S. Supreme Court ruled that states cannot prohibit the issuing of marriage licenses to same-sex couples. As a result, the right to marry now applies to same-sex couples nationwide.

After considering the impact of that decision and the approaches taken by the other entertainment industry funds, the Trustees of

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Getting the Most Out of Your Health Plan Benefits

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By staying in the network, you can avoid higher costs. If you go to a provider who is out of the network, you might be responsible for up to thousands of extra dollars.

In California, the Health Plan's contract with UCLA-Motion Picture & Television Fund (MPTF) and The Industry Health Network (TIHN) features no annual deductible for primary care. You can use its physicians and health centers in the Los Angeles area (www.uclahealth.org/mptf) to save even more.

To schedule an appointment with a primary care physician or get a referral to a TIHN specialist, call (800) 876-8320.

Note that not all UCLA doctors participate in MPTF or TIHN.

Non-Network Services Mean Higher Costs

You have the option of using non-network providers, but this typically means higher costs for you. The Health Plan pays only 70% of the Plan's allowance, deductibles are double the

network amount, and the coinsurance is 30% of the allowance.

Additionally, unlike network provider services, you are liable for the difference between the total charge and the allowable amount.

Also, be aware that the Health Plan does not provide benefits for non-network hospital/facility services except for emergency treatment within 72 hours of an accident or 24 hours of a sudden and serious illness.

The bottom line is that you save money and maximize your Health Plan benefits by using a BlueCard PPO network provider and facility.

Check to see whether your doctor is a member of the network by visiting www.sagph.org and clicking on "Find Network Providers."

Network vs. Non-Network Provider (Example of Your Costs)

Amount Billed	Allowable Amount	Copay	Health Plan Pays	Amount Applied To Your Coinsurance Out-of-Pocket Limit	Your Responsibility	
Network						
\$200	\$115	\$15	\$90 (90%)	\$10	\$15 + \$10 = \$25	
Non-Network						
\$500	\$145 (\$355 difference)	\$15	\$91 (70%)	\$39	\$15 + \$39 + \$355* = \$409	

^{*}With non-network providers and services, you are liable for the difference between the total charge and the allowable amount.

Tips to Lower Your Costs

- Verify that your surgeon, hospital or surgical center, and anesthesiologist are all Anthem BlueCard-contracted providers.
- In Los Angeles, use UCLA-MPTF facilities, physicians and TIHN network-referred providers.
- Use urgent care centers over hospital emergency rooms for non-life-threatening conditions.
- Use non-hospital diagnostic centers or labs for x-rays or lab work. Using a hospital for these services will result in two bills: one from the hospital and one from the doctor reading the results.

Important Changes to the Same-Sex Domestic Partner Program

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the Screen Actors Guild Producers-Pension and Health Plans will no longer offer the domestic partner program.

Effective January 1, 2017, the Health Plan will only recognize legally married spouses as qualified dependents. This means that in order to continue coverage for your same-sex domestic partner after January 1, 2017, you must be legally married.

A copy of your recorded marriage certificate filed with the state must be submitted to the Health Plan within 30 days of the recording date

for your same-sex domestic partner to continue coverage after January 1, 2017.

During Open Enrollment you may also make changes to your covered dependents by providing the required documents as outlined in the 2013 Health Plan Summary Plan Description and on the New Dependent Form.

If you have any questions, please contact the Participant Services Department Monday through Friday from 8:30 am to 5:00 pm Pacific Time at (800) 777-4013.

Anthem Offers Identity Protection To All Health Plan Participants

ver the past few years, we have seen an increase in cyber attacks that have compromised the integrity of corporations and individuals alike. As a reminder, Anthem continues to help keep your information safe by offering free AllClear ID identity protection to all participants.

Here's how it works:

 AllClear Identity Repair — no enrollment required. This service is automatically available to eligible participants and dependents. If you become a victim of identity theft, an AllClear investigator will act as your guide and advocate from start to finish until the issue is resolved.

AllClear Credit and Identity Theft Monitoring —
 enrollment is required. This service adds an
 extra layer of protection to help you stay
 informed of your credit activity. Once you sign
 up, you'll receive alerts when banks and
 creditors open new accounts in your name. If
 something does not seem right, you can contact
 them right away.

Visit Anthem Blue Cross at www.anthemfacts.com for more information. To enroll, visit anthemcares.allclearid.com or call (855) 227-9830, Monday through Saturday from 8:00 am to 8:00 pm Central Time.

Working After You've Taken Your Pension



chieving financial security during your retirement requires planning and an understanding of your projected costs and income needs. If you continue to work after you take your pension, be aware that certain conditions apply to how much you are permitted to earn while maintaining your benefit amount.

Retired, Over Age 65

If you are over 65 and retired, being employed in any capacity will not reduce your pension benefits — you are still entitled to receive your full pension.

Retired, Under Age 65

If you are retired and under age 65, working as an actor may affect your pension. For example, if in any one month your **sessional** earnings are greater than \$6,400, your pension will be suspended for that month. (\$6,400 equals 7 times the day player rate under the TV-Theatrical Agreement, rounded up to the next \$100.)

As soon as your monthly sessional earnings drop below \$6,400, your pension will resume at the same amount you were receiving prior to the suspension. If, during that year, you don't earn enough to achieve a pension credit, the suspended month's payment will be refunded to you.

The good news is that if your pension is suspended, and you have enough earnings during the year to earn a pension credit, your post-retirement earnings will be considered when your pension is re-calculated at age 65. This may increase your pension amount.

Inform Us of Your Work Plans in Retirement

If you are younger than age 65, collecting a pension, and are actively employed in the industry, please remember to notify the Pension Plan within 15 days following the commencement of your employment. At that time, we will examine your return-to-work sessional earnings and determine whether any pension payments are subject to suspension.

Use Direct Deposit for Your Pension

Avoid potential delays - sign up for direct deposit to receive your pension payment electronically. Visit www.sagph.org, download and complete the Direct Deposit Authorization form, and return it to the Pension Plan.

If you have any questions, please contact (800) 777-4013 ext. 2020.



Health

1) I know that routine physicals and mammograms are covered annually. Do I need to wait exactly 12 months before having another check-up or screening?

No. The Health Plan covers each of these examinations once per *calendar year*. If your last physical or mammogram was in July 2015, another will be covered as of January 2016.

2) Is a pre-authorization required for MRI/CT scans?

No. The Health Plan requires only that such diagnostic exams are ordered by a covered provider (M.D., D.O.).

3) Even though my SAG-Producers Health Plan coverage is secondary to my primary plan coverage, can the Health Plan cover my prescription drugs through Express Scripts?

No. You cannot use the Express Scripts prescription drug benefit when the SAG-Producers Health Plan is your secondary plan coverage unless your primary coverage does not include prescription drug benefits. If this is the case, the SAG-Producers Health Plan will provide prescription drug coverage through Express Scripts. Your primary plan prescription drug copay may be reimbursed by the SAG-Producers Health Plan after satisfying either the medical non-network Plan I deductible of \$500 or the Plan II deductible of \$750. Once your deductible is

Frequently Asked Questions

satisfied, the Health Plan will reimburse you up to 70% of the copay.

4) If I see a physician at one of the UCLA Health-MPTF facilities, do I have any out-of-pocket costs for the visit or service?

Yes. Going to one of the UCLA Health-MPTF clinics or seeing a specialist in The Industry Health Network (TIHN) with a referral waives your calendar year medical Plan I deductible of \$250 or Plan II deductible of \$500. However, you are still responsible for either your Plan I copay of \$15 plus 10% coinsurance, or your Plan II copay of \$25 plus 10% coinsurance.

Pension

5) When is my pension paid?

Pension benefits are paid on the first of the month. If you set up direct deposit or a debit card, your pension payment will be electronically sent to your bank or debit card and the funds will be available on the first of the month. Please contact the Pension Plan for more information about how to obtain a debit card.

6) Can I take my pension benefit if I am not vested?

No. In order to receive any benefit you must meet the minimum eligibility and vesting requirements of the Pension Plan.





SCREEN ACTORS GUILD — PRODUCERS PENSION AND HEALTH PLANS

PO Box 7830 Burbank, CA 91510-7830

Important Benefit Updates

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 2

PENSION AND HEALTH PLANS DIRECTORY

Burbank Plan Office: (800) 777-4013 Fax: (818) 953-9880 • Email address: psd@sagph.org

website: www.sagph.org

NEW YORK Plan Office (212) 599-6010

275 Madison Ave. #1819, New York, NY 10016

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						
Beacon Health Options	(866) 277-5383					
Information on Dental Claims						
Delta Dental — Member Serv	vices (800) 846-7418					
— Directories	(800) 846-7418					
Information on Prescription Drugs						
Express Scripts	(800) 903-4728					
Prescription Pre-Authorizations						