SAG·AFTRA
HEALTH PLAN

3601 W. Olive Ave., Burbank, CA 91505
Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830
P (800) 777-4013 • F (818) 953-9880
www.sagaftraplans.org/health

Summary of Material Modifications – November 2025

This Summary of Material Modifications ("SMM") describes changes the Board of Trustees made to the SAG-AFTRA Health Plan (the "Plan") **effective January 1, 2026** related to:

1. Integration of Behavioral Health (mental health and substance use disorder benefits) with Anthem.
2. New Anthem Select network of Providers and Hospitals for residents of New York, New Jersey and Georgia.
3. Change to the Out-of-Network Claim filing deadline (for both provider-submitted and participant-submitted claims).
4. Elimination of certain limits for:
    a. Therapy visits;
    b. Cardiac and cerebrovascular rehabilitation;
    c. Nutritional counseling; and
    d. Foot orthotics
5. Coverage of non-emergency ground ambulance services under certain circumstances.

Beginning January 1, 2026, the following changes take effect and modify the terms described in the Plan's 2023 Summary Plan Description ("SPD") as follows:

1. Integration of behavioral health benefits with Anthem:
    a. Anthem Behavioral Health will replace Carelon Behavioral Health as the Plan's behavioral health network.* The In-Network Level of Benefits will only apply to Providers and Hospitals in the Anthem Behavioral Health network for mental health and substance use disorder services. Mental health and substance use disorder services received from Providers and Hospitals outside of the Anthem Behavioral Health network are treated as Out-of-Network and, if covered, are paid at the Out-of-Network level of benefits.

    In certain situations, such as when there is no In-Network Provider or Hospital in your area or a claim is subject to the No Surprises Act, Out-of-Network services may be subject to the In-Network Level of Benefits. Please refer to the 2023 SPD for more information on these exceptions.

    b. You may find a Provider or Hospital in the Anthem Behavioral Health network by accessing the Sydney Health app or Anthem Member Portal (www.anthem.com/ca) and searching specifically for Providers and Hospitals in the Anthem Behavioral Health Network.

    c. If you have any questions regarding a Provider or Hospital's network status, you may also contact Anthem at (833) 414-5790.

2. New Anthem Select network for residents of New York, New Jersey and Georgia:
    a. Residents of New York, New Jersey and Georgia will now access Providers and Hospitals in those states through Anthem's Select network.* For residents of these states, the In-Network Level of Benefits will only apply to Providers and Hospitals in the Anthem Select network. Services received from Providers and Hospitals outside of the Anthem Select network in these states are treated as Out-of-Network and are paid at the Out-of-Network level of benefits. If you are a resident of New York, New Jersey or Georgia, when you travel outside of your home state, you will continue to have access to the broad BlueCard PPO network for the In-Network Level of Benefits.

In certain situations, such as when there is no In-Network Provider or Hospital in your area or a claim is subject to the No Surprises Act, Out-of-Network services may be subject to the In-Network Level of Benefits. Please refer to the 2023 SPD for more information on these exceptions.

b. You may find a Provider or Hospital in the Anthem Select network by accessing the Sydney Health app or Anthem Member Portal and searching specifically for Providers and Hospitals in the Anthem Select network by using your alphabetical prefix on your ID card.

c. If you have any questions regarding a Provider's network status, you may also contact Anthem at (833) 414-5790.

* If the changes described in items 1 and 2 above result in your Provider or Hospital becoming Out-of-Network, in limited situations, you may be provided "continuity of coverage" as described in the 2023 SPD. Specifically, if you are a "Continuing Care Patient," you will be notified of the contract termination and your right to elect continued transitional care from the Provider or facility, and you will be allowed ninety (90) days of continued transitional care from the Provider or facility at In-Network cost-sharing to allow you time to transition to a new In-Network Provider or facility (provided you remain eligible for Plan coverage). A Continuing Care Patient is an individual, who, with respect to a Provider or facility: (1) is undergoing a course of treatment for an acute illness (serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm) or chronic illness or condition (life-threatening, degenerative, potentially disabling, or congenital, and who requires specialized medical care over a prolonged period of time); (2) is undergoing a course of institutional or inpatient care from the Provider or facility; (3) is scheduled to undergo nonelective surgery from the Provider, including receipt of postoperative care from such Provider or facility; (4) is pregnant or undergoing a course of treatment for the pregnancy from the Provider or facility; or (5) is or was determined to be terminally ill (under SSA § 1862(dd)(3) (A)) and is receiving treatment for such illness from such Provider or facility. If you believe you are a Continuing Care Patient and you do not receive a notification of your right to continuity of coverage, please contact Anthem at (833) 414-5790.

3. Change to Out-of-Network Claim filing deadline:
    a. Out-of-Network Providers must submit Claims no later than 365 days after the date of service. If you visit an Out-of-Network Provider and pay for services up front, you will also have 365 days from the date of service to submit your claim. The claims submission process remains the same.

4. Elimination of specific limits for:
    a. Therapy visits: Instead of having quarterly limitations on the number of visits for certain therapies, these therapies will now be reviewed for Medical Necessity once a certain number of annual visits has been reached. The number of annual visits is as follows:
        i. 30 combined visits for:
            - Chiropractic, osteopathic and manipulative therapy
        ii. 30 visits each for:
            - Physical therapy
            - Occupational therapy
            - Speech therapy
            - Vision therapy
        iii. 20 visits each for:
            - Acupuncture
            - Biofeedback

Therapy visits listed above will be paid based on Anthem's Contract Rate for In-Network Providers or the Plan's Out-of-Network Allowance for Out-of-Network Providers, as applicable. Deductibles and coinsurance still apply.

b. Limitations on length and timely commencement of cardiac and cerebrovascular rehabilitative therapy are removed.

c. Visit limits for nutritional counseling are removed. Nutritional counseling is still only available for certain chronic illnesses such as diabetes (including gestational diabetes), coronary artery disease, ulcerative colitis, Crohn's disease, malabsorption syndrome, cystic fibrosis, HIV/AIDS, cancer, or a mental health or substance use disorder, such as an eating disorder. Also, the requirement to specifically see a Registered Dietitian for nutritional counseling is removed.

d. Age- and time-specific limits for foot orthotics are removed.

5. Coverage of non-emergency ground ambulance services under certain circumstances:
   a. Subject to a review to determine Medical Necessity, certain non-emergency ground ambulance services will be covered by the Plan. For example, this includes transportation to a step-down rehabilitative facility from an inpatient Hospital or other facility. The Plan will continue to exclude services provided to relocate a patient for family or personal convenience.

As with all benefits provided by the Plan, services are subject to review for Medical Necessity. While pre-authorization is not required, we do encourage you to reach out to Anthem if you have questions about whether or not a service will be covered, especially if you see an Out-of-Network Provider.

******

You should take the time to read this notice carefully and share it with your family (please note that this document applies to those covered under the Active Plan). It is very important that you retain this notice, which is intended to serve as a Summary of Material Modifications ("SMM") to the Plan, with the 2023 SPD and prior notices issued after the SPD. While every effort has been made to make the SMM as complete and as accurate as possible, it does not restate the existing terms and provisions of the Plan other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the applicable SPD will govern in all cases. The Board of Trustees or its duly authorized designee reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan or any benefits provided under the Plan (or qualification for such benefits), in whole or in part, at any time and for any reason (including, but not limited to, with respect to retirees).