

SAG·AFTRA HEALTH PLAN



NEWSLETTER
November 2017



CONFRONTING THE RISING COSTS OF PRESCRIPTION MEDICATIONS

As health care providers and consumers grapple with increasing pharmaceutical costs, the Plan also feels the impact. The Trustees are constantly monitoring the rising costs to understand how this affects both our Plan and participants. To address the issue, the Plan uses several approaches to help manage our costs and save you money.

1

EXPRESS SCRIPTS PHARMACY BENEFIT MANAGER

The Plan contracts with Express Scripts for your prescription drug coverage. Express Scripts covers 83 million members nationally, providing significant bargaining power with pharmaceutical companies. This helps us to offer quality, sustainable, and affordable benefits to the greatest number of participants possible.

2

EXPRESS SCRIPTS NATIONAL PREFERRED FORMULARY

The primary way the Plan leverages Express Scripts' negotiating power is through the National Preferred Formulary, which is a list of covered generic and brand-name drugs that you and your doctor can choose from when determining your treatment. The formulary has been developed by an independent panel of medical experts who periodically review the list to add new drugs and exclude others that may have clinically equivalent alternatives. This helps to ensure that the medications included in the formulary are cost-effective and clinically appropriate.

3

ENTERTAINMENT INDUSTRY PHARMACY PURCHASING COALITION (EIPPC)

The Plan is also part of the EIPPC, which is a coalition of industry health plans including the PWGA Pension and Health Plans, DGA-Producer Pension and Health Plans, and Motion Picture Industry Pension & Health Plans. As part of this coalition, we are able to combine our purchasing power and negotiate better pricing, which means more savings for you.



IN THIS ISSUE

Page 1 Confronting the Rising Costs of Prescription Medications

Page 2 Get a Jump on your New Year's Resolution: Quit for Life

Page 3 Coping with the Holiday Blues

Page 4 Five Things to Know about the SAG-AFTRA Health Plan

Page 5 2018 Benefit News

Page 3

RISING COSTS OF PRESCRIPTION MEDICATIONS (*continued*)

...continued from Page 1

CHANGES FOR 2018

Out of the nearly 3,700 drugs currently on the formulary, 64 will be moved to the excluded medications list on January 1, 2018, affecting .7 percent of covered participants and dependents. In order for a drug to be excluded, it has to fall into one of two categories: multi-source brand exclusion or single-source brand exclusion with a clinically-similar alternative.

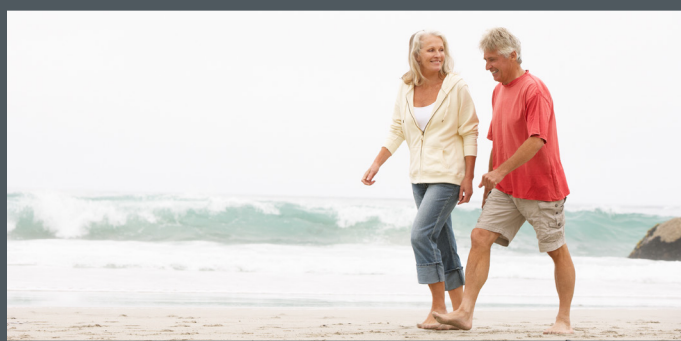
- Multi-source brand exclusion drugs are brand-name medications that have generic equivalents covered under the formulary. Although the generic drugs may look different than their brand-name counterpart, they contain the same active ingredients.

- Single-source brand exclusion drugs are brand-name medications that have patent protection. While a drug has patent protection, no other drug company is permitted to manufacture a generic equivalent. When this type of drug is excluded from the formulary, it is because there is a drug that has been clinically proven to achieve the same health outcome at a lower cost.

As the development of new prescription drugs continues to revolutionize health care, the Trustees will continue working on your behalf to address the national challenge of rising pharmaceutical costs and monitor the impact of those costs on the Plan, with an eye toward maintaining a robust benefit for as many participants as possible.

Article: 2018 Benefit News

GET A JUMP ON YOUR NEW YEAR'S RESOLUTION: QUIT FOR LIFE



Have you made a resolution to quit tobacco in 2018?

Quitting tobacco may be the best thing you can do for your health. If you're like millions of Americans, you don't want your resolution to be gathering dust by the time February comes along. Luckily, the free [Quit for Life® Program](#) is available to help you quit using tobacco for good.

Quit for Life's expert Quit Coaches will help you create and follow a tailored Quitting Plan. You'll have their support via unlimited one-on-one coaching on the phone, available 24 hours a day, seven days a week.

By joining the Quit for Life Program, you will also receive:

- A printed Quit Guide to track your custom-developed Quitting Plan and help you through any difficult situations.

- An eight-week supply of nicotine replacement therapy to aid with cravings and advice on which type, dose and duration of nicotine substitute or medication is right for you.

- Membership to Web Coach, a private, online community where you can complete activities, watch videos, track your progress and join discussions with other participants and coaches.

Don't wait until January; start working toward accomplishing your New Year's Resolution now. Quit for Life will provide you with the tools, knowledge and confidence you'll need to deal with the emotional, behavioral and environmental factors that often lead you to use tobacco. Best of all, Quit for Life is free for Plan participants and their dependents. Enroll today by calling (866) 784-8454, or log on to www.quitnow.net/sag-aftra for details.

Source: Quit for Life

COPING WITH THE HOLIDAY BLUES

Most people look forward to the holidays as cheerful, optimistic times. Unfortunately, these hopes are not always matched by reality, and the holidays can leave some people feeling blue. Although signs and symptoms of depression can vary from person to person, they can include some or all of the following: persistent sadness, increased crying, decreased interest in favorite activities, more frequent physical complaints, anxiety, inability to concentrate, feeling sluggish, irritability, changes in eating or sleeping patterns, increased use of alcohol or drugs and thoughts of suicide.

WHAT YOU CAN DO

It is important to realize that the holiday season is stressful and can trigger both happy and painful memories. There are, however, steps you can take to decrease your chance of falling into a holiday slump.

Accept your feelings. Don't criticize yourself for feeling blue. Instead, seek out ways to change your routine in order to change your mood. Spending time outside in the sunlight walking, exercising or even doing yard work can elevate your mood. You can also change your mood by listening to upbeat music, journaling about your feelings and the things you are grateful for, meditating or visiting a museum in order to learn something new.

Join the fun when you can. If you're feeling blue, it's difficult to have enthusiasm for gift giving or parties. However, a little fun might pick up your spirits, so participate in holiday events at a level that feels comfortable to you while trying not to isolate yourself entirely.

Volunteer to help people, animals or the environment. When you invest time in a cause that is dear to you, you'll feel good about making a difference and distract yourself from your own worries.

Take care of yourself. A well-balanced diet, moderate exercise and plenty of sleep will help you maintain your mood and energy.

Start new traditions. If you've recently lost a loved one, if this is the anniversary of such a loss or if your living situation has changed and you're away from loved ones, consider new holiday traditions. Over time, you will look forward to these new traditions.

Reduce alcohol consumption. Because alcohol is a depressant, excessive drinking will make you feel more "blue."

Don't be afraid to reach out for help. Talk to friends and loved ones about how you are feeling. If you can't shake the blues, consider seeking professional help. To find an in-network mental health provider near you, go to sagafttraplans.org/docsearch and scroll down to select Beacon Health Options. Once on the Beacon website, select "Find Services" and then "Providers." From there, you can search for outpatient therapy providers, as well as hospital and long-term programs based on where you live and the type of service you are seeking.

Source: Beacon Health Options

Five Things to Know About the SAG-AFTRA Health Plan

Have you ever wondered if your union dues go toward your health benefits or how the Plan is governed?

Here are five important facts you should know about the Plan.

1

The Plan is a self-funded, self-insured multiemployer health plan governed by the Employee Retirement Income Security Act of 1974 (ERISA). ERISA is a federal statute enacted to protect participants and their beneficiaries, including requiring the Plan to provide you with timely information and a grievance and appeals process. ERISA also exempts the Plan from having to cover state-mandated benefits.

2

The Plan's Board of Trustees is made up of an equal amount of Union representatives and employer representatives. The full board meets throughout the year to review Plan policies, benefits and administration. Some Trustees serve on various committees including appeals, benefits, and investments. The Trustees are committed to protecting the sustainability of Plan benefits in order to continue meeting the health needs of Union members for decades to come.

3

The SAG-AFTRA Health Plan is not part of the SAG-AFTRA Union. This is perhaps the biggest misconception about the Plan. Your Union dues do not fund the Plan, nor does the Union itself.

4

When you perform SAG-AFTRA contracted work, the employer makes a contribution to the Plan. Contributions are made according to the terms of the project's collective bargaining agreement.

5

The Health Plan is a jointly-trusted labor-management trust. All of the contributions received by the plan, combined with investment income, are used to pay for your benefits.

NOTICE OF PRIVACY PRACTICES

The SAG-AFTRA Health Plan is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to that information. The Plan understands that your health information is personal and we are committed to protecting it. The Notice of Privacy Practices on our website provides information on how we protect your health information, when we may use and disclose it, your rights to access and request restrictions to the information, and the Plan's obligation to notify you if there has been a breach of your health information. Read the Notice of Privacy Practices at sagaftraplans.org/healthprivacy.

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 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 at (800) 777-4013.

2018 BENEFIT NEWS

Please note Plan changes beginning January 1, 2018.
ANNUAL INCREASE IN EARNINGS REQUIREMENTS FOR ELIGIBILITY.

Earnings requirements for earned eligibility increase by 2% each year.

For 2018, the minimum earnings thresholds will be as follows:

PLAN I: \$33,660 minimum earnings required

PLAN II: \$17,340 minimum earnings required

PLAN II AGE & SERVICE*: \$13,000 minimum earnings required

PLAN II ALTERNATIVE DAYS: 80 minimum days required

*Note: The Age & Service eligibility requirement is scheduled to remain at \$13,000 through 2020.

RETIREE HEALTH CREDIT EARNINGS INCREASE.

Starting January 1, 2018, and on January 1 of every year after, through 2022, the covered earnings threshold to earn a retiree health credit is scheduled to increase by \$1,000. You must earn at least \$23,000 in covered

earnings during the 2018 calendar year to earn a retiree health credit for the year.

INCREASE IN COMPREHENSIVE OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES

In accordance with the Affordable Care Act, the comprehensive out-of-pocket maximum for in-network services will increase by \$200 for individual coverage, from \$7,150 to \$7,350, and will increase by \$400 for family coverage, from \$14,300 to \$14,700 for 2018. The out-of-pocket maximum is the maximum amount you pay in any calendar year – including all copays, coinsurance and deductibles – for hospital, medical, prescription drugs, mental health and substance abuse services from in-network providers under the Plan. Out-of-pocket limits for medical and hospital coinsurance, which are lower and described in the Plan's Summary Plan Description, will remain the same in 2018.

PLAN PREMIUMS

Although premiums for most participants will remain the same in 2017, there will be an increase for participants receiving benefits through COBRA and senior performers with less than 20 retiree health credits.

2018 QUARTERLY EARNED PREMIUMS

Number of Participants	Plan I	Plan II (Earnings)	Plan II (Days)	Plan II (Age & Service)
Participant only	\$300	\$357	\$357	\$456
Participant plus 1	\$348	\$408	\$408	\$525
Participant plus 2+	\$375	\$447	\$447	\$570

2018 SENIOR PERFORMERS AND SURVIVING DEPENDENTS PREMIUMS

Number of retiree health credits	With no spouse or with spouse age 65 and over	With spouse under age 65
20+ Health Credits	\$60/month**	\$120/month**
Less than 20 Health Credits*	\$178/month**	\$178/month**

2018 COBRA PREMIUMS

Options	Plan I	Plan II
Individual only	\$791/month	\$604/month
Individual plus 1 dependent	\$1,419/month	\$1,059/month
Individual plus 2+ dependents	\$1,990/month	\$1,472/month

* Please refer to the senior performers eligibility requirements on page 24 of the SPD.

**Includes coverage for dependent children.

Save this page for future reference.

SAG·AFTRA HEALTH PLAN NEWSLETTER

Post Office Box 7830
Burbank, CA 91510-7830

SAG-AFTRA HEALTH PLAN DIRECTORY

SAG-AFTRA HEALTH PLAN

Phone: (800) 777-4013

Fax: (818) 953-9880

Web: [sagaftraplans.org/health](https://my.sagaftraplans.org/health)

West Coast Office: Post Office Box 7830,
Burbank, California 91510-7830

East Coast Office: 275 Madison Avenue,
Suite 1819, New York, New York 10016

MENTAL HEALTH/SUBSTANCE ABUSE COVERAGE

Beacon Health Phone: (866) 277-5383

DENTAL INFORMATION AND CLAIMS

Delta Dental Phone: (800) 846-7418

PRESCRIPTION DRUG

Express Scripts: (800) 903-4728

Prescription Prior Authorizations: (800) 753-2851

MOVING?

When you move, it is important that you notify the SAG-AFTRA Health Plan so that you will continue receiving information about your eligibility and benefits. The Health Plan is separate from the union and requires a separate notice for address changes. **You can change your address by:**

- Logging in to your Benefits Manager at <https://my.sagaftraplans.org/health>.
- Calling the Plan at (800) 777-4013.
- Writing or faxing a letter to the Plan.



Log in to your Benefits Manager for access to all of your information at <https://my.sagaftraplans.org/health>.