



**Special
Merger
Edition**
July 2016

Keep This Issue for Future Reference

SAG-Producers Health Plan and AFTRA Health Plan to Merge

The Trustees of the SAG-Producers Health Plan (SAG Plan) and the Trustees of the AFTRA Health Plan (AFTRA Plan) are pleased to announce that they have agreed on a merged health plan that combines elements of the existing SAG and AFTRA Plans.

The new plan will be called the SAG-AFTRA Health Plan and will become effective January 1, 2017, pending successful completion of the merger.

Following are key highlights of the new SAG-AFTRA Health Plan:

Two-plan design. Like the SAG Plan, the SAG-AFTRA Health Plan will offer two levels of family coverage — Plan I and

Plan II — each with separate benefits and earnings thresholds to qualify.

Combined earnings and eligibility. Under the new Plan, your SAG and AFTRA earnings will be combined to establish eligibility. The earnings threshold will increase to \$33,000 for Plan I and to \$17,000 for Plan II. Please see page 2 for more information on eligibility requirements for senior performers and surviving dependents.

Continuity of benefits. Anthem Blue Cross' BlueCard PPO will continue to be your healthcare provider network, and Express Scripts, Delta Dental and Vision Service Plan will continue to serve your other benefit needs. In addition, mental health and substance abuse coverage through Beacon Health Options will now be offered in both Plan I and Plan II, an important improvement for those currently in SAG Plan II.

Continued coverage. If you are currently covered under the SAG Health Plan and your coverage extends into 2017, you will continue under the SAG-AFTRA Health Plan at

**SAG-AFTRA Health
Plan Information**
www.sagaftrahealth.org
Or call
(800) 777-4013
and press 8

SAG-AFTRA Health Plan Highlights

- Plan I eligibility = \$33,000/year
- Plan II eligibility = \$17,000/year
- If you are a current Plan I participant, you will continue in Plan I under the new plan
- If you are a current Plan II participant, you will continue in Plan II under the new plan
- Senior performers will receive Plan I coverage
- Most premiums will stay the same on January 1, 2017
- Provider networks will not change
- Mental health and substance abuse benefits will be covered under Plan II
- No deductibles for in-network office visits
- Prescription drug deductible for Plan I reduced to \$75/person, \$150/family

the same plan level for the remainder of your coverage period. You must continue to pay your premiums.

No change to your premiums. The premiums for most participants will not change on January 1, 2017, when the SAG-AFTRA Health Plan begins operations. Please see the premiums table on page 2 for more information.

Learn More

In the coming months, you will receive personalized information in the mail

about your continued coverage under the SAG-AFTRA Health Plan. In the meantime, visit www.sagaftrahealth.org for the latest information including eligibility and premiums, plan details, and a list of frequently asked questions. The site features side-by-side charts comparing the current SAG Plan to the SAG-AFTRA Health Plan. The charts are also included in this edition of the *Take 2*. If you have questions, please call us at (800) 777-4013 and press "8" for merger-related information.

Compare the Plans	Premiums and Eligibility Requirements Page 2	SAG Plan I vs. SAG-AFTRA Plan I In-Network & Out-of-Network Pages 3-5	SAG Plan II vs. SAG-AFTRA Plan II In-Network & Out-of-Network Pages 6-8
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**SCREEN ACTORS GUILD —
PRODUCERS PENSION
AND HEALTH PLANS**
PO Box 7830
Burbank, CA 91510-7830



IF YOU NEED:

ASK FOR:

- Participant Services
- Pension Department, Ext. 2020
- Information on Medical Claims
- Information on Mental Health/Substance Abuse Coverage
- Beacon Health Options (866) 277-5383
- Information on Dental Claims
- Delta Dental
- Member Services (800) 846-7418
- Directorates (800) 846-7418
- Information on Prescription Drugs
- Express Scripts (800) 903-4728
- Prescription Pre-Authorizations (800) 753-2851

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

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CURRENT SAG PLAN VS. SAG-AFTRA HEALTH PLAN
Premiums and Eligibility Requirements

	Current SAG Plan	SAG-AFTRA Health Plan
Premiums		
Premiums — Plan I Earned		
Participant only	\$300/Quarter	\$300/Quarter
Participant +1	\$348/Quarter	\$348/Quarter
Participant +2 or more	\$375/Quarter	\$375/Quarter
Premiums — Plan II Earned		
Participant only	\$357/Quarter	\$357/Quarter
Participant +1	\$408/Quarter	\$408/Quarter
Participant +2 or more	\$447/Quarter	\$447/Quarter
Premiums — Plan II Alternative Days		
Participant only	\$357/Quarter	\$357/Quarter
Participant +1	\$408/Quarter	\$408/Quarter
Participant +2 or more	\$447/Quarter	\$447/Quarter
Premiums — Plan II Age and Service		
Participant only	\$456/Quarter	\$456/Quarter
Participant +1	\$525/Quarter	\$525/Quarter
Participant +2 or more	\$570/Quarter	\$570/Quarter
Premiums — Plan I Senior Performer and Extended Spousal/Surviving Dependent		
20 or more Pension/Health Credits * (no spouse or with spouse age 65+, includes dependent children)	\$60/Month	\$60/Month
20 or more Pension/Health Credits * (with spouse under age 65, includes dependent children)	\$120/Month	\$120/Month
15-19 Pension Credits (includes dependents)	\$165/Month	Rate will be set in the fall of 2016.
At least 10 Pension Credits as of Dec. 31, 2001 and at least age 55 as of Dec. 31, 2002 (includes dependents)	\$165/Month	Rate will be set in the fall of 2016.
Eligibility		
Eligibility Requirements — Plan I Earned		
	\$32,000	\$33,000
Eligibility Requirements — Plan II Earned		
	\$16,000	\$17,000
Eligibility Requirements — Plan II Alternative Days		
	78 days	78 days
Eligibility Requirements — Plan II Age and Service		
	\$11,600 with 10 Health Plan years and age 40 or over	\$11,600 with 10 Health Plan years and age 40 or over
Eligibility Requirements — Plan I Senior Performer and Extended Spousal/Surviving Dependent		
	At least 15 Pension Credits or at least 10 Pension Credits as of Dec. 31, 2001 and at least age 55 as of Dec. 31, 2002	20 Retiree Health Credits*

* Effective January 1, 2017, a participant who has covered earnings of at least \$22,000 in a calendar year will earn a Retiree Health Credit for that year. Current senior performers will continue to be eligible for senior performer benefits even if they have less than 20 Credits. In addition, participants who are at least age 55 and have at least 15 Pension Credits as of January 1, 2017 will be eligible for senior performer benefits once they turn 65, provided they are receiving a pension from the SAG-Producers Pension Plan.

CURRENT SAG PLAN I VS. SAG-AFTRA HEALTH PLAN I
Major Plan Provisions

	Current SAG Plan I In-Network*	SAG-AFTRA Health Plan I In-Network*	Current SAG Plan I Out-of-Network*	SAG-AFTRA Health Plan I Out-of-Network*
Hospital				
Deductible	The Industry Health Network (TIHN) \$150/person; \$300/family BlueCard PPO/ Beacon Health Options \$250/person; \$500/family	The Industry Health Network (TIHN) \$150/person; \$300/family BlueCard PPO/ Beacon Health Options \$250/person; \$500/family	Not covered	Not covered
Coinsurance Out-of-Pocket Maximum	\$1,750/person; \$3,500/family	\$1,750/person; \$3,500/family	Not covered	Not covered
Inpatient (Room and Board, Ancillary)	90%	90% after \$100 copay	Not covered**	Not covered**
Outpatient Surgery	90%	90% after \$100 copay	Not covered	Not covered
Emergency Room	90% after \$100 copay; copay is waived if immediately confined	90% after \$100 copay	Not covered**	Not covered**
Medical				
Deductible	The Industry Health Network (TIHN) None BlueCard PPO/Beacon Health Options \$250/person; \$500/family	The Industry Health Network (TIHN) None BlueCard PPO/Beacon Health Options \$250/person; \$500/family	\$500/person; \$1,000/family	\$500/person; \$1,000/family
Coinsurance Out-of-Pocket Maximum	\$1,000/person; \$2,000/family	\$1,000/person; \$2,000/family	\$2,500/person; \$5,000/family	\$2,500/person; \$5,000/family
Preventive Care and Wellness	No deductible; 100%	No deductible; 100%	70% after \$15 copay (deductible waived for limited preventive services)	70%
Office Visit	90% after \$15 copay	No deductible; 100% after \$25 copay	70% after \$15 copay	70%
X-Ray and Lab	90%	90%	70%	70%
Inpatient Surgery	90% after \$100 copay	90%	70% after \$100 copay	70%
Maternity - Prenatal Visits	No deductible; 100%	No deductible; 100%	70%	70%
Maternity - Delivery	90% after \$100 copay	90%	70% after \$100 copay	70%
Hearing Aids	90% up to a maximum payment of \$1,500; one device per ear per three-year period	90% up to a maximum payment of \$1,500; one device per ear per three-year period	70% up to a maximum payment of \$1,500; one device per ear per three-year period	70% up to a maximum payment of \$1,500; one device per ear per three-year period

* In-network allowable charges are based on the contract allowance / out-of-network allowable charges are based on the Plan's allowance.
 ** Emergency treatment within 72 hours after an accident or within 24 hours of a sudden and serious illness will be covered at the in-network level of benefits.

CURRENT SAG PLAN I VS. SAG-AFTRA HEALTH PLAN I
Major Plan Provisions

	Current SAG Plan I In-Network*	SAG-AFTRA Health Plan I In-Network*	Current SAG Plan I Out-of-Network*	SAG-AFTRA Health Plan I Out-of-Network*
Overall Out-of-Pocket Maximum				
Hospital/Medical/ Rx Out-of-Pocket Maximum (includes Deductibles, Copays and Coinsurance**)	\$6,850/person; \$13,700/family	\$7,150/person; \$14,300/family	None	None
Mental Health/Substance Abuse (Beacon Health Options)				
Hospital and Alternative Levels of Care***	Covered under Hospital Benefit	Covered under Hospital Benefit	Not covered ****	Not covered ****
Medical	Covered under Medical Benefit	Covered under Medical Benefit	Covered under Medical Benefit	Covered under Medical Benefit
Dental (Delta Dental)				
Deductible	\$75/person; \$200/family	\$75/person; \$200/family	\$75/person; \$200/family	\$75/person; \$200/family
Diagnostic and Preventive Benefits	No deductible; 100%	No deductible; 100%	75%	75%
Basic Benefits	75%	75%	75%	75%
Major Benefits	50%	50%	50%	50%
Calendar Year Maximum ^	\$2,500	\$2,500	\$2,500	\$2,500
Vision (Vision Service Plan)				
Eye Exams	100% after \$10 copay; One exam per calendar year	100% after \$10 copay; One exam per calendar year	80% up to a maximum payment of \$50; One exam per calendar year	80% up to a maximum payment of \$50; One exam per calendar year
Glasses	20% discount	20% discount	No benefit	No benefit
Professional Services for Contact Lenses	15% discount	15% discount	No benefit	No benefit

* In-network allowable charges are based on the contract allowance / out-of-network allowable charges are based on the Plan's allowance.

** The hospital/medical/Rx out-of-pocket maximum is set in accordance with the Affordable Care Act requirements.

*** Alternative levels of care include Residential Treatment Center, Partial Hospital Program and Intensive Outpatient Program.

**** Emergency treatment within 72 hours after an accident or within 24 hours of a sudden and serious illness will be covered at the in-network level of benefits.

^ No dental maximum for individuals under age 19.

CURRENT SAG PLAN I VS. SAG-AFTRA HEALTH PLAN I
 Prescription Drugs (Express Scripts)*

	Current SAG Plan I	SAG-AFTRA Health Plan I
Retail		
Deductible	\$150/person; \$300/family (combined with Mail Order)	\$75/person; \$150/family (combined with Mail Order)
Supply	Up to 30-day supply	Up to 30-day supply
Generic Contraceptive Copay	No deductible or copay	No deductible or copay
Generic Copay	Greater of \$10 or 10%	Greater of \$10 or 10%
Preferred Brand Copay	Greater of \$25 or 25% plus difference in cost between generic and brand	Greater of \$25 or 25% plus difference in cost between generic and brand
Non-Preferred Brand Copay	Greater of \$40 or 40% plus difference in cost between generic and brand	Greater of \$40 or 40% plus difference in cost between generic and brand
Mental Health/ Substance Abuse Medication	Covered as any other non-contraceptive medication	Covered as any other non-contraceptive medication
Mail Order		
Deductible	\$150/person; \$300/family (combined with Retail)	\$75/person; \$150/family (combined with Retail)
Supply	Up to 90-day supply	Up to 90-day supply
Generic Contraceptive Copay	No deductible or copay	No deductible or copay
Generic Copay	Greater of \$20 or 10%; maximum copay is \$50 per Rx	Greater of \$20 or 10%; maximum copay is \$50 per Rx
Preferred Brand Copay	Greater of \$50 or 25% plus difference in cost between generic and brand; maximum copay is \$125 per Rx	Greater of \$50 or 25%; maximum copay is \$125 per Rx plus difference in cost between generic and brand
Non-Preferred Brand Copay	Greater of \$100 or 40% plus difference in cost between generic and brand; maximum copay is \$300 per Rx	Greater of \$100 or 40%; maximum copay is \$300 per Rx plus difference in cost between generic and brand
Mental Health/ Substance Abuse Medication	Covered as any other non-contraceptive medication	Covered as any other non-contraceptive medication

* Specialty medications must be obtained by mail through Accredo, the Express Scripts specialty pharmacy.

CURRENT SAG PLAN II VS. SAG-AFTRA HEALTH PLAN II

Major Plan Provisions

	Current SAG Plan II In-Network*	SAG-AFTRA Health Plan II In-Network*	Current SAG Plan II Out-of-Network*	SAG-AFTRA Health Plan II Out-of-Network*
Hospital				
Deductible	The Industry Health Network (TIHN) \$150/person; \$300/family BlueCard PPO/ Beacon Health Options \$500/person; \$1,000/family	The Industry Health Network (TIHN) \$150/person; \$300/family BlueCard PPO/ Beacon Health Options \$500/person; \$1,000/family	Not covered	Not covered
Coinsurance Out-of-Pocket Maximum	\$1,750/person; \$3,500/family	\$2,000/person; \$4,000/family	Not covered	Not covered
Inpatient (Room and Board, Ancillary)	90%	80% after \$100 copay	Not covered**	Not covered**
Outpatient Surgery	90%	80% after \$100 copay	Not covered	Not covered
Emergency Room	90% after \$200 copay; copay is waived if immediately confined	80% after \$100 copay	Not covered**	Not covered**
Medical				
Deductible	The Industry Health Network (TIHN) None BlueCard PPO/ Beacon Health Options \$500/person; \$1,000/family	The Industry Health Network (TIHN) None BlueCard PPO/ Beacon Health Options \$500/person; \$1,000/family	\$750/person; \$1,500/family	\$1,000/person; \$2,000/family
Coinsurance Out-of-Pocket Maximum	\$1,000/person; \$2,000/family	\$1,200/person; \$2,400/family	\$2,500/person; \$5,000/family	\$3,000/person; \$6,000/family
Preventive Care and Wellness	No deductible; 100%	No deductible; 100%	70% for limited services only (bone density, mammogram, pap, colonoscopy)	60%; more comprehensive list of services is covered
Office Visit	90% after \$25 copay	No deductible; 100% after \$25 copay	70% after \$25 copay	60%
X-Ray and Lab	90%	80%	70%	60%
Inpatient Surgery	90% after \$100 copay	80%	70% after \$100 copay	60%
Maternity - Prenatal Visits	No deductible; 100%	No deductible; 100%	70%	60%
Maternity - Delivery	90% after \$100 copay	80%	70% after \$100 copay	60%
Hearing Aids	90% up to a maximum payment of \$1,500; one device per ear per three-year period; coverage for individuals up to age 19 only	80% up to a maximum payment of \$1,000; one device per ear per three-year period; coverage for all participants and dependents	70% up to a maximum payment of \$1,500; one device per ear per three-year period; coverage for individuals up to age 19 only	60% up to a maximum payment of \$1,000; one device per ear per three-year period; coverage for all participants and dependents

* In-network allowable charges are based on the contract allowance / out-of-network allowable charges are based on the Plan's allowance.

** Emergency treatment within 72 hours after an accident or within 24 hours of a sudden and serious illness will be covered at the in-network level of benefits.

CURRENT SAG PLAN II VS. SAG-AFTRA HEALTH PLAN II
Major Plan Provisions

	Current SAG Plan II In-Network*	SAG-AFTRA Health Plan II In-Network*	Current SAG Plan II Out-of-Network*	SAG-AFTRA Health Plan II Out-of-Network*
Overall Out-of-Pocket Maximum				
Hospital/Medical/ Rx Out-of-Pocket Maximum (includes Deductibles, Copays and Coinsurance**)	\$6,850/person; \$13,700/family	\$7,150/person; \$14,300/family	None	None
Mental Health/Substance Abuse (Beacon Health Options)				
Hospital and Alternative Levels of Care***	Not covered	Covered under Hospital Benefit	Not covered	Not covered ****
Medical	Not covered	Covered under Medical Benefit	Not covered	Covered under Medical Benefit
Dental (Delta Dental)				
Deductible	\$100/person; no family maximum	\$100/person; no family maximum	\$100/person; no family maximum	\$100/person; no family maximum
Diagnostic and Preventive Benefits	No deductible; 100%	No deductible; 100%	60%	60%
Basic Benefits	60%	60%	60%	60%
Major Benefits	50%	50%	50%	50%
Calendar Year Maximum^	\$1,000	\$1,000	\$1,000	\$1,000

* In-network allowable charges are based on the contract allowance / out-of-network allowable charges are based on the Plan's allowance.

** The hospital/medical/Rx out-of-pocket maximum is set in accordance with the Affordable Care Act requirements.

*** Alternative levels of care include Residential Treatment Center, Partial Hospital Program and Intensive Outpatient Program.

**** Emergency treatment within 72 hours after an accident or within 24 hours of a sudden and serious illness will be covered at the in-network level of benefits.

^ No dental maximum for individuals under age 19.

CURRENT SAG PLAN II VS. SAG-AFTRA HEALTH PLAN II
 Prescription Drugs (Express Scripts)*

	Current SAG Plan II	SAG-AFTRA Health Plan II
Retail		
Deductible	\$150/person; \$300/family (combined with Mail Order)	\$175/person; \$350/family (combined with Mail Order)
Supply	Up to 30-day supply	Up to 30-day supply
Generic Contraceptive Copay	No deductible or copay	No deductible or copay
Generic Copay	Greater of \$10 or 10%	Greater of \$10 or 10%
Preferred Brand Copay	Greater of \$25 or 25% plus difference in cost between generic and brand	Greater of \$25 or 25% plus difference in cost between generic and brand
Non-Preferred Brand Copay	Greater of \$40 or 40% plus difference in cost between generic and brand	Greater of \$40 or 40% plus difference in cost between generic and brand
Mental Health/ Substance Abuse Medication	Not covered	Covered as any other non-contraceptive medication
Mail Order		
Deductible	\$150/person; \$300/family (combined with Retail)	\$175/person; \$350/family (combined with Retail)
Supply	Up to 90-day supply	Up to 90-day supply
Generic Contraceptive Copay	No deductible or copay	No deductible or copay
Generic Copay	Greater of \$20 or 10%; maximum copay is \$50 per Rx	Greater of \$20 or 10%; maximum copay is \$50 per Rx
Preferred Brand Copay	Greater of \$50 or 25% plus difference in cost between generic and brand; maximum copay is \$125 per Rx	Greater of \$50 or 25%; maximum copay is \$125 per Rx plus difference in cost between generic and brand
Non-Preferred Brand Copay	Greater of \$100 or 40% plus difference in cost between generic and brand; maximum copay is \$300 per Rx	Greater of \$100 or 40%; maximum copay is \$300 per Rx plus difference in cost between generic and brand
Mental Health/ Substance Abuse Medication	Not covered	Covered as any other non-contraceptive medication

* Specialty medications must be obtained by mail through Accredo, the Express Scripts specialty pharmacy.