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Your Pension – Safe and Secure

Recently, with all of the fluctuation in the stock markets, some people have become concerned about the future of the Pension Plan. There is no need to worry – here’s why.

- ❖ The assets in the Pension Plan are invested by professional investment managers. In fact there are 13 outside investment firms whose job it is to safely invest the money. In addition, the Plan has a small percentage of its assets invested in real estate. Spreading the assets of the Plan over different types of investments, called diversification, reduces the risk of investment loses.
- ❖ The Pension Plan is invested with the intent of ensuring long term stability rather than short term gains. While the stock market may go up and down on a day-to-day basis, the returns of the Pension Plan must be looked at over a longer period of time. Over the last five years, the Plan investments returned 12.0% and over the last ten years, the return was 12.3%!
- ❖ Every year a professional actuary reviews the funding status of the Pension Plan to ensure that there will be sufficient assets in the Plan to pay for the benefits into the future. The Pension Plan is fully funded for all pensioners currently receiving benefits as well as those who are currently vested but have not yet retired. In other words, the Pension Plan has dollar-for-dollar assets backing each of these promises. Although the benefits for those Participants who have earned some credit but not enough yet to become vested, are not fully funded, the level of funding for this group of Participants exceeds all Federal government requirements. When the market value of assets is used, well over 92% of all benefits have been funded.

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The Plan Trustees’ most important obligation is to the Participants in the Pension Plan. They believe that the purpose of the Plan, when combined with Social Security and personal savings, is to help maintain the standard of living of Participants in their retirement years. The Trustees have designed the Plan to meet the needs of today’s retirees as well as those who will retire in the future. With the successful diversified investment program and the contributions paid by employers, the Pension Plan has grown to over \$2 billion.

So, when you’re thinking about your retirement, you don’t have to worry about the Screen Actors Guild – Producers Pension Plan. It will be there for you when you need it.

Dependent Audit Verification Program

The Plan's Dependent Audit Verification Program verifies the eligibility of the dependents you listed on the Master Data Card filed with the Plan Office. This program will ensure that only Participants and their eligible dependents receive benefits from the Screen Actors Guild – Producers Pension & Health Plans.

The Master Data Card (MDC) is the Plan's legal document of Participant information such as, name, social security number, date of birth, gender, mailing address, beneficiaries, and *current* dependents. Over the years the information on your MDC may have changed. Births, deaths, marriages, and divorces all affect the information contained on your Master Data Card. It is your responsibility to notify the Plan Office any time the information on your MDC changes.

If you are selected for an MDC dependent audit, the Plan Office will send you a letter specifying the dependent and documentation needed for verification. Please note that you will be asked to send in a recorded marriage certificate, birth certificate, adoption papers, or final divorce decree based on the status of the dependent. See the chart on page 3. If you are unable to locate a requested document, call the Plan Office. We can assist you in contacting the issuing agency on a nationwide basis.

If we do not receive a response to our initial audit request, we send you a follow-up notice. If we do not receive a response to our second request, we send you a Notice of Termination of Benefits for the dependents you have not verified.

As with all verification audits we will appreciate your cooperation with our requests in a timely manner. Our Participant Services Department can assist you with any questions you may have by calling (818) 954-9400 (LA area) or (800) 777-4013 (outside LA area).

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Recovery of Over-Payments

If it is determined you have unverified dependents who have received Health Plan benefits, we will send you a summary bill for any over-paid benefits. The total overpayment must be reimbursed to the Health Plan within 30 days. Should you fail to repay the Health Plan during this 30 day period, your *future* major medical, hospitalization, prescription drug, dental, vision, mental health & chemical dependency benefits will be off-set against the amount of money you owe the Health Plan until your outstanding balance is satisfied.

Continued on page 3

Recovery of Over-Payments, continued from page 2

During the recovery offset period you will no longer be eligible for prescription drug coverage through PAID or the Mail Service Program. Your prescription benefits will be provided under the major medical portion of your coverage and subject to the major medical deductible. You must submit to the Plan Office the original itemized pharmacy receipt with a standard medical claim form. Benefits will be calculated under the Major Medical portion of your benefits and the amount that would have been payable under ordinary circumstances will be applied to the outstanding balance due.

Notification will be sent to all of your providers advising them the Health Plan will no longer honor any Assignment of Benefits they have on file for you or your dependents until further notice. During the repayment period submit all claims, along with your cash receipt from the provider, to the Plan Office. Any benefits determined payable will be used to reduce the balance of the overpayment until that amount is satisfied in full. At such time as the overpayment is satisfied, you and your dependents may return to accessing the Plan benefits in the usual manner.

Claim forms are available from any Plan office or can be downloaded. Please visit our Web site, www.sagph.org, to download claim forms and stay current on all your Pension and Health Plan benefits.

Verifying Your Eligible Dependents

Dependent	Circumstance	Documentation Required
Spouse	Marriage	A copy of the recorded marriage certificate.
	Divorce	A copy of the recorded final divorce decree.
Child	Birth	A copy of the recorded birth certificate. <i>Exception:</i> The Plan will accept a copy of the birth certificate from the hospital to add your natural child who is younger than one year of age for a period not to exceed 120 days while you obtain a recorded copy.
	Adoption	A copy of the adoption papers issued by the court.
	Guardianship	A copy of the guardianship papers issued by the court.

Be Sure to Read Your Summary of Earnings Statement

The Plan Office is preparing your 2000 Summary of Earnings Statement. You should receive it in the mail around the middle of May. The Summary of Earnings Statement is a record of all session and residual earnings reported on your behalf to the Pension and Health Plans during the calendar year. It also reflects your total Pension Credits and accrued benefits under the Pension Plan. This is the only record of your earnings you will receive from the Plan Office for the year. Because your pension will be based on these earnings it is in your best interest to carefully review the accuracy of this statement. Errors, such as earnings not listed on your statement, or discrepancies, such as over or under reporting, can affect your future benefits.

When reviewing your statement keep in mind that some payments made to you in connection with your employment may not be reportable earnings. These might include such items as meal penalties and rest period violations. Please refer to item C on the reverse side of your summary for a complete list of non-reportable earnings.

If you find an error on your Summary of Earnings Statement you should contact the Plan Office in writing. Your letter should identify the missing or incorrect item(s) and include all necessary documentation, such as:

- ✓ project title
- ✓ name and address of producer, studio or advertising agency
- ✓ dollar amount earned
- ✓ proof of earnings (pay voucher, SAG contract, etc.)

Send your letter and documentation to:

SAG – Producers Pension and Health Plans
Contribution Compliance Department
P.O. Box 7830
Burbank, CA 91510-7830

Health Plan Enhancements

Out-of-Network Well Child Care Benefit Enhanced for Plan II

The Health Plan now covers well child care charges from non-network providers for Plan II Participants who live in areas in which no network providers are available. This modification does not affect Plan I Participants because they are already eligible for non-network well child care services.

The Plan previously allowed well child care benefits for Plan II Participants only when they utilized a network provider. The new modification does not apply to Plan II Participants who live in a network area but want their child to see a non-network provider.

The well child care benefit includes routine physical examinations, diagnostic procedures and immunizations given as standard medical practice to children up to the age of 6.

Food Allergy Testing Now Covered

Food allergy testing, when performed as part of the normal work-up of an allergy patient, is now considered an allowable service under the Health Plan. The tests must be medically necessary. The Plan does not cover allergy treatments such as food antigens.

New Coordination of Benefits Rule For Mental Health and Chemical Dependency Benefits

Effective immediately, if you have another group health plan that is designated as your primary carrier, such as AFTRA, the Screen Actors Guild – Producers Health Plan will only coordinate Mental Health and Chemical Dependency benefits as a secondary payor. Additionally, the SAG – Producers Health Plan will only coordinate payment as a secondary payor if you received care through your primary plan’s Managed Care Network. Refer to the chart below.

In order to receive the Plan’s payment, you should send a completed claim form, along with an itemized bill and the explanation of benefits (EOB) from your primary plan, to the SAG – Producers Health Plan office.

If you are currently in treatment with a UBH Provider and have primary coverage through another health plan, please call your primary plan’s Managed Care Network and arrange to have your care transitioned to one of their Managed Care Network providers.

Medicare Exception

If your primary carrier is Medicare and our Plan is secondary you are exempt from the new rule. However, all Medicare prime Participants accessing care through United Behavioral Health should always request referrals to **Medicare Approved Providers.**

If SAG – Producers Health Plan is your:	and you access care through:	SAG – Producers Health Plan pays:
Primary Health Plan	United Behavioral Health (UBH)	Primary
	Non-UBH network providers	\$0 (no coverage)
Secondary Health Plan	Your Primary Carrier’s Managed Care Network	Secondary for Deductibles/Co-Pays
	A Non-Managed Care Provider	\$0 (no coverage)
	A UBH Provider not covered by your Primary Carrier’s Mental Health Network	\$0 (no coverage)



PRSR STD.
 U.S. POSTAGE
 PAID
 Permit No 294
 South Gate, CA
 90280

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

3601 West Olive
 PO Box 7830
 Burbank, CA 91510-7830



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. You can change your address with the Plan Office three different ways:

- Call the Plan Office
- File a Change of Address Card
- Write or FAX a letter to the Plan Office



The Screen Actors Guild is a separate entity from the Pension and Health Plans and requires a separate notice for change of address.

PENSION AND HEALTH PLAN DIRECTORY

Burbank Plan Office: (818) 954-9400
From outside the Los Angeles area: (800) 777-4013
E-mail address: sagph@sagph.org
Home Page: <http://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	
<i>California Participants:</i>	
Delta Dental – Member Services	(800) 846-7418
– Directories	(800) 427-3237
<i>Non-California Participants:</i>	
MetLife– Member Services	(800) 260-1093
– Directories	(800) 474-PDP1
Information on Prescription Drugs	
Merck-Medco	(800) 903-4728
Prescription Pre-Authorizations	(800) 841-5345
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	

