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## Health Plan Benefits for Dependent Students Reinstated

The Trustees are pleased to announce the reinstatement of Health Plan coverage for qualified dependent students. The new benefit, which becomes effective August 1, 2006, is for both Plan I and Plan II. This benefit was eliminated in 2003 as part of the deficit reduction program instituted by the Trustees.



To be a qualified dependent student the child must be unmarried, must be age 19 through 22 and must be a full-time student at an accredited school as well as dependent on you for at least half of his or her support. It is the responsibility of the participant to provide the Plan Office with verification.

This summer, the Plan Office will be contacting participants who have children who are age 19 through 22. You will be provided all of the necessary forms to complete and return to the Plan Office in order to cover your children who are qualified full-time students. If you have children between these ages and do not hear from us, you should contact the Plan Office to get the required forms.

## Confused About Medicare Part D?



The television and newspapers are filled with articles about Medicare Part D and how it affects seniors. If you are over age 65, you have no doubt received mail directly from some of the Medicare Part D Prescription Drug Plans (PDPs). All of this information may be confusing. The Plan Office can clear up any confusion you may have.

The bottom line is that if you are eligible for prescription drug benefits from the SAG-Producers Health Plan, your coverage is better than the coverage you can receive from the standard Medicare Prescription Drugs Plans. This means you should not enroll in a PDP.

Remember that you cannot have coverage under both the SAG-Producers Health Plan and a Medicare PDP. If you are already enrolled in a PDP and want to dis-enroll, you should call Medicare at (800) 633-4227.

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## Revised Process for Incomplete Health Plan Claims

Starting October 1, 2006, the Plan Office will be making a change in the way it responds to initial medical and hospital claims that are incomplete. A claim is incomplete if it is missing certain information that is required for processing such as treatment notes from the provider or the Explanation of Benefits (EOB) from the primary plan.



It is very costly for the Plan to handle and process claims that are incomplete. In effect, the Plan must process the claim multiple times. The Plan must first pend the claim and request the additional information. If it is not received, a second letter is sent to request the information again. If it is not received the claim is denied; if it is received, the claim must be re-processed.

In order to reduce this costly process, effective with claims processed on or after October 1, 2006, instead of pending an incomplete claim, the Plan will advise you what additional information is required to complete the claim. You and your provider will have 45 days to submit the requested information. If the information is not received, the claim will be deemed denied. You and your provider will then have 180 days to either submit the additional information or to appeal the denial.

This process not only saves the Plan money but it also is in conformance with current industry practice.

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## Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides that the Plan periodically remind you of your right to receive a copy of the Plan's HIPAA Privacy Notice. This notice explains how your private health insurance information is used by the Plan and your rights under HIPAA. You can find the Plan's HIPAA Privacy Notice on the Plan's Web site or you may request a copy by contacting the Plan Office.

### Some Things to Consider When Using the Health Plan

- **Use network providers whenever possible.**

They are convenient, claim-form free and offer the best value for your health dollar. Using the network providers means your out-of-pocket costs are the lowest and the cost to the Plan is lower, also.

- **Be sure to ask questions at the doctor's office.**

Not all procedures are medically necessary, nor are all procedures covered under the Plan. When in doubt, call the Plan Office.

- **Review your bills for accuracy.**

Mistakes can happen and you, as the patient, are in the best position to know whether the services being billed were actually performed. Remember it is not Health Plan dollars alone that pay the bills—you are also responsible through deductibles, co-pays and coinsurance.

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## Summary of Earnings Statements

The 2005 Summary of Earnings Statements were recently mailed by the Plan Office to all participants who had earnings reported to the Pension and Health Plans during 2005. This Statement is a record of all sessions and residual earnings reported to the Plans on your behalf in 2005. It also provides your total Pension Credits under the Pension Plan. You are urged to review the accuracy of this Statement because your eligibility for Pension and Health Plan benefits is based on your recorded earnings. Errors, such as missing earnings, 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, i.e., meal penalties and rest period violations. These are outlined on the reverse side of your Statement.

If you find an error on your Summary of Earnings Statement, you should write to the Contribution Compliance Department at the Plan Office. Your letter should identify the missing or incorrect item(s) and include the project title, the name and address of the producer, studio or advertising agency and proof of earnings (pay vouchers, SAG contracts, etc.).

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## Oriental Medical Doctors and Acupuncturists Coverage Clarified



The Health Plan does not cover any services provided by an Oriental Medical Doctor (O.M.D.). If the OMD is also a licensed acupuncturist, the Plan will consider charges for acupuncture treatment only. Please note that the Plan will not cover any diagnostic test ordered by an OMD or an acupuncturist, whether or not he or she is duly licensed by a state agency and authorized to order such tests within the scope of his or her license as an OMD or acupuncturist.

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## Pension and Health Benefits for Military Service



The Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) provides certain benefits for participants who have served in the military. The act is designed to provide continuity of health and pension benefits to people whose employment is disrupted by military service. The Pension and Health Plans provide all of the benefits required under USERRA and, in some cases, benefits that exceed those requirements. If you are going to serve or have served in the military and want to know how your Pension and Health Plan benefits will be affected, please contact the Plan Office.



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Burbank, CA 91510-7830



## Moving???

**W**hen 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](http://www.sagph.org)
- 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  
Fax: (818) 953-9880  
New E-mail address: [psd@sagph.org](mailto:psd@sagph.org)  
Web site: [www.sagph.org](http://www.sagph.org)

### IF YOU NEED:

### ASK FOR:

<b>Benefit and Eligibility Information</b> .....	Participant Services
<b>Pension Plan Information</b> .....	Pension Department, Ext. 2020
<b>Information on Medical Claims</b> .....	Participant Services
<b>Information on Dental Claims</b>	
Delta Dental – Member Services.....	(800) 846-7418
– Directories.....	(800) 846-7418
<b>Information on Prescription Drugs</b>	
Medco Health.....	(800) 903-4728
Prescription Pre-Authorizations.....	(800) 753-2851
<b>NEW YORK Plan Office</b> .....	(212) 599-6010
275 Madison Ave. #1819, New York, NY 10016	