

SCREEN ACTORS GUILD–PRODUCERS HEALTH PLAN
Mailing Address: P. O. Box 7830, Burbank, CA 91510-7830
Street Address: 3601 West Olive Avenue, Burbank, CA 91505
(818) 954-9400 or (800) 777-4013 (excluding Los Angeles area)
Fax: (818) 953-2525

E-mail address: psd@sagph.org

Self-Pay Program Summary

January 1, 2009

This summary describes your rights and responsibilities for enrollment and participation in the Self-Pay Program. You (and your dependents) may enroll in the Self-Pay Program even if you (or your dependents) are covered by another health plan, including Medicare, on the date Earned Eligibility is lost.

For a more detailed explanation of the Self-Pay Program refer to your Health Plan Summary Plan Description booklet or visit our Web site: www.sagph.org.

1. Length of Self-Pay Coverage

The maximum length of Self-Pay coverage is as follows:

18 months – for participants (and their qualified dependents) with less than 17 years of Earned Eligibility in the Health Plan who lose eligibility due to a reduction in earnings. Participants who are entitled to Medicare prior to the date they lose Earned Eligibility should call the Plan Office for information concerning their maximum self-pay period.

36 months – for participants (and their qualified dependents) with at least 17 years of Earned Eligibility in the Health Plan who lose eligibility due to a reduction in earnings.

36 months – for qualified dependents who lose their dependent status due to the death of a participant, divorce from a participant or loss of "child" status as defined by the Plan.

29 months – for participants or dependents who are determined by Social Security to be totally disabled on the date Earned Eligibility terminates or within 60 days thereafter.

Early Retirement and Disability Pensioners – Participants and their qualified dependents receiving an Early Retirement or Disability Pension are eligible to self-pay until age 65 provided:

- they have at least 15 Pension Credits; or
- they had at least 10 Pension Credits as of December 31, 2001 and were at least age 55 as of December 31, 2002.

Pension Credits earned under the Alternative Eligibility Program do not count toward this self-pay eligibility.

2. Enrollment Options

Your enrollment options depend on your prior Earned Eligibility as outlined in the chart below. Please review these options before you make your enrollment selection. Premium rates and coverage options are listed in your Self-Pay Offer letter (Notice of Termination).

Basic Coverage - Plan I or Plan II – Basic Self-Pay coverage is identical to the coverage provided to the Earned Eligible participants of each respective Plan, except that Self-Pay participants are not entitled to life insurance or accidental death and dismemberment benefits. One premium covers the participant and all eligible dependents.

Lower Cost Option Coverage – The Lower Cost Option provides similar benefits to Plan II, however there is no coverage for dependents. Only the participant is eligible for coverage.

You can find details about the benefits under each of the Self-Pay plans in the Health Plan booklet or on the Plan’s Web site www.sagph.org.

Self-Pay Enrollment Options				
Prior Earned Eligibility	Hospital/Medical	Dental	Mental Health and Chemical Dependency	Vision
Plan I	Plan I Basic	Included	Included	Exam Plus Plan
	Lower Cost Option	Included	Included	Not available
Plan II	Plan II Basic	Included if Participant has three years of Earned Eligibility	Included if Participant has three years of Earned Eligibility	Not available
	Lower Cost Option	Included if Participant has three years of Earned Eligibility	Included if Participant has three years of Earned Eligibility	Not available

NOTE: If your Earned Eligibility changes from Plan I to Plan II, you may choose to self-pay for Plan I Basic. However, the Health Plan does not coordinate benefits between your Plan I Self-Pay and your Plan II Earned Coverage. Instead, you receive Plan I benefits.

3. Coverage Changes

Once you have enrolled, coverage may only be changed immediately following a change in family status. A change in family status is defined as an increase or decrease in the number of your qualified dependents, which results from birth, adoption, marriage, divorce, death or loss of dependent "child" status as defined by the Plan, or your dependent obtains or loses insurance coverage on their own.

If one of these events should occur, you will be permitted to change your coverage from BASIC to LOWER COST or from LOWER COST back to BASIC as the condition warrants. A request to change your coverage must be made to the Plan Office in writing within 60 days of the change in family status. No verbal requests will be accepted.

4. Enrollment Time Limits

Your completed enrollment form must be received at the Plan Office within 60 days of the later of:

- (1) the date your coverage terminated or,
- (2) the date on your Notice of Termination (Self-Pay Offer letter).

5. Time Limits For First Payment

Your first payment is due on the first day of the month immediately following the date on which your Earned Eligibility terminates. You must pay your first premium within 45 days of the end of your enrollment period. Claims submitted before we receive your premium cannot be considered. Also, coverage will not be verified for any health provider prior to the receipt of your premium payment.

Your first payment must include all of the premiums to keep your coverage continuous from the date your Earned Eligibility terminated. For example, if your Earned Eligibility ended on December 31, and you make your first premium payment in February, you must pay for both January and February.

Make your check or money order payable to Screen Actors Guild - Producers Health Plan and include your Health Plan identification number (HCID). Mail your check with your enrollment form.

6. Monthly Billing Procedure and Payment Options

After the Plan Office receives your enrollment form, payment coupons will be mailed. Please include a coupon with each monthly payment. If you do not receive your payment coupons within 30 days after enrollment, notify the Managed Care Department immediately. **If you do not pay your monthly premium by the first of each month, you will forfeit your rights to coverage under this program.**

You may elect to pay your monthly premium with a credit card by using Pay by Phone or Pay by Web, available 24 hours a day, 7 days a week. Visit our Web site at www.sagph.org. You may also pay through an automatic recurring deduction from a checking or savings account on a monthly basis. Please contact the Plan Office for details.

7. Coordination Of Benefits (COB)

The Health Plan will coordinate benefits with other plans. Contact the Plan Office to find out which plan will be primary and secondary.

8. SAG Foundation Grant Program For Catastrophic Illnesses and Injuries

The SAG FOUNDATION offers financial grants to participants or qualified legal dependents of participants who have a catastrophic illness or injury and who, due to financial need, cannot afford the Health Plan's Self-Pay Program. Contact the Plan Office for more details.

9. Total Disability Provisions

An individual who is determined by Social Security to be totally disabled on the date Earned Eligibility ends or within 60 days thereafter, is entitled to 29 months of Self-Pay coverage. Non-disabled dependents of a disabled participant are also entitled to 29 months of Self-Pay coverage. For information on these provisions, please contact the Disability representative in our Medical Claims Department.

10. Termination Of Self-Pay Coverage

Your Self-Pay coverage will terminate on the earlier of:

- The first of the month for which you do not pay your premium by the due date.
- The first of the month after the month in which Social Security determines you are no longer totally disabled if your Self-Pay coverage is based on your being totally disabled.
- The first of the month following the expiration of the maximum Self-Pay coverage period for which you qualify (see section 1).
- The first of the month for which you qualify for Earned Eligibility, unless you are self-paying for Basic Plan I and your Earned Eligibility is for Plan II.
- If the Health Plan no longer provides health coverage.

11. Conversion Options and Private Insurance

Please refer to the enclosed information to find out about conversion policies for medical, hospital and life insurance as well as resource information on private insurance policies.

Questions?

If you have any questions about this summary, please contact the Plan Office. Detailed information on the Self-Pay Program and all other Health Plan benefits can be found in the Health Plan booklet or on the Plan's Web site: www.sagph.org.