

Changes to the January 1, 2007 Health SPD

Following is a brief summary of changes that have been made to the Health Plan since the Summary Plan Description dated January 1, 2007. This summary is only intended to alert you to changes to the Summary Plan Description that are fully described in the Take 2 Newsletters. You should always refer to the Summary Plan Description and subsequent Take 2 newsletters themselves for a complete description of the Health Plan.

ELIGIBILITY

- Effective 1/1/2008, reduced the length of time a same-sex domestic partnership must have been in effect from 12 months to 6 months.
- Effective 1/1/2009, the eligibility requirements increased:

	<u>From</u>	<u>To</u>
Plan I	\$28,120	\$28,680
Plan II –		
Regular	\$13,790	\$14,070
Alternative	74 days	74 days
At least age 40 with at least 10 years	\$10,000	\$10,200

- Effective 1/1/2010, the eligibility requirements increased:

	<u>From</u>	<u>To</u>
Plan I	\$28,680	\$29,250
Plan II –		
Regular	\$14,070	\$14,350
Alternative	74 days	74 days
At least age 40 with at least 10 years	\$10,200	\$10,400

- Effective 1/1/2010, the participant premium increased:

	<u>From</u>	<u>To</u>
Earned –		
Plan I	\$50/mo (\$150/qtr)	\$83/mo (\$249/qtr)
Plan II –		
Regular & Alternative	\$65/mo (\$195/qtr)	\$98/mo (\$294/qtr)
At least age 40 with		
at least 10 years	\$65/mo (\$195/qtr)	\$125/mo (\$375/qtr)
Senior Performer &		
Extended Spousal –		
20+ Pension Credits*	None	\$25/mo
15-19 Pension Credits	25% of the cost of coverage	25% of the cost of coverage

*Includes Senior Performers who had at least 10 pension credits as of 12/31/2001 and were at least age 55 or older as of 12/31/2002.

SELF-PAY

- Effective 7/1/2008, changed the Early Retiree and Disability Pensioner extended self-pay rules to mirror the Senior Performers health eligibility requirements. Early Retiree and Disability Pensioners need 15 regular pension credits rather than 10 in order to self-pay until the age of 65. Early Retiree and Disability Pensioners who meet the grandfather rules (10 pension credits as of 12/31/2001 and at least age 55 as of 12/31/2002) will qualify for extended self-pay under the old rules, as will Early Retiree and Disability Pensioners enrolled or eligible to enroll in the Self-Pay Plan on 7/1/2008.

HOSPITAL/MEDICAL BENEFITS

- Effective 1/1/2007, correction to Benefits Summary chart on page 95 – The maternity care co-pay for Plan II and the Lower Cost Self-Pay Plan is \$100 not \$25.
- Effective 4/1/2007, replaced PHCS, the Plan's non-California hospital/medical PPO network with BlueCard. Outside California, all hospital and medical claims should be submitted to the local Blue Cross/Blue Shield Plan.
- Effective late January, 2008, added a new Industry Health Network clinic in the Northern San Fernando Valley.

- Effective 4/1/2008, changed the claims submission address for California medical claims from the Plan Office to Anthem Blue Cross (formerly Blue Cross of California). All California hospital and medical claims should be sent to Anthem Blue Cross.
- Effective 1/1/2009, eliminated the calendar year major medical deductible when TIHN providers are utilized.
- Effective 1/1/2009, added a toll-free 24-hour Nurseline – (866) 670-0691.
- Effective 1/1/2010, restricted hospital coverage outside California to network hospitals only for Plan II and the Lower Cost Self-Pay Plan. This now matches the hospital benefit in California.
- Effective 1/1/2010, reduced the allowable charges for injectable and infusion drugs paid under the major medical benefit from 150% of AWP to 100% of AWP.

WELLNESS BENEFITS

- Effective 10/1/2007, added coverage for adult immunizations at network providers only to Plan II and the Lower Cost Self-Pay Plan.
- Effective 1/1/2009, waived the calendar year major medical deductible for Plan II and Lower Cost Self-Pay participants who receive wellness benefits at network providers.

PRESCRIPTION DRUG BENEFITS

- Effective 10/15/2008, added a Personalized Medicine Program through the Medco benefit. Genetic testing for certain medications (currently warfarin and tamoxifen) is available at no charge to the patient.
- Effective 1/1/2009, implemented Medco's specialty pharmacy, Accredo, as the sole provider of specialty prescription drugs. Previously these medications could have been obtained at a retail pharmacy, or under the medical benefit from the physician. Beginning 1/1/2009, after the first fill, Accredo must be used or the patient will be out-of-pocket the entire cost of the drug. The maximum co-payment for specialty drugs will be \$100 per prescription. The maximum co-payment for non-specialty drugs obtained through Medco by Mail will remain at \$75 per prescription.
- Effective 1/1/2010, increased the calendar year deductible from \$100 per person/\$200 per family to \$150 per person/\$300 per family.

- Effective 1/1/2010, limited prescription drug coverage for sleep aids to 21 days of therapy per month.
- Effective 1/1/2010, eliminated prescription drug coverage for non-sedating antihistamines.

MENTAL HEALTH/CHEMICAL DEPENDENCY BENEFITS

- Effective 1/1/2008, changed the mental health and chemical dependency benefits:

	<u>From</u>	<u>To</u>
Plan I and Plan II - Inpatient Mental Health Deductible	None	\$250 per calendar year
Chemical Dependency Detoxification Limit	Maximum payment of \$1,200 per calendar year	Maximum payment of \$2,000 per calendar year
Chemical Dependency Non-Completion Penalty	50% reduction	No reduction
Plan I - Annual Inpatient Mental Health Days	60 days	45 inpatient days or 90 days for alternative levels of care
Plan II - Annual Inpatient Mental Health Days	30 days	30 inpatient days or 60 days for alternative levels of care

- Effective 1/1/2009, added mental health/chemical dependency benefits to the Lower Cost Self-Pay Plan. The level of benefits (Plan I, Plan II or none) is determined by the mental health/chemical dependency benefits the participant had when he or she last earned eligibility.
- Effective 1/1/2010, added a \$250 per person calendar year deductible for outpatient mental health and chemical dependency benefits.

DENTAL BENEFITS

- Effective 1/1/2008, added coverage for an additional dental exam and cleaning/scaling for pregnant women.

- Effective 1/1/2008, added coverage for dental implants.

VISION BENEFITS

- Effective 1/1/2009, added enhanced services and follow-up eyecare to patients with Type I diabetes under the Plan I Exam Plus vision benefit.

COORDINATION OF BENEFITS

- Effective 1/1/2007, the Plan will not apply its defensive Entertainment Industry Coordination of Benefits rules to Equity participants who defer their Equity eligibility.
- In response to AFTRA's postponement of the effective date for their Core Plan, the Plan's provision not to apply its defensive Entertainment Industry Coordination of Benefits rules to AFTRA participants who will be covered under the Core Plan was postponed from 7/1/2007. In April, 2008 AFTRA announced that the Core Plan would not be implemented.

GENERAL

- Effective May, 2008, added e-Pay Direct. Participants can pay their premium on-line without having to register for a user name and password.
- Effective December, 2008, participants registering on-line will be e-mailed their password if the e-mail address they enter matches the e-mail address on file at the Plans. Previously all passwords were sent in the regular mail.