

SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN

EARNED PREMIUM PAYMENT RULES

Premium Requirements

All participants are required to pay a premium for their Health Plan coverage. The amount of your premium depends on the plan which you qualify and the number of qualified dependents you will be covering under the Health Plan. The chart below outlines the premiums effective July 1, 2011.

Coverage for:	Plan I	Plan II	Plan II Age and Service*
Participant only	\$273 quarterly	\$324 quarterly	\$414 quarterly
Participant plus 1 dependent	\$315 quarterly	\$372 quarterly	\$477 quarterly
Participant plus 2+ dependents	\$342 quarterly	\$405 quarterly	\$519 quarterly

*This premium applies to participants who qualify at the lower earnings amount because they are at least age 40 and have at least 10 years of Earned Eligibility.

If you have Earned or Earned Inactive Eligibility and you also meet the requirements for Senior Performers coverage, you will pay the \$25 monthly Senior Performer premium. The premium must be remitted in quarterly payments of \$75. You will also pay the \$25 monthly premium if you meet the Senior Performers requirements but are not yet receiving your pension.

Open Enrollment

When you become qualified for coverage under the Health Plan, you will receive an enrollment form with all of your qualified dependents listed. You will need to complete the form and return it to the Plan Office to let us know which dependents you want to cover. If you have no changes, do nothing. Please note, your dependents may only be covered under the Plan if you are covered under the Plan.

During open enrollment you also have the opportunity to dis-enroll dependents you have previously enrolled. Simply check the appropriate box next to their name and return the form to the Plan Office or visit our website at www.sagph.org. Dependents who are dis-enrolled will not receive individual self-pay rights. If you are dis-enrolling dependents due to death, divorce or dissolution of a same-sex domestic partnership, please see the instructions on page 4.

If you are adding new dependents, in addition to the enrollment form, you must also submit all required documents to consider your dependents as qualified. Examples are a recorded marriage certificate for a spouse or a recorded birth certificate for your dependent child. Once we have your legal documents and your enrollment form, coverage can be extended to your dependents following receipt of your premium.

Once your enrollment and premium are processed, you cannot make changes until your next Benefit Period. Please see pages 3 and 4 under Special Enrollment Opportunities for special exceptions.

If your coverage is continuing, you do not need to submit an enrollment form unless you are making changes to your qualified dependents. Simply submit the premium amount indicated on your billing statement.

Payment Options

You can pay the premium for more than one quarter at a time, regardless of your method of payment (except ACH). However, you may not pay the premium for any period beyond your current Benefit Period.

Pay by Web - Pay your quarterly premium online. This is the fastest, easiest way to pay your premium. Simply visit our secure website 24/7 at www.sagph.org for payment options. You will receive instant confirmation that your payment has been received.

Pay by Phone – Pay your quarterly premium over the telephone 24/7 with a credit card. Simply call the Plan Office to access the Interactive Voice Response (IVR) and follow the prompts. The phone numbers are (818) 954-9400 or (800) 777-4013. If you choose to pay by phone, simply call the IVR before the due date and provide the necessary information. You will receive instant confirmation your payment has been received. For your security, this is an automated system. A Participant Service Representative will not be able to take your credit card information over the phone.

For your protection, pay by web and pay by phone payments are non-recurring. This means the Plan will not store your credit card or E-check information and will not automatically charge your credit card or debit your account every time a payment is due.

Auto Debit - The Auto Debit Plan deducts your quarterly premium automatically on a recurring basis each quarter from a U.S. checking or savings account. Payments are deducted around the 25th of the month prior to the due date. The Health Plan will continue to deduct your quarterly premium as long as you remain continuously eligible for Earned coverage, even if there is a change in the premium rate because your eligibility changed from Plan I to Plan II or vice versa. You can sign up online or download an enrollment form by visiting our website at www.sagph.org.

Pay by Mail – A billing statement and coupon will be sent to you a few weeks before the start of each quarter. The billing statement will indicate your total account balance for the remainder of your Benefit Period as well as the minimum payment that is due for the current quarter. Checks, money orders or cashier's checks from a U.S. bank should be made payable to: Screen Actors Guild – Producers Health Plan and sent to the Plan's Payment Center with your coupon in the envelope provided. Be sure to include the account number from the billing statement on your check to ensure proper credit to your account. Your payment must be received at the Payment Center no later than the due date to be considered timely. **DO NOT SEND YOUR PAYMENT TO THE PLAN OFFICE OR GUILD OFFICE.**

Time Limits

Payment Due Dates - Your premium is due by the first day of each calendar quarter for which you qualify for coverage. For example, the payment for the first quarter of the calendar year (January through March) is due on January 1. There is a 15-day grace period. *The due date is the 1st of the month and applies even when traveling. The grace period is for unforeseen circumstances.*

Termination of Coverage - If the Plan does not receive your quarterly premium by the due date, your coverage will be terminated. You will not be entitled to any coverage under the Health Plan until your next Benefit Period. Please see pages 3 and 4 under Special Enrollment Opportunities for special exceptions. *You will not be entitled to self-pay coverage, nor will you be entitled to any conversion options if your coverage is terminated due to failure to pay your premium.*

Termination of Coverage - Continued

For example: If your Benefit Period is January 1, 2011 through December 31, 2011 and you fail to pay your first quarterly premium by January 15, 2011, your coverage will be terminated effective January 1, 2011. You will not be entitled to any Health Plan coverage until January 1, 2012, provided you re-qualify for coverage by meeting the minimum earnings requirement.

During your open enrollment period if the Plan receives a premium less than the amount due, it will be considered an underpayment. If the additional amount is not received by the due date and the underpayment is equal to or greater than the Participant Only premium, the Plan will preserve health coverage for you as the participant by assigning you to the Participant Only tier. Your dependents will not be covered for your entire Benefit Period. If the underpayment is less than the Participant Only premium, neither you nor your dependents will be covered during the Benefit Period. Please see pages 3 and 4 under Special Enrollment Opportunities for special exceptions.

Late Payment Waivers – If your coverage is terminated because your payment was not received by the due date you can reinstate your coverage by using a late payment waiver. The Plan allows one late payment waiver per Benefit Period with a maximum of two late payment waivers per lifetime. You may use a late payment waiver up to the last day of the quarter for which a payment is due.

To use one of your late payment waivers, simply make your payment using our website at **www.sagph.org** or submit your premium payment with your billing coupon to the Payment Center. When your payment is received after the due date, the Plan will automatically apply one of your late payment waivers (if available) and your coverage will automatically be reinstated.

Special Note Regarding Your Other Insurance - If your coverage in this Plan is terminated because you do not pay your premium and this coverage would have been primary to another entertainment plan, coverage for you and/or your dependents under the other plan may be reduced or eliminated. You should contact your other plan for further information about how your coverage may be affected should you choose to let your coverage under this Plan lapse or choose not to enroll your dependents.

Special Enrollment Opportunities

Special enrollment opportunities allow you to make changes to your dependent elections outside of the open enrollment period. Please note, traveling is not considered a special exception.

Enrolling New Dependents - If you do not pay the premium and subsequently acquire a new dependent you can request coverage under this Plan within 30 days of the date of marriage, establishment of a same-sex domestic partnership, birth, adoption or placement for adoption. You will need to complete a Dependent Enrollment Form and submit the appropriate documents as outlined below:

- **Spouse** – copy of the recorded marriage certificate
- **Same-Sex Domestic Partnership** – contact the Plan Office for an enrollment package
- **Child** – copy of the recorded birth certificate, adoption or placement for adoption papers, or guardianship papers

If the Health Plan does not receive the necessary documents to verify your relationship, the dependent(s) will be considered unverified. You may enroll an unverified dependent; however, health coverage will not be extended to that dependent until receipt of your premium payment **and** the appropriate documentation such as a recorded marriage or birth certificate.

Special Enrollment Opportunities - *continued*

Dis-enrolling Qualified Dependents – If you are dis-enrolling a dependent due to divorce, dissolution of a qualified same-sex domestic partnership or death, you are required to submit a copy of the final judgment of divorce, termination of domestic partnership form or recorded death certificate to the Plan Office. In the event of divorce or same-sex domestic partnership dissolution, you must notify the Health Plan within 60 days of the date your divorce or dissolution of your domestic partnership in order for the dependent to receive individual self-pay rights.

Medical expenses incurred by your spouse, same-sex domestic partner or step-children on or after the date of divorce or domestic partnership dissolution are not covered by the Plan. You will be billed for expenses paid by the Plan from the date of divorce or dissolution of your same-sex domestic partnership. You may also wish to update your beneficiaries if one of these events occurs. A beneficiary designation form can be obtained by visiting our website at **www.sagph.org** or contacting the Plan Office.

NOTE: *[Enrolling and dis-enrolling dependents can affect the amount of your premium. Premium changes will be effective the 1st of the month in which the event occurred if enrolling a new dependent\(s\) and the 1st of the following month if you are dis-enrolling a dependent\(s\).](#)*

Other Health Coverage - If you do not pay the premium because you have other health coverage, you may be allowed to participate in this Health Plan when your other coverage ends because of a reduction in employment, legal separation, divorce or death. If the other coverage is under a COBRA provision and you exhaust your COBRA coverage, you may also be allowed to participate in this Health Plan. You must request coverage under this Plan within 30 days after your other coverage ends.

CHIP/Medicaid: Special enrollment opportunities are also available to:

- Participants and their dependents who lose coverage under Medicaid or CHIP; and
- Participants and their dependents who become eligible for a state's Medicaid or CHIP premium assistance program.

CHIP is a federal/state program designed to provide health care coverage for uninsured children and some adults. Benefits under this program are only provided by certain states so visit **www.cms.gov** and click on CHIP to see if your state participates. The CHIP/Medicaid enrollment events require you to submit a written request to the Plan within 60 days of their occurrence.

Contact Us

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