SAG·AFTRA
HEALTH PLAN

Summer 2024

Maximize your benefits in 2024

The benefits of staying in-network

The SAG-AFTRA Health Plan (the Plan) contracts with network providers to offer cost savings and other advantages for all your health benefits — medical and hospital, prescription drug, behavioral health and substance use disorder treatment, dental, and vision. Read on for details.

What's inside

Save money — stay in-network when you need care

For a snapshot of all the Plan's network providers, see **Network providers at a glance**.

Medical and hospital care

Anthem BlueCard PPO

The nationwide Anthem Blue Cross network includes the nationwide BlueCard network. For medical and hospital care, the BlueCard network gives you the best benefits value:

Highest benefit coverage

Network providers accept set fees for their services, so you'll pay less. Plus, the Plan pays 90% of your covered treatment costs. For out-of-network care, the Plan pays 60% of the Plan allowance. You pay the remaining 40% plus any amount over the Plan allowance, which can result in significant expenses for you.

Convenience

In-network providers file claims for you, so you don't have to pay up front or file a claim to get reimbursed.

Free preventive care

You pay no deductible or cost share for in-network preventive care. See below for a list of preventive care services.

Hospital coverage

The Plan only covers in-network hospitals and facilities, such as freestanding outpatient centers, which means ***you don't have any coverage for out-of-network hospital care***, unless it's an emergency.

Contact Anthem Health Guides for concierge customer care

Anthem Health Guides are like a hotel concierge for the Plan's medical and hospital benefits. They're customer care professionals who are specially trained on the Plan's in-network services.

Contact Anthem Health Guides to:

- → Get answers to benefits questions
- → Find in-network doctors, hospitals and other providers in your area
- → Help with coordination of benefits with other insurance
- → Resolve a billing issue
- → Help advocate for your medical needs
- → Assist you with booking an appointment

See how to live chat on the Sydney Health app below.

How Anthem Health Guides found a specialist and alleviated a participant's stress!

One of our participants needed to make a specialist appointment for his daughter. Her pediatrician gave him the names of several specialists, and he started making calls. But after spending several hours on the phone, the only appointment he could get was several months away. Frustrated and anxious, he reached out to the Anthem Health Guides. They jumped in and were able to set up an appointment the very next day, providing a quick resolution to a difficult problem!

Anthem's Sydney Health app is an all-in-one digital tool

Use Sydney to:

- → Download and use your digital ID card
- → Find providers and compare costs
- → Review the status of a claim
- → Schedule LiveHealth Online telehealth appointments
- → Receive wellness reminders
- → Use Live Chat to speak with Anthem Health Guides

Register for the Sydney Health app

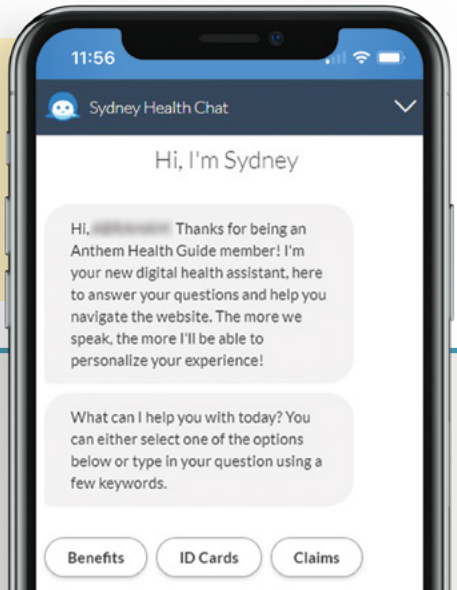
Download the app
App Store | Google Play

On your computer
Visit anthem.com/ca

Register yourself and your family, too, so you can help them keep up with their care.

Get answers fast with Anthem's Live Chat feature

Live chat with Anthem Health Guides from the Sydney Health app, or log in to anthem.com/ca, and click on **Sydney**. Live Chat is available Monday through Friday, 8:00 a.m. to 11:00 p.m. Eastern.



With Transcarent, your surgery can be stress-free and cost-free

Transcarent Surgery Care is designed to reduce the costs and alleviate the stress associated with elective surgery. This optional program directs you to the best doctors for your care, coordinates your preoperative and postoperative appointments, and helps streamline the surgery. Best of all? ***All your surgery-related expenses are covered 100%.***

Covered surgeries include bariatric, cardiac, general, neurological, orthopedic, spinal, women's health and vascular procedures. To find out how Transcarent Surgery Care can save you money, call **(855) 601-0667**, email **surgerycare@transcarent.com**, or visit their **website**.

transcarent

Note: If you have surgery and do not use Transcarent Surgery Care, your Plan deductible and coinsurance will apply. Visit **sagaftraplans.org/health** for more information.

Take advantage of free preventive care benefits

When you visit an in-network provider, the Plan covers the full cost of all the preventive care services listed here; you have no deductible or copay!

- → Well-baby and well-child visits, including immunizations
- → Annual physical or checkup, including immunizations
- → Vaccines (flu shots, pneumonia shots)
- → Travel vaccines
- → Cancer screenings, such as colonoscopies and mammograms, including screening ultrasounds for women with dense breasts

The Plan covers preventive services graded A or B by the **United States Preventive Services Task Force** without any cost sharing.

Register or log in to the **Sydney app** or **anthem.com/ca** for personalized reminders.

Introducing a new benefit: the Palliative Care Program

The Trustees are excited to announce that, through our long-standing relationship with the Motion Picture & Television Fund (MPTF), we are able to offer you Palliative Care benefits through the MPTF's award-winning program. The MPTF's Palliative Care Program benefits are an added layer that support the Plan's hospital and medical benefits. This benefit is provided at no cost to you and your family.

Why palliative care?

Not to be confused with hospice care, palliative care focuses on improving your quality of life and comfort when you are facing a serious illness (called a qualifying diagnosis). Palliative Care provides symptom management for you and emotional and spiritual support for you and your family. Through video and telephone conferencing, these services can be provided to you anywhere you are.

How can I access this benefit?

The Palliative Care Program supports covered participants and dependents who are seriously ill. If, during the last 12 months under your Health Plan coverage, you have had a medical claim with at least one Qualifying Diagnosis, the program may be right for you. The list below is not exhaustive. If you are unsure of whether you would be eligible for the Palliative Care Program and would like an evaluation, please call the MPTF Social Services Intake directly at (323) 634-3888.

Qualifying diagnoses

- → Alzheimer's or dementia
- → Certain cancers
- → Cirrhosis
- → Heart failure
- → HIV
- → Lung failure or pulmonary illnesses
- → Neurodegenerative illnesses
- → Renal disease
- → Stroke

If you do not believe you meet the criteria listed in this article or if you are not currently covered under the Plan, the MPTF offers a range of supportive services to members of the entertainment community and their families. Visit **their website** to learn more.

Services provided to you and your family

Interdisciplinary Team – Assists clients with management of social, emotional, spiritual symptoms associated with their medical condition; collaborates with the palliative care physician and other specialists to enhance relief from physical symptoms associated with the client's diagnosis

Assessments – For depression, anxiety and other issues related to diagnoses and for financial need, through MPTF and other resources

Supportive Counseling – Assists clients and their families to process the changes a serious diagnosis has brought to their lives and to define their goals going forward

Community Resource – Provides linkage to resources, such as caregiving, placements, home health, hospice, support groups, therapists, durable medical equipment, legal, transportation, food delivery programs

Caregiver Support – Provides education, support and referrals to caregivers; provides bereavement support to family members and friends; group, individual, family and senior options

Prescription drugs

CVS Caremark

The Plan's drug coverage through CVS Caremark® ensures that you get the medication you need, conveniently and safely, with a large retail pharmacy network, home delivery and access to specialty medications. Plus, there's a variety of tools to help you stay on top of your health while saving money.

Prefer not to wait in line at the pharmacy?

With the **CVS Caremark app**, you can refill or request new mail-service prescriptions and track your order status, at the touch of a button.

You can also use the app to:

- → Find drug-savings opportunities
- → See your prescription history
- → Locate an in-network pharmacy near you
- → View your CVS ID card
- → Update your account information, including managing family access
- → Connect with CVS Caremark

Managing multiple prescriptions?

The CVS Caremark app makes it easy to see how many refills are left, check for potential drug interactions, find drug costs and coverage, and identify unknown pills.

Get 90-day meds at CVS pharmacies for the same copay as home delivery!

You can fill long-term prescriptions (typically a 90-day supply) by mail OR pick them up at a CVS Pharmacy, Costco, Kroger or Ralphs or other retail outlet — all for the same copay.

CVS caremark®

With RxSS, you have pharmacy experts in your corner

Rx Savings Solutions (RxSS) is a free service designed to help you find the lowest-priced options for your prescription medications. RxSS has online tools and experts ready to help.

rxss® Rx Savings Solutions

1. **Getting started:** RxSS experts can help you activate your account over the phone and explain your options for reducing your costs.
2. **One-on-one consultations:** RxSS can answer questions about your benefits, medication history and more.
3. **Simple switches:** RxSS can handle prescription transfers and even contact your provider for approval.

View or activate your account at myrxss.com or through the RxSS app.

Your representative Asher was remarkably helpful and polite and pleasant. Thank you for him and this service you're providing. Well done.

- Darryl A.,
SAG-AFTRA Health Plan participant*

* Name used with permission. The Plan never identifies participants without their permission.

Dental care

Delta Dental

The Plan's dental benefits are offered through Delta Dental, the nation's largest and most experienced dental benefits carrier.

When you use a Delta Dental PPO dentist, you get the highest value. Your diagnostic and preventive services (like X-rays and cleanings) are covered at 100% and are not subject to the deductible. You can also choose a Delta Premier dentist or any dentist you choose; however, if you visit a provider outside the Delta Dental PPO, your costs will be higher.

Visit the **Delta Dental website** to find a Delta Dental PPO or Delta Premier dentist and a summary of your dental benefits.

Tip: Delta Dental PPO dentists are in-network. Delta Premier dentists are out-of-network. To save money, double-check that your dentist is part of the Delta Dental PPO when you make an appointment.

Vision care

VSP

The Plan provides vision benefits through Vision Service Plan (VSP). When you visit a VSP provider, you can get an annual eye exam for just a $10 copay and a discount on prescription glasses and professional services for contact lenses. While the Plan allows you to visit any provider you'd like, you'll pay more if you go out-of-network.

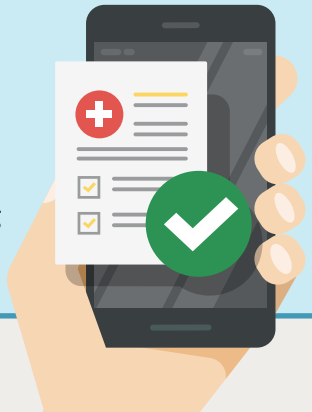
To find a VSP provider, visit the **VSP website** or call (800) 877-7195.

Make sure your provider is in-network

Whether you're making a doctor, therapist, dental or eye appointment, networks can change.

Know before you go

If you're seeing a new provider or one you haven't been to in a while, ask the person you make the appointment with if your provider is still contracted with the network. "Taking your insurance" and "being an Anthem (or Carelon, or Delta, etc.) network provider" are very different things. **You want to make sure you are seeing a provider who signed a contract to be in the network — a "network provider."**



Behavioral healthcare

Carelon Behavioral Health

The Plan has partnered with Carelon to provide a variety of in-person and virtual behavioral healthcare services. Through the Carelon network, you can find a mental health or substance use disorder provider, including licensed therapists, residential treatment centers, outpatient treatment programs and more.

Call Carelon at (866) 277-5383 to make sure you receive appropriate in-network benefits, even if there are no in-network treatment options in your area. **Note:** Out-of-network services are only covered in emergencies.

Carelon offers guidance on these behavioral healthcare services:

In-person treatment options

In person or virtual? Inpatient or outpatient? Partial hospitalization or intensive outpatient program? Carelon can help you decide what type of care makes sense.

Clinical Referral Line

Ready to find an in-network provider? Call (866) 277-5383, or visit the Carelon website for help finding a quality in-network provider who is accepting new patients.

Emergency care guidance

If you are struggling emotionally or have concerns about your mental health, these resources provide immediate help:

911: Call 911 if it's an emergency and you need immediate assistance.

988 Lifeline: Call or text 988, or chat at 988lifeline.org for 24/7, free and confidential support to anyone in suicidal crisis or emotional distress.

Crisis Text Line: Text "HELLO" to 741741 any time, in any type of crisis, to connect with a crisis counselor.

Virtual therapy options

In addition to traditional in-person care, Carelon offers convenient telehealth options for you to get therapy virtually, depending on your needs.

Talkspace: Phone, chat or video counseling for mild to moderate issues for teens, adults and couples

MDLIVE: Therapy and psychiatry video sessions for adolescents, teens and adults with mild to severe issues

Ria Health: A virtual alcohol treatment program that uses medications, online counseling and coaching support

carelon Behavioral Health

Hidden costs of going out-of-network

Why you'll pay more — and get less value — when you go out-of-network

See **Helpful terms** for more information.

Separate deductible

You have to pay a separate annual deductible before the Plan starts to cover any out-of-network services.

No hospital coverage

The Plan doesn't cover out-of-network hospitals or other facilities. The only exception is emergency care.

Care standards aren't guaranteed

Quality of care varies among out-of-network providers. Unlike in-network providers, out-of-network providers aren't vetted. Without negotiated standards of treatment, there's no guarantee you'll get quality care.

Higher coinsurance

The Plan covers a smaller portion of out-of-network services. The Plan only pays 60% of the allowance for out-of-network services.

Lower Plan allowance

Out-of-network providers can charge more for the same in-network services. When you go out-of-network, you're required to pay the difference between the Plan's allowance and the amount charged by the out-of-network provider or facility. Since out-of-network providers receive a much lower allowance from the Plan for their services, some of these providers may charge you more to make up the difference.

Comparing in-network and out-of-network costs

Tara receives in-network care

Annual deductible: **$500**

Tom receives out-of-network care

Annual deductible: **$500**

Annual wellness visit

$0

Tara's **in-network** cost

In-network annual preventive care is covered in full, with no deductible to meet.

$375

Tom's bill from his **out-of-network** provider

The allowed amount for the claim is $200.

Tom pays the full $375 bill, $200 of which is applied to his deductible.

Urgent care visit

$25

Tara's **in-network** copay

Tara isn't required to pay a deductible for an office visit, and the Plan covers the cost of the in-network visit.

$400

Tom's bill from his **out-of-network** provider

The allowed amount for the claim is $300.

Tom pays the full $400 bill, $300 of which is applied to his deductible.

Total costs

$25

Tara's cost for two **in-network** visits

While there is a $500 in-network deductible for some services, it does not apply to Tara's annual wellness visit or urgent care visit. Her Plan benefits kick in right away.

$775

Tom's cost for the same type of care as Tara's but received **out-of-network**

Tom has met his annual $500 out-of-network deductible. However, if he continues to receive out-of-network services, the Plan will pay 60% of the cost.

Out-of-network sticker shock!

Julie needs to have knee surgery. The bill for the surgery at an out-of-network surgery center is $10,000. Her Plan coverage has limitations that affect how much she will pay for her out-of-network care. Julie is in for some serious sticker shock when she sees what she owes.

Here's how Julie's costs might break down:

Total bill

$10,000

Julie's deductible[1]

$500

Plan's allowance[2]

$1,000

for care received at an **out-of-network** surgery center, including the $500 deductible

Coinsurance[3]

The Plan pays

$300

60% of the remaining $500 of covered charges

Julie pays

$200+

40% of the remaining covered charges after the deductible

Julie's total payment

$9,700

In this scenario, Julie would be responsible for paying $9,700 for her out-of-network surgery center. The Plan only pays $300 toward the surgery.

And Julie still hasn't even received the bill from her out-of-network surgeon, which means she has even more to pay.

What would have happened if Julie had stayed in-network?

If Julie had gone to an in-network facility and had an in-network surgeon perform the operation, she still would have had to meet her $500 deductible. Then the Plan would have paid 90% of the remaining cost, and she would have paid the remaining 10%.

Julie could have paid nothing with Transcarent

If Julie had called Transcarent Surgery and used their services to coordinate her surgery, the Plan would have covered 100% of the cost. She would have paid nothing out of pocket!

Note: *These figures are hypothetical, and actual costs can vary based on the specific medical procedure. Always check with Anthem Blue Cross for the most accurate information regarding coverage and costs.*

[1] The amount Julie pays for covered healthcare services before the Plan coverage starts to pay

[2] The maximum amount the Plan will pay for certain types of services

[3] The percentage of costs of a covered healthcare service Julie pays after paying the deductible

Important reminders

2024 annual deductibles

Remember that your deductibles restart each year. We're about halfway through with 2024, so you may have already met your deductibles for the year.

Until you meet your deductibles, you'll pay out of pocket for medical, hospital and prescription drug costs. After you meet your deductibles, your Plan benefits kick in.

2024 calendar-year deductibles

Combined hospital and medical deductible (including behavioral health)	**BlueCard PPO / Carelon Behavioral Health** $500 per person; $1,000 per family
Prescription drug deductible	$75 per person; $150 per family

Helpful terms

Deductible

The amount you must pay each year before the Plan begins to share costs. The Plan has a combined deductible for hospital and medical coverage and separate deductibles for prescription drug and dental coverage.

In-network or provider network

In-network refers to doctors, hospitals and other healthcare providers that contract with a health plan to provide healthcare services to members at pre-negotiated rates.

Out-of-network

Out-of-network refers to doctors, hospitals, dentists, optometrists and other healthcare providers who have not contracted with a health plan to provide care at pre-negotiated rates. The Plan covers out-of-network providers, but you'll pay much more when you use them.

Allowance or Plan's allowance

For out-of-network providers, the Plan uses Anthem's out-of-network pricing schedule to determine the allowable amount. For services provided in all states except New York, Anthem applies a non-participating provider fee schedule that is based on a percentage between 85% and 100% of their standard in-network professional fee schedule.

Anthem refers to this as the Anthem local plan pricing. This means that the allowance is based on a percentage of Anthem's standard in-network professional fee schedule and is not based on a percentage of CMS or any other third-party database. For services provided in the state of New York, the allowance is based on 150% of the national Medicare pricing methodology as their Anthem local plan pricing.

Network providers at a glance

On top of lower cost and higher quality of care, our network providers offer many tools and resources through their apps, websites and call centers. They can help you find providers, learn about your care options, estimate costs and much, much more!

An overview of the Plan's network providers

The Plan contracts with each of these vendors, so when you need care, start with them.

Type of care	Name	Digital tools	Contact information
Medical and hospital	Anthem	Sydney Health app App Store | Google Play LiveHealth Online App Store | Google Play	(833) 414-5790 anthem.com/ca
	Transcarent Surgery Care	Transcarent app App Store | Google Play	(855) 601-0667 sagaftraplans.org/health/benefits/transcarent-surgery-care
Prescription and specialty drugs	CVS Caremark	CVS Caremark app App Store | Google Play	(833) 741-1361 caremark.com
Discount programs	RxSS	RxSS app App Store | Google Play	(800) 268-4476 myrxss.com
Behavioral health *In person*	Carelon Behavioral Health		(866) 277-5383 carelonbh.com/sag-aftra-health-plan
Behavioral health *Virtual*	MDLIVE	MDLIVE app App Store | Google Play	(800) 400-6354 mdlive.com
	Talkspace	Talkspace app App Store | Google Play	(866) 277-5383 talkspace.com/sagaftrahealthplan
	Ria Health	Ria Health app App Store | Google Play	riahealth.com
Dental	Delta Dental	Delta Dental app App Store | Google Play	(800) 846-7418 deltadentalins.com/sag-aftra
Vision	VSP	VSP app App Store | Google Play	(800) 877-7195 vsp.com