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The Writers' Guild-Industry Health Fund

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MEDICARE AND OTHER EIGHT LETTER WORDS

If you are a Certified Retiree who is over age 65 and eligible for Medicare Part B, your Health Fund coverage is secondary to the benefits offered by the Medicare program. Coordination of benefits is simply a way to share the cost and responsibility for payment among plans.

The Trustees did not want to cause any undue hardship when certain methods of payment were established and if you are enrolled in Medicare, your financial responsibility is limited.

If, as a Certified Retiree, you are not enrolled in Medicare Part B, the Fund

will estimate Medicare's coverage to be 80% of medical costs and coordinate benefits. This means the Certified Retiree is responsible for the estimated 80% portion, in addition to co-insurance, deductible and copay amounts the Fund does not pay. In cases of a severe or protracted illness, the financial burden on the family can be devastating.

Our Participant Services staff is trained to review and illustrate how coordination with Medicare benefits impacts your unique situation. So plan to call us with your questions and

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DELTA DENTAL WORKERS PUT TEETH IN THEIR DEMANDS

If recently you tried to reach Delta Dental and it seemed no one was home, there was a good reason. Delta's northern California union workers were out. On strike.

On July 19, 2002, after voting down the first of three tentative collective bargaining agreements, union members hit the picket lines. (Delta's HMO, PMI, was not effected because its employees are covered under a different labor agreement).

During the strike, Delta Dental reassigned its management staff to focus on claims processing. Telephone service for Delta dentists and enrollees was limited to automated systems and recorded messages offering alternate channels for retrieving eligibility and benefits information. After approving an offer on August 11, 2002, union workers were back on the job to work on August 12.

With the return of its entire workforce, Delta officials report

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AN IMPROVED PLAN OF VISION BENEFITS

Most routine eyecare services are eligible for coverage under the vision plan but sometimes a service is covered by the medical plan of benefits. For example, office visits and lab work that is performed by your doctor as treatment of glaucoma or cataracts is eligible for medical plan benefits. Refractions, tonometry and exams that are performed to assess your visual acuity and to prescribe corrective lenses are covered by the vision plan. The medical plan covers treatment of an injury or illness, such as a scratched cornea or detached retina. Coverage is not available by either plan for lasik surgery.

Several modifications occurred April 1, 2002 to the vision plan

and we think it's important to restate the current benefits for you. The medical and vision plans share an annual deductible of \$200.00 per participant not to exceed \$600.00 per family. The vision plan allows 85% of covered services and provides an annual maximum benefit of \$325.00 per participant. Currently, the Fund does not subscribe to a network specifically for eyecare services; however, the Private HealthCare Systems (PHCS) network does contain physicians in the field of ophthalmology. If you are searching for a specialist you can reach PHCS Provider Relations Department by calling (800) 950-7040.

One of the ways we've streamlined the claim process is to no longer require a claim form when expenses are filed. Benefits can be assigned to your provider or you can be reimbursed, and the Fund accepts paper and electronic claims. Paper claim expenses should be sent to the Fund office at 1015 North Hollywood Way, Burbank, Ca. 91505 and electronic claim expenses should be sent to Submitter #23710. If your provider has any questions about our electronic claims process, you can direct them to (818) 846-1015, extension 187. Our Participant Services Department will gladly assist you with any questions you have about vision or medical plan benefits.

WHO SAID GETTING OLD DOESN'T PAY?

If you are a Certified Retiree with the Health Fund and eligible to enroll in the Medicare program, the Fund will reimburse you the cost of the Part B Medicare premium. Our Trustees felt it was so important for its over-65 participants to have this coverage that they voted to cover the quarterly premium cost that is taken from a social security check or billed directly to the writer. To obtain reimbursement, simply provide a copy of your Medicare card indicating that you have selected Medicare Part B, to the Accounting Department of the Administrative Office. Once verified, you will receive reimbursement on a quarterly basis as long as you maintain your Certified Retiree status.

Part B is Medicare's medical insurance and helps pay for doctors, outpatient hospital services, therapies and supplies, as well as certain home health services. The Fund coordinates benefits with Medicare but what happens if a Certified Retiree refuses Part B? Those expenses go uncovered by Medicare and will

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DEAR DOROTHY

Dear Dorothy:

I am retired under the Pension Plan and just finished the Pension Payment Verification Form process. Will I have to complete that form again in the future or am I done with it forever?

-Annoyed in Atlanta

Dear Annoyed:

Yes, you will be mailed a Pension Payment Verification form from the Administrative office in 2004 (and every two years, thereafter) for your completion. This verification is part of the Plan's fiduciary responsibility to ensure that you receive the benefits that you are entitled to and it also protects you and the Plan from fraudulent activity. Also, this form helps the Plan to uphold and protect the confidentiality related to your records. Confidentiality is extremely important. As a reminder, you may use your Unique Identifier (from the front of your monthly check or Electronic Funds Deposit Advice) instead of your Social Security Number to identify yourself when calling the Administrative Office.

Dear Dorothy:

I've been reading all the letters that were sent to me about the payment for the benefit rate retroactive increase and the 13th

"check." When can I expect that payment?

-Hopeful in Hacienda Heights

Dear Hopeful:

Soon! Hopefully your payment will be made by October 2002. Please understand that for a few of you, the payment may not happen until after that. We will keep you informed of our progress. Please bear with us!

Dear Dorothy:

From the advice in your last column, I called to request a retirement application. Now I have all of these retirement payment options to choose from and I'm so confused! Which one should I choose?

-“All Optioned Out” in Ojai

Dear “All Optioned Out”:

Well, we agree it can be overwhelming, however, we cannot tell you which option to choose. Here is a brief description of each option to help you decide which option is best for you. While you are reading this, keep in mind that each of the options listed here will provide you a benefit each month for your lifetime, except under certain circumstances under the Social Security Adjustment Option. (Your monthly benefit from the PWGA Pension Plan may stop when you start receiving Social Security benefits.)

*You may choose only one option. The **Five-Year Certain and Life Annuity Option** and **Ten-Year Certain and Life Annuity Option** guarantee 60 payments (Five-Year Certain) or 120 payments (Ten-Year Certain) to either you or your beneficiary on record. If you pass away before the 60 or 120 monthly payments are made, then your monthly payment would continue to your beneficiary on record until the 60 or 120 monthly payments are made. Then, the monthly payment would stop. If you outlive the 60 or 120-month period, your benefit would cease upon your death. Your beneficiary will not receive any benefits. You may change your beneficiary under these two options at any time. Now, if you choose one of the **Joint and Survivor Annuity Options (50%, 66-2/3%, or 100%)**, you must choose a “Joint Annuitant” and you may not change your Joint Annuitant, ever. Please note that the 50% Joint & Survivor Annuity Option is automatic for married participants. Your spouse must agree (with his/her notarized signature) if you choose a non-Joint & Survivor Annuity Option or choose a Joint Annuitant other than your spouse. Under these*

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DEAR DOROTHY

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options, you will receive a benefit for your lifetime, as mentioned above. Upon your death, your Joint Annuitant will receive a benefit for his/her lifetime. His/her benefit will be 50%, 66-2/3% or 100% of your benefit at the time of your death (the amount paid to your Joint Annuitant depends on which one you choose). If your Joint Annuitant dies before you, then the benefit stops upon your death. If you decide on one of the **Joint and Survivor Annuities with Pop-up Options (50%, 66-2/3%, or 100%)**, you will also need to choose a Joint Annuitant, and you may not change your Joint Annuitant either. These options work similar to the Joint & Survivor Annuity Options. The one difference is that if your Joint Annuitant predeceases you, then your monthly benefit amount is "popped-up" (increased) to the amount that you would have been paid under the Five-Year Certain and Life Annuity Option. However, there is no five-year (60-month) guarantee. The Plan also offers a **Social Security Adjustment Benefit Option**. This option seeks to provide a level income for you from both our Plan and Social Security. You would receive a larger monthly

benefit from the Plan until your Social Security Benefits begin, and then your benefit from the Plan would be reduced or terminated. In order to have an estimate of your benefit under this option, you need to provide the Pension Benefits Department with a written estimate from Social Security of your future Social Security Benefit. There is no beneficiary election with this option, and the benefit will stop upon your death. Also, this option is only available to retirees who retire Early.

The bottom line is please choose carefully! Once you elect an option and your retirement benefits begin, your option cannot be changed. If you have further questions about the options, please contact the Pension Benefits Department at the Administrative Office by calling (818) 846-1015, extension 153.

Dear Dorothy:

I have a Same Sex Domestic Partner. I want to qualify my partner for Pension Plan purposes. What do I need to do?

-Wondering in Westwood

Dear Wondering:

You will need to complete and file an Affidavit of Domestic Partnership for the Pension

Plan with the Administrative Office. Once the Plan has your completed Affidavit and all supporting documents, your Same Sex Domestic Partner will be on file as your Qualified Domestic Partner for Pension Plan purposes. This qualification would give your Same Sex Domestic Partner similar rights as a spouse under the Plan. In order to request a copy of the Affidavit of Domestic Partnership for the Pension Plan, please contact the Administrative Office at extension 153. Please note that this Affidavit is not for The Writers' Guild-Industry Health Fund. Each Affidavit is completely independent from the other. In order to request a Same Sex Domestic Partner Packet for The Writers' Guild-Industry Health Fund, please call the Administrative Office at extension 189.

Please feel free to write to Dorothy at the Producer-WGA Pension Plan and The Writers' Guild-Industry Health Fund, 1015 North Hollywood Way, Burbank, CA 91505 with your questions. Your questions may be answered in the next issue of "Let's Talk".

TEST YOUR DENTAL IQ WITH QUESTIONS

FROM OUR FRIENDS AT DELTA DENTAL

ALL INFORMATION CONTAINED IN THIS ARTICLE WAS PROVIDED BY DELTA DENTAL



Everyone knows that brushing and flossing help prevent tooth decay, but do you know how long you should brush? And how often you should replace your toothbrush? Take this quick quiz and see how your dental health knowledge measures up.

1. What percentage of adults have fillings?
 - a. 50 percent
 - b. 63 percent
 - c. 78 percent
 - d. 96 percent
2. If you find yourself without a toothbrush or toothpaste, chewing gum will cleanse your mouth after a meal. True or false?
3. How much time should you spend brushing your teeth?
 - a. 30 seconds
 - b. 1 minute
 - c. 5 minutes
 - d. 20 minutes
4. Baking soda makes a good toothpaste substitute. True or false?
5. How often should you replace your toothbrush?
 - a. every 3 weeks
 - b. every 3 months
 - c. once a year
 - d. every 2 years
6. Men are more likely than women to have bad breath. True or false?

7. When is the most important time to brush?
 - a. morning
 - b. mid-day
 - c. evening
 - d. after every meal
8. Chocolate is more likely to cause cavities than raisins? True or false?
9. What is the worst thing you can do to your teeth?
 - a. smoke
 - b. drink sugary sodas
 - c. play contact sports without a mouth guard
 - d. use your teeth as a tool (i.e. to open hairpins, to cut thread)

Answers

1. **d.** This is a startling statistic when you consider that dental decay is preventable through proper brushing and flossing and regular visits to the dentist.
2. **True.** Chewing gum stimulates saliva, which naturally controls bacteria growth in the mouth. However, there's no substitute for brushing with fluoride toothpaste.
3. **c.** Most people think they brush for the recommended five minutes but actually brush for less than 30 seconds. Try using a timer to see if you are being thorough enough in your brushing.
4. **False.** Baking soda controls bacteria in the mouth, but doesn't combat tartar.
5. **b.** Replacing your toothbrush every three months prevents the growth of cold-causing bacteria and viruses.
6. **True.** According to an American Dental Association survey, men are more likely than women to suffer from chronic bad breath. The leading cause was poor oral hygiene, followed by periodontal disease.
7. **d.** Ideally, brushing should be done after every meal. At the very least, you should brush twice a day, particularly before going to bed. The flow of saliva, which helps prevent cavities, decreases while you sleep.
8. **False.** Your mouth gets rid of sugary foods more quickly than starchy foods. Raisins are also stickier and harder to dislodge from between teeth.
9. **a, b, c and d.** All of these factors contribute to tooth decay, gum disease and/or fractured or lost teeth.
10. **True,** if it's the chewable kind. Chewable vitamin C makes your mouth acidic enough to start dissolving tooth enamel. Brush or rinse after chewing vitamin C, or switch to swallowable tablets.

MEDICARE

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plan to hold onto your retirement savings for life's pleasures by enrolling in Medicare Part B when you turn 65.

DELTA DENTAL

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that all business operations are back to normal, with no significant catch up work necessary. "It wasn't easy, but we made effective use of a very dedicated management staff, determined to serve our customers and enrollees during the strike," said Mike Kaufman, a Delta senior vice president in charge of State Government Programs.

Rumors that management stockpiled dental claims in anticipation of a strike are unsubstantiated.

WHO SAID GETTING OLD DOESN'T PAY?

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only be reimbursed by the Fund in an amount equal to the Medicare allowable charge, less an estimated amount Medicare would have paid as primary coverage, generally 80%.

In addition, if you refuse Part B at the time you turn age 65 and later decide to enroll in Medicare, a penalty and/or delay in coverage is imposed by the Medicare program.

So take our advice to the bank. Enroll promptly for Part B coverage and the Fund will reimburse you the cost of premiums.

"Whom to call ..."

Plan/Fund Directory

<u>Administrator:</u>	<u>Extension</u>
Thomas J. Hendricks	150
<u>Employer Compliance/Collections:</u>	
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Joan Raschella	141
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"Where to call ..."

Inside California
(818) 846-1015
Outside California
1 (800) 227-7863

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