



SPECIAL SUPPLEMENT

ON HEALTH FUND 10/1/03 CHANGES

MORE DETAILS ON WHAT'S HAPPENING TO HEALTH FUND BENEFITS AS OF OCTOBER 1ST

The Special Edition of *Now Playing* that was mailed to members last month provided an overview of the Health Fund changes that are going into effect on October 1, 2003. Since that's right around the corner, this edition of your Equity-League newsletter has more details on the CIGNA Medical Plan, including an introduction to some special built-in benefits and features; an update on self-pay dental coverage; and, as always, open and honest answers to frequently asked questions.

Recap of What's Happening Effective October 1, 2003

- **New Eligibility Rules**
To get 6 months of Health Fund coverage, you'll need 12 weeks of work; to get coverage for 12 months, you'll need 20 weeks. More details on this change in the August Special Edition of *Now Playing*, a copy of which is also available on our website (www.equityleague.org).
- **It's CIGNA All the Way**
CIGNA HealthCare will replace ULLICO, BlueCross and Medco Health Solutions, which means hospital, Major Medical/PPO and prescription drug benefits under our Indemnity Medical Plan will be combined under one Comprehensive Medical Plan with CIGNA. More details in this edition of the newsletter.

- **The Dental Plan Is Going Away**
But the Trustees have successfully negotiated a self-pay Dental Plan that will go into effect on January 1, 2004. Actually, you'll have two dental plans to choose from, so be sure to see page 4 for more information.

What's Inside

WHEN HOSPITAL PREADMISSION CERTIFICATION IS REQUIRED, AND HOW TO GET IT
 HOW TO FIND PROVIDERS IN CIGNA'S PPO NETWORK
 HOW TO ACCESS THE CIGNA WEBSITE
 SPECIAL BENEFITS THAT COME WITH PARTICIPATION IN THE CIGNA MEDICAL PLAN
 NEWS ON SELF-PAY DENTAL
 FAQs
 ... PLUS, A "TIMELY REMINDERS" INSERT, INCLUDING GETTING YOUR PRESCRIPTIONS FILLED

NOW PLAYING

Denial. Anger. Bargaining. Depression. Acceptance. Hope.

Even though we had previously prepared you for change with facts, figures and dire warnings about the Health Fund's finances, we know that the October 1 changes, especially the new eligibility rules and the elimination of the Dental Plan, hit members hard. Unfortunately, given the magnitude of the Fund's deficit, and the rate at which its reserves are being depleted, the Trustees had no choice but to take this course of action in order to preserve medical coverage for as many members as possible. In addition to tightening the eligibility rules and eliminating the Dental Plan, competitively bidding and combining our hospital, medical and prescription drug benefits

under one comprehensive Medical Plan with CIGNA yielded some cost savings. However, since health care cost increases are unpredictable, we're not out of the woods yet. To get our costs under control, we need your help, which is as simple as using network providers whenever possible, and by allowing CIGNA to do its job, which is to take an active role in managing your health care needs. This is a difficult time for all of us, but we are hopeful that the changes we're making now will help us preserve the Health Fund for the immediate and long-range future. And we certainly hope you will join us in that effort.

Check With CIGNA Before Being Checked Into the Hospital



CIGNA

HealthCare

Important reminders and some new information about the move to CIGNA

Note that the information in this newsletter also applies to dependents enrolled under your Health Fund medical coverage on October 1, 2003.

You must have all non-emergency hospital stays approved through **CIGNA HealthCare's Preadmission Certification Program** before you are admitted. (The preadmission certification is performed by Intracorp®, a CIGNA subsidiary that also handles the CIGNA HealthCare Medical Plan's utilization review and case management programs.) In addition to approving the admission itself, CIGNA will also determine the appropriate length of your hospital stay. If you or your doctor wants you to stay longer than the number of days

CIGNA has approved, that also has to be approved under the "continued stay" portion of the program. **You or your doctor** must initiate the certification and/or continued stay process, which is done by calling the toll-free number on your CIGNA ID card. CIGNA HealthCare's Preadmission Certification Program is meant to help you avoid unnecessary or excessively long hospital stays, but here's another good reason to call: If you bypass the pre-certification/continued stay process, you'll pay a \$250 per incident penalty.

MEDICAL EMERGENCY?

If you have to go to the emergency room for treatment and from there are admitted to the hospital, you (or a family member, a friend or your doctor) must call CIGNA no later than the second business day after being admitted.



YOU MUST HAVE ALL NON-EMERGENCY HOSPITAL STAYS APPROVED BEFORE YOU ARE ADMITTED.

How to Find CIGNA PPO Providers



Other handy uses for the CIGNA website

CIGNA's state-of-the-art website lets you refill prescriptions online, replace lost ID cards and access general health care information. You can even create your own personal "myCIGNA.com" website, which gives you easy access to more specific information about your coverage, including copays and covered services and, for Out-of-Network care, the status of your recent claims. Your site is totally confidential and secure. To register and set one up, just go to myCIGNA.com anytime from October 1 on and follow the instructions.

Like our current PPO, you get the highest benefits (and the most cost-efficient care) when you use In-Network providers. Given the size of CIGNA's PPO network, your doctor is probably in the network, but you might want to call your doctor's office to confirm. Here are other ways to check out which providers are in the CIGNA PPO network, including hospitals and pharmacies.

1. BROWSE THE ONLINE DIRECTORY

Here are step-by-step instructions for how to locate CIGNA PPO providers online.

- Just log on to www.cigna.com (you can also get there via our website, www.equityleague.org). Near the upper right-hand corner of the CIGNA website there's a section labeled **Popular Links**. The first selection is **Provider Directory**. Double-click on it.
- At the next screen, specify the type of provider you're looking for. (Remember, the search isn't limited to PPO doctors; you can also look up hospitals and pharmacies in your neighborhood.) You can search by name for a specific provider, or by location and distance to see all matching providers in your area.
- Hit **Continue**.
- On the next screen, under the section that reads "Select your benefit plan or program," choose the second option: **Preferred**

Provider Organization (PPO), Preferred Provider Plus (PPO Plus), Preferred Provider Access (PPA). You can also specify the type of physician you're looking for, using a number of different criteria.

- After hitting the **Continue** button at the bottom of the page, the next screen will provide the list of provider names. (You can even print out a detailed map with directions on how to get there.)

2. CONTACT CIGNA

- If you prefer to talk to a CIGNA Member Services Representative, just call the toll-free number on your ID card. (If you haven't received your CIGNA ID card by now, see the "Timely Reminders" insert for how to contact CIGNA between now and October 1.)

3. CONTACT US

- The Fund Office will be happy to help, so see page 7 for how to contact us.

Participation In Our CIGNA Medical Plan Also Comes With These Special Programs & Features

In addition to helping you manage your health and your health care needs, we've built some unique features into our CIGNA Medical Plan. There's absolutely **no charge** for using any of them; just be sure you have your CIGNA *Preferred Provider Access PPO Plan* ID card with you.

RNs On Hand 24/7 A specially trained team of registered nurses is on duty to answer your questions and help you sort things through, from general health questions to personal issues —

like what to do in an emergency or how to find a nearby hospital or pharmacy (they'll even give you directions). You can reach a CIGNA registered nurse anytime day or night, 365 days a year through their **24-Hour Health Information LineSM**. And because knowledge is power when it comes to your health, you can also use the 24-Hour Health Information Line's Health Information Library, which has hundreds of programs on tape on any health-related topic you can think of, from aging to weight control, and virtually everything in between.

Boy, Girl, as Long as It's Healthy CIGNA's **Healthy Babies[®]** Program for expectant mothers is designed to promote good prenatal health and a healthy baby at delivery time. Getting into the program is as easy as calling the toll-free number on your CIGNA ID card before the end of the third month of pregnancy (or as soon as your doctor confirms the pregnancy). In addition to the excellent professional advice you get in person, you also get a free reference book on prenatal care when you sign up for the program.

Discounts Galore, Online or at the Store Save up to 60% on a variety of health care-related services and products from providers in CIGNA's **Healthy Rewards®** Program. (Some can even be ordered online.) To find a participating **Healthy Rewards®** provider, log on to

www.cigna.com/healthyrewards, or call CIGNA toll-free at 800-870-3470.

- Acupuncture
- Chiropractic care
- Cosmetic dentistry
- Health & beauty products
- Fitness club membership
- Hearing tests & aids
- Massage therapy
- Vitamin and herbal supplements
- Vision care, including laser vision correction

UPDATE ON THE VOLUNTARY SELF-PAY DENTAL PLAN (make that *plans*)

Here's the Drill on Dental

- The Health Fund's Dental PPO is going away as of October 1, 2003.
- Two voluntary self-pay dental plans will be available effective January 1, 2004.
- You can sign up for a self-pay dental plan during a special enrollment period that will run from November 1, 2003 to December 1, 2003, in which case your coverage would become effective January 1, 2004.
- If you don't sign up by the December 1, 2003 cut off date, your next opportunity to enroll won't be until November 2004 for coverage that starts on January 1, 2005, or the next time you're eligible for health benefits through employer-paid coverage.

As you know, one of the sacrifices we had to make in our effort to limit the Health Fund's financial exposure was to eliminate the Dental Plan effective October 1, 2003. (Technically, the Dental Plan's last day will be September 30, 2003.) Losing dental coverage is a non-issue for some members, but a major one for others. If having dental insurance is important to you, you'll be glad to know that the Trustees have successfully negotiated two plans that will be available on a self-pay basis effective January 1, 2004. True, you will be picking up the entire cost if you sign up for a self-pay dental plan, but you'll pay a *group* rate, which will cost you way less than buying it on your own.

You'll Have Two Choices

If you want your own dental coverage, you can choose either the **CIGNA Dental PPO Plan** or the **CIGNA Dental Care DHMO**, both of which are offered on a voluntary self-pay basis.

- **CIGNA Dental PPO: Same Plan, But Self-Pay** This is exactly the same Dental Plan eligible members have now; only difference is that if you sign up for it, you pay the entire cost (see chart on page 5).
- **CIGNA Dental Care DHMO: A Less Costly Alternative** The DHMO is the dental equivalent of an HMO, in that you're limited to using providers in the CIGNA DHMO network exclusively. There's no coverage if you see a dentist who's not in the CIGNA DHMO network (but with over 20,000 participating dentists nationwide, chances are pretty good you'll find one near you). The DHMO covers essentially the same services as the PPO but, in almost every case, at a higher level. In fact, the DHMO covers many dental services in full, not even requiring so much as a copay. Where a copay is required, all you pay is a low preset fee for your care (including specialty care), and that's it; there are no claims to file, no deductibles to meet, no such thing as reasonable and customary limits, no coinsurance and no annual limit on what the DHMO will pay toward your eligible expenses.

Effective October 1, 2003, the Health Fund's Dental Plan will no longer be available, but two dental plans will be offered on a voluntary self-pay basis effective January 1, 2004.

How the Self-Pay Dental Plans Stack Up Cost-Wise

Here are the monthly premiums attached to both self-pay dental options. Premiums are payable quarterly. Also note that the rates shown here are fixed through December 31, 2004 and are subject to change after that date.

Comparing What You'd Pay for Your Dental **COVERAGE**

If You Cover	Monthly Premium	
	Dental PPO	Dental DHMO
Yourself	\$45.09	\$18.49
Yourself + 1 dependent	\$89.74	\$29.90
Yourself + 2 or more dependents	\$133.48	\$52.43

Reality Bites

If you've never directly paid for it, the cost of the PPO Dental Plan will be a real eye-opener. (Multiply that by the tens of thousands of participants the Health Fund covers, and you'll understand why it became a financial burden we could no longer carry.) But you do have a lower-cost alternative: the CIGNA DHMO.

Chew It Over

If you're thinking of buying dental coverage, you should buy it the same way you would anything else. For example, if you were in the market for a calling plan for your cell phone, you'd think about how and when you'll probably use it, then shop around for a plan that gives you the services you need for a price you're willing to pay. To help you with your dental coverage comparison shopping, here are some examples of what you'd typically pay toward the most common dental services under both plans. Note that we're giving you this information for *illustrative purposes only*; there are limits on some services, plus other rules that may apply (e.g., reasonable and customary allowances on the PPO's Out-of-Network services).

Comparing What You'd Typically Pay Toward Your Dental **EXPENSES**

	DHMO	PPO	
		In-Network	Out-of-Network
Exam	\$0	\$0	\$12
Cleaning	\$0	\$0	\$25
Filling	\$0	\$11	\$31
Extraction	\$0	\$15	\$40
Root Canal	\$125	\$74	\$200
Crown	\$365	\$311	\$502
Orthodontia (adult)	\$3,065	Not covered	Not covered

The Next Step

There will be a mailing with more details on the self-pay dental plans going out to eligible members. If, after reviewing the material, you want to enroll in a voluntary self-pay dental plan, please contact the Fund Office between November 1 and December 1, 2003.

When would my Eligibility Period had to have fallen in order to still get 12 months of coverage for 12 weeks of work?

That would be the Eligibility Period that ended on April 27, 2003 for coverage that began July 1, 2003. That Eligibility Period applied to members with an eligibility anniversary date of July 1, 2003.

How come those who earn the least are being hit the hardest by the new eligibility rule?

The eligibility rule for Health Fund coverage has always been tied to work weeks, not earnings. But the Fund simply does not have the financial resources to provide benefits to all actors, so the rules are designed to provide coverage for people with the strongest attachment to the industry.

If I lose my eligibility for medical coverage, do I have any other options for self-pay coverage other than through the Fund?

For more information on possible self-pay alternatives, you may want to contact the **Artists' Health Insurance Resource Center (AHIRC)**, which is sponsored by the Actors' Fund of America. AHIRC's online database has information on how to get health insurance anywhere in the country. To access the site, log on to www.actorsfund.org/ahirc. Another way to reach AHIRC is by phone, at **212-221-7300, extension 166**. Something else you may want to look into is the AFL-CIO's "Union Plus" Program, which offers discounts on prescription drugs, vision and other types of medical care. For more information on these programs, log on to www.unionplus.org, or call the toll-free number, 800-452-9425.

How about alternatives to the Fund's self-pay medical coverage for those of us who are eligible for Medicare?

Medicare-eligible members can also go to the AHIRC website or call them (see above), as well as look into Medicare Supplement plans offered through AARP. You can reach AARP through their toll-free number (800-424-3410) or via their website, www.aarphealthcare.com. Also be sure to check our website (www.equityleague.org) for important information that applies to Medicare-eligible members.

Why didn't you drop our optical benefits instead of our dental benefits?

The Davis Vision Plan costs roughly 10% of what the Dental Plan costs, so the savings wouldn't have been enough to save the Dental Plan (or make a dent in the Health Fund's expenses).

Will our medical plan work the same way after the switch to CIGNA?

The new plan is practically a mirror image of the ULLICO Indemnity Plan, PPO and all. But there are some minor differences. Check our website (www.equityleague.org) for a detailed overview of how the CIGNA plan works.

How do I get my prescriptions filled between now and the date the CIGNA prescription benefits go into effect?

Same way you do now.

Can I refill prescriptions online or by phone?

Yes. For online refills, go to the CIGNA website (www.cigna.com); for phone refills, call CIGNA toll-free at 800-835-3784.

Do maternity admissions have to be pre-certified?

Only if the hospital stay is longer than the time allotted under the CIGNA Medical Plan (i.e., 48 hours or, for C-sections, 96 hours), in which case the extra time in the hospital does have to be approved. You can get more details from CIGNA by calling the number on your ID card. (Also be sure to see page 3 for information on CIGNA's Healthy Babies® Program!)

What happens if there are complications and my doctor wants to keep me in the hospital over the number of days CIGNA approved?

Intracorp® will contact your hospital the day before you're supposed to be discharged to see if you are still scheduled to be discharged. If you are not, due to complications or some other medical necessity, then the additional days will be reviewed. Intracorp® will continue calling and following up on your case until you are discharged. If you stay in the hospital beyond the number of days that are certified and no medical reason is given for your continued stay, your out-of-pocket costs may be higher.

What’s “utilization review”?

Utilization review essentially looks at how CIGNA participants are using their medical benefits to make sure that the health care services received are medically necessary and appropriate for the condition. Bottom line, it makes sure you’re getting the right care in the right setting *and* helps us better manage our Health Fund costs.

How do I file claims with CIGNA?

If it’s for In-Network care, there are no claims (just one of the reasons people love the PPO). If you have eligible Out-of-Network expenses, send a completed claim form to the address shown on the form. (You can download claim forms from the Equity-League website, www.equityleague.org, or get them through the Fund Office.)

I started some extensive dental work in July and there’s no way it’ll be completed before October 1. Does that mean I’ll be on the hook for any expenses after that?

Unfortunately, yes. But if you’re thinking of signing up for one of the self-pay dental plans that will be available as of January 1, 2004, and can hold off until then, the rest of your dental work may be covered under your self-pay coverage.

My daughter’s on my dental plan now. If I take the self-pay plan, can I still add her to my coverage?

Absolutely, as long as she still meets the definition of an “eligible dependent,” which is the same one used for the Health Fund Dental Plan.

Could I get out of my self-pay dental coverage if I change my mind after I sign up?

CIGNA expects that you will continue with your self-pay dental plan until at least the end of the calendar year, but your coverage would only be continued for the months that you pay the required premium.

Do any of the changes that are going into effect on October 1 affect those of us in an HMO?

The eligibility rules and loss of the Dental Plan certainly do, but those that are directly related to the switch to the CIGNA Medical Plan do not. However, with HMO premium rates also going up, copays and other cost-sharing features may have to be increased to keep pace with the higher cost of the coverage. And to keep Health Fund costs under control. We will, of course, let you know of any change.

Can I switch from my HMO to the CIGNA Medical Plan?

We offered a limited window of opportunity to do this, so if you missed it, you’ll have to wait until the May 2004 Open Enrollment to make this change (unless you have a qualified life event — e.g., you get married or divorced, or have a baby — between now and then, in which case you should contact the Fund Office).

Contacting the Health Fund Office

OFFICE	HOURS	PHONE	FAX
New York	9:30 am – 5:30 pm ET Monday – Friday	212-869-9380	212-869-3323
Chicago	9:00 am – 5:00 pm CT Monday – Friday	312-641-2090	312-641-0720
Los Angeles	9:00 am – 5:00 pm PT Monday – Friday	323-634-8980	323-634-8989



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NOW PLAYING

This newsletter is a publication of the Board of Trustees of the Equity-League Trust Funds. Additional copies are available upon request, or online at our website (www.equityleague.org). For any question about the newsletter or your benefits, contact The Fund Office, Equity-League Pension, Health and 401(k) Funds, 165 West 46th Street, Suite 402, New York, NY 10036-2582. To call the Fund Office from the NYC area, phone 212-869-9380; if you're calling from outside the NYC area, call the Fund Office toll-free at 800-344-5220.

To the extent that any of the information contained in this newsletter is inconsistent with the official Plan documents (which, of course, includes the Trustees' rights to amend or modify the Plans at any time), the Plan documents will govern in all cases. No official (other than the Trustees) has any authority to interpret the Plans, or other official Plan documents, or to make any promises to you about them.