

# Spotlight

on

# BENEFITS



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## Prescriptions by Mail Order: A Reality Check

If you are taking or have just been prescribed a maintenance drug for a continuing condition such as asthma, diabetes, high cholesterol or hypertension, it is likely that you may be taking that drug for an extended period of time. Fortunately, Health Plan participants have access to Medco's mail order pharmacy.

### Mail Order is Convenient

- Medications are mailed right to your door.
- You receive a 90 day supply — thereby eliminating three trips to the pharmacy.
- Medications can be ordered online at on Medco's Web site: [www.medco.com](http://www.medco.com).
- Co-payments can be automatically charged to your credit card. Checks and money orders are also accepted.
- E-mail reminders are sent to remind you when a prescription is due for refill.

### Mail Order is Cost-Effective

- A larger supply equals fewer co-payments.
- Standard shipping is included.

- Deeper discounts allow the Plan's benefit dollars to go further.
- Discounts save you money as well. For example, under our current plan a 30-day supply of Lipitor will cost you \$24 at a retail pharmacy. The cost of



Lipitor by mail order is \$60 for a 90-day supply. Put simply: you will receive 12 months of medicine for the price of 10.

### Mail Order is Safe

- All prescriptions are screened for potential drug interactions or other problems, regardless of where you have them filled. The Medco system maintains a list of your retail prescriptions as well as your mail order prescriptions.

- If there is a question about your prescription, an experienced pharmacist will contact your physician for clarification.
- If you have a question about your prescription, Medco pharmacists are available 24/7 to talk to you about your prescription.

Please note that when you need immediate medication for an acute or temporary condition, they should be filled at a local retail pharmacy.

### Getting Started is Easy

Go to [www.medco.com](http://www.medco.com), register on the site and find the radio button for "Click here if you need to request a new prescription from your doctor." It's at the bottom of the screen under "Find and request home delivery prescriptions."

For home delivery by fax, ask your doctor to call 1-888-EASYRX1 (1-888-327-9791) for instructions on how to fax the prescription. Your doctor must have your Medco ID number on the transmission to Medco.

# PacifiCare and the DGA-PP

## PacifiCare to Process Claims Beginning May 1

Beginning on January 1, 2004, PacifiCare Behavioral Health (PBH) began administering in-network benefits for the DGA-PPHP's inpatient mental health and substance abuse benefits.

Through years of experience and an extensive national network, PBH was able to offer services through a variety of participating providers.

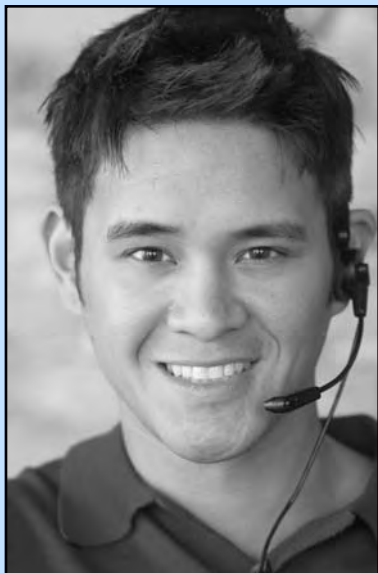
On May 1st, 2005, the Plan will delegate all out of network outpatient mental health benefit administration as well as the inpatient and substance abuse services to PBH. This includes the processing and payment of all behavioral health claims, in-network and out-of-network.

This change brings several advantages to Health Plan participants, including efficient

and expedited claim processing and "one-stop shopping" for benefits questions, claim status and payment information.

While the DGA-PPHP's mental health and chemical dependency benefits have not changed, the manner in which you access information in connection these benefits is changing. After May 1<sup>st</sup>, all questions and information regarding your mental health and substance abuse benefits will be available by calling PBH at (888) 502-4502. Please do not hesitate to call PBH with any questions that you may have.

Please note that all claims for mental health and substance abuse benefits incurred prior to May 1, 2005, should be sent to the DGA-PPHP office for processing. If you have any questions, contact the Health Plan office.



## Recovery Getting the Mo

One of the advantages of being a PacifiCare Behavioral Health (PBH) plan participant is not merely that help is available to you; it's that good help is available...when you need it. If you or a member of your family requires help with a mental health, substance abuse or personal issue, you can feel confident calling PBH for a referral to a top-tier network therapist who is skilled at helping you tackle the very problems you may be confronting.

### Taking the Guesswork Out

Five years ago, PBH pioneered a behavioral "lab test" that supports therapists in providing better care and empowers them to show plan participants which therapists do the best job in helping their patients improve.

If you are referred for behavioral health therapy, you'll be asked to complete a 30-question Life Status Questionnaire (LSQ) at your first visit and at specific intervals during your treatment. The form will ask you to rank your level of agreement, on a scale of one to

# HP: For Your Mental Health

## and The Therapist Factor Most Out of Your Behavioral Health Benefit

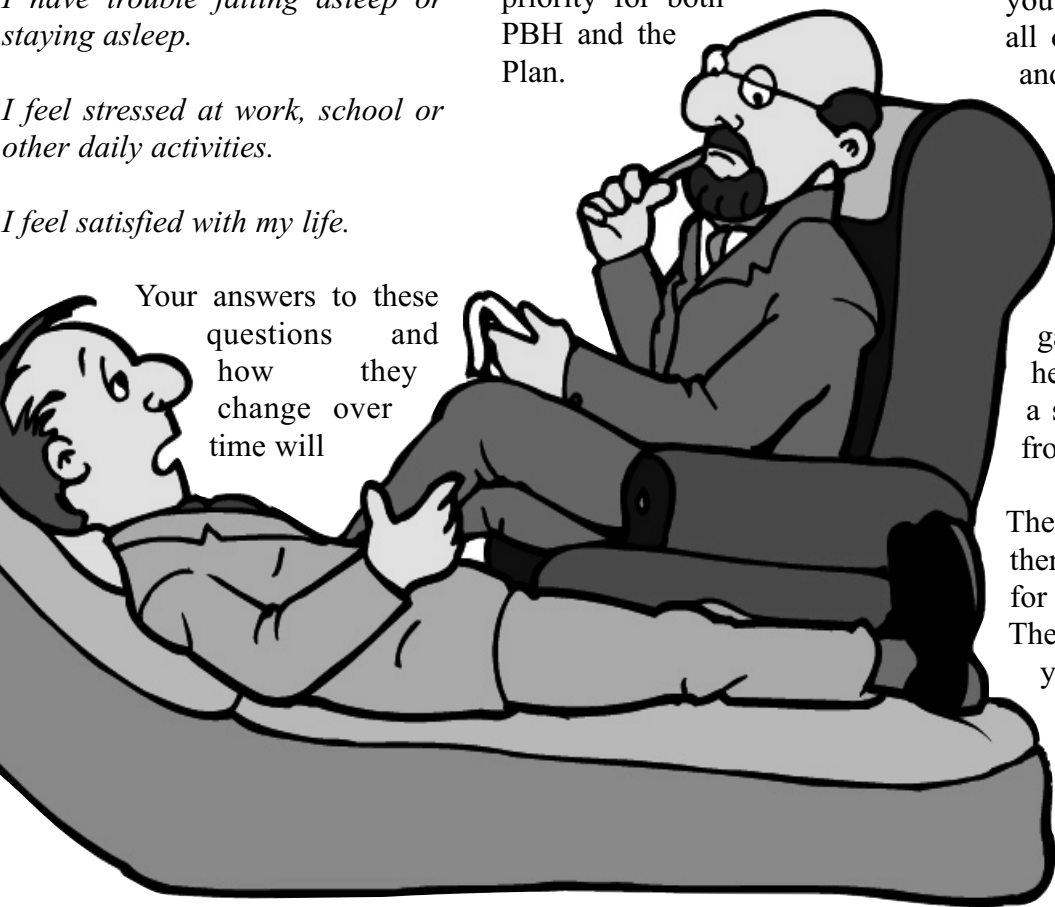
five, with a number of statements resembling the following:

*I have trouble falling asleep or staying asleep.*

*I feel stressed at work, school or other daily activities.*

*I feel satisfied with my life.*

Your answers to these questions and how they change over time will



### Your Privacy Is Protected

Maintaining your privacy is a top priority for both PBH and the Plan.

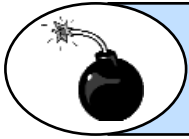
provide on the LSQ is held in the utmost confidence. You can rest assured that the answers that you give on the LSQ (as well as all other data about your health and health care) will be used exclusively by PBH to design your particular mental health benefit. No one outside of PBH, the DGA-PPHP and your health care provider may gain access to any of your health care information without a specific written authorization from you.

The next time you need to see a therapist, consider calling PBH for a referral at (888) 502-4502. The behavioral health specialist you reach is able to refer you to a conveniently located therapist who not only meets your treatment needs but has demonstrated his or her success in helping patients recover.

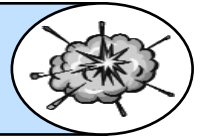
assist your therapist and PBH in determining how your care is progressing and what adjustments need to be made. Simply put, the LSQ helps your therapist help you.

As with any information regarding your health care, and in accordance with the Health Information Portability and Accountability Act (HIPAA), the information that you

To learn more about PBH, call (888) 502-4502 or visit the Pacificare Behavioral Health Web site online at [www.pbhi.com](http://www.pbhi.com).



# Myth Busted



## Remembering the P in DGA-PPHP

There are several commonly held beliefs regarding the DGA-Producer Pension and Health Plans. These myths may seem harmless, but they can actually cause some serious problems for Pension and Health Plan participants.

Beginning with this issue, we will be examining some of these commonly held misconceptions, pointing out the truth and explaining exactly why it is important that Pension and Health Plan participants know the facts behind the myth.

If you are aware of any commonly held misconceptions regarding the Health Plan that you think should be busted, please contact the Plans' Communications Department at (323) 866-2214. Or send an e-mail to [communications@dgaplans.org](mailto:communications@dgaplans.org).



### The Myth

*The Pension and Health Plans and the DGA are the same thing.*

*The Pension and Health Plans are part of the DGA.*



### The Truth

We're called the *Directors Guild of America – Producer Pension and Health Plans*.

There's a good reason that the word *Producer* is in that title.

The Pension and Health Plans were created as a result of collective bargaining between the Directors Guild of America and the Producers. When we refer to a Producer, we are referring to any company that hires DGA members to perform DGA work and is signatory to a DGA collective bargaining agreement.

Both the Producers and individuals working in a DGA-capacity make pension and health contributions based on certain percentages of reportable salary. These contributions are spelled out in the collective bargaining agreements and are the source of funding for the Basic and Supplemental Pension Plans and the Health Plan.

The Pension and Health Plans are run by a Board of Trustees that is made up of 50% DGA-appointed representatives and 50% Producer-appointed representatives.

The Board of Trustees makes all of the important decisions regarding the Pension and Health Plans. No pension benefit change or Health Plan design change can be made without the approval of the Board.



### The Problem

It is important that all Health and Pension Plan participants understand that the DGA and the DGA-Producer Pension and Health Plans are two individual and completely separate entities.

For example, when you change addresses, you need to update your address with both the DGA and the Pension and Health Plans. If you only update your address with the DGA, you could miss some important Plans' correspondence, like annual and quarterly pension statements, COBRA notices or claims checks.

While the Pension and Health Plans do communicate regularly with the DGA, please note that several participants request that their DGA correspondence be sent to a different address than their Plans correspondence. Therefore, when the DGA receives a new address for a DGA member, it is possible that this address is not the preferred address for Pension and Health correspondence (assuming, of course, that that particular DGA member is also a Plans participant).

Therefore, because the Plans and the DGA are two separate entities, notice to either one of any particular event, including a change in your address, does not mean that you have provided notice to the other.

Hopefully the next time you see our name, you'll remember that the word *Producer* is there for a good reason.

If you have any questions, please contact the Plans at **(323) 866-2200** or toll free outside the Los Angeles area at **(877) 866-2200**.

# Don't Get Short Changed

If you work at least 100 days in a DGA-covered capacity during a calendar year, you must receive what is known as a Plan Credit Year. A Plan Credit Year is used in determining whether or not a participant is vested in the Basic Pension Plan.

For 2004, \$28,800 in earnings was needed to earn 12 Credited Service Months (CSMs) in the Basic Pension Plan (Note: the minimum to earn 12 CSMs in 2005 is \$30,000).

It is possible that you could have worked 100 days in 2004 and not earned \$28,800. In this case, you should contact the Pension Plan so that your Plan Credit Years balance can be properly adjusted. This will ensure that you receive the proper amount of work credit upon your retirement.

In addition, if you worked a minimum of 51 days in 2004 and did not earn \$14,400 in earnings, you should contact the Pension Plan so that your Break in Service years balance can be adjusted. If this balance is not adjusted, it could affect your ability to become vested in the Basic Pension Plan.

If you have any questions, please contact the Pension Plan at **(323) 866-2200, Option 404** or toll free outside the Los Angeles area at **(877) 866-2200, Option 404**.



## Did You Know...

...that you can access your 2004 pharmacy expenses on Medco's Web site? Simply go to [www.medco.com](http://www.medco.com), register on their site, and click on "Prescription history."

...that you can print a temporary prescription drug ID card? Simply go to [www.medco.com](http://www.medco.com), register on their site, and click on "Forms and cards."

...that all DGA Choice Plan and DGA Premier Choice Plan participants are eligible for a free comprehensive physical exam through one of the five Industry Health Network health centers? Participants over the age of 40 are eligible for one exam every 12 months. Participants between the ages of 19 and 40 are eligible for one exam every 24 months. To locate your nearest Industry Health Network health center, go to [www.mptvfund.org](http://www.mptvfund.org) and click on "Health Centers."

...that when you get divorced, your ex-spouse will not automatically be removed as a pension beneficiary? To be safe, you should file a new beneficiary designation form with the Pension Plan. The form is available at [www.dga.org](http://www.dga.org). At the bottom of the Web page, click on Affiliates/Pension and Health. Then click on the Forms tab at the top of the page.

...that you should submit a written request for a retirement application at least 60 days prior to the Effective Date of your payment? The Effective Date can be the first day of any month after you meet the eligibility requirements to receive a pension distribution.

...that most anesthesiologists do not belong to any PPO network? This means that if you have to have a surgery performed by a PPO doctor in a PPO hospital, the anesthesiologist will be paid at a higher non-PPO rate, resulting in a higher out-of-pocket cost to both the Plan and the participant. If you are going in for elective surgery, you can contact the hospital and find out if they have any PPO anesthesiologists on staff. If they do, you can request that your doctor work with that anesthesiologist, thereby saving money for both you and the Health Plan.



## **DIRECTORS GUILD OF AMERICA - PRODUCER**

### **PENSION AND HEALTH PLANS**

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# **MEDICARE PART D COMING SOON**

**On January 1, 2006, Medicare will begin offering a prescription drug benefit. The Health Plan's Board of Trustees is currently reviewing the impact of this law on our plan and how to best serve the prescription drug benefit needs of our Medicare-eligible Health Plan participants.**

**Once the determination has been made, all Medicare-eligible participants will receive a letter in the mail from the Health Plan explaining the determination with regard to the new Medicare Part D (Prescription Drug) benefit.**

## **Correction**

Quarterly statements were mailed in April. The Plans telephone number was misprinted on the back of the statement as (323) 866-2000. The correct phone number is **(323) 866-2200**.

We apologize for any inconvenience that this may have caused.

## **Health Plan Now Accepting Recurring Payment of the Dependent Premium**

In order to cover your eligible dependents under your health coverage, payment of an annual \$600 dependent premium is required. Previously, payment of this premium was only accepted on a one-time basis (i.e. not recurring).

You can now set up recurring payment of your dependent premium on a credit card or automatic bank

account debit. The payment can be charged in two semi-annual \$300 payments, or as one single \$600 payment.

To set up your recurring payment, please contact a Health Plan participant services representative at **(323) 866-2200, Option 1** or toll free outside the Los Angeles area at **(877) 866-2200, Option 1**.