

Spotlight on **BENEFITS**

The DGA-Producer Pension and Health Plans' Benefits Newsletter

Volume 14, Number 2

Spring 2006

SPOTLIGHT ON DENTAL BENEFITS

Receiving Dental Care Outside the United States

Dental Plan participants traveling outside the country can contact International SOS Assistance for a dental referral.

If you have ever needed dental care while on vacation or away on business, you know that it can be a harrowing experience. Delta Dental, the Health Plan's dental benefit manager, has arranged to make the experience easier for Health Plan participants.

If you are traveling outside the United States and need to receive dental care services, you can obtain a referral through International SOS Assistance, Inc. (I-SOS). Delta Dental has contracted with I-SOS to provide all Health Plan participants with referrals to over 3,200 dentists and dental clinics in over 200 countries.

English-speaking I-SOS operators are available 24 hours a day, 7 days a week to answer questions and to help you find an I-SOS dentist.

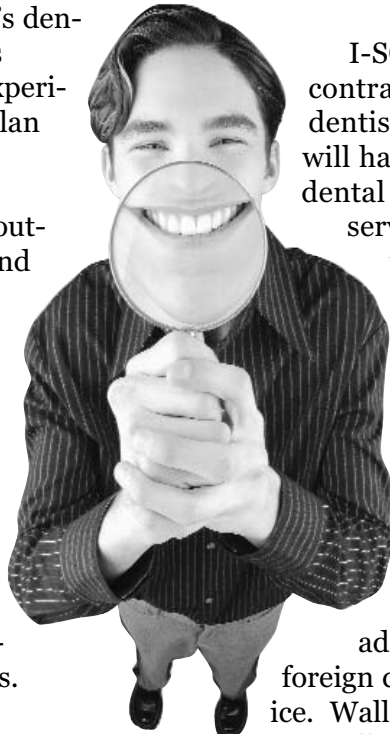
When you call I-SOS, you must identify yourself as a Delta Dental

enrollee. They will then provide you with a dentist's name, address, specialty, office hours and languages spoken.

I-SOS dentists are not contracted Delta Dental dentists. Therefore, you will have to pay for your dental care at the time of service. Afterward, you must submit the claim to Delta Dental for processing. The dental claim will be processed in the same manner as all non-network dental claims.

There is no additional cost for the foreign dentist referral service. Wallet-sized cards with I-SOS calling information are available on the Delta Dental website (www.deltadentalca.org).

If you have any questions, you can contact Delta Dental at **(800) 765-6003** or log on to their website (www.deltadentalca.org).



Delta Dental Issuing New ID Cards

If you are covered under the DGA-Producer Health Plan and are eligible for dental benefits, you will soon be receiving a new Dental Plan ID card from the Plan's dental benefits manager, Delta Dental of California.

The new ID cards will feature identification numbers that are specific to your dental health benefit. You should use this ID number when you visit your dentist, contact Delta Dental's Customer Service Department, or use Delta Dental's secure online services.

The assigned ID numbers will help reduce the risk of identity theft by discontinuing the use of social security numbers as enrollee identifiers. Assigned ID numbers are subject to the same privacy protections as SSNs under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. For more information about Delta Dental's HIPAA compliance, please visit Delta Dental's website (www.deltadentalca.org).

For additional assistance, you can contact the Delta Dental Customer Service Department at **(800) 765-6003**.

**DGA-Producer
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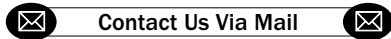
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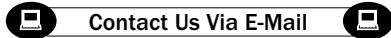
Spotlight on Benefits is published four times a year for the benefit of participants in the DGA-Producer Health Plan and/or the DGA-Producer Pension Plans.



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Moving?

Remember that the Plans and the DGA are separate entities. Address changes filed with the DGA are not automatically filed with the Pension and Health Plans.



You can contact our Address Change Department at:

(323) 866-2200, Ext. 306
(877) 866-2200, Ext. 306

Address Change forms are available online at the Plans' website (www.dgaplans.org).

The Industry Health Network Works for You



If you are covered under the Health Plan, you may be eligible to utilize one of the most respected medical groups in the state of California.

According to the 2005 California Consumer Assessment Survey, The Industry Health Network (TIHN), a subsidiary of the Motion Picture and Television Fund (MPTF), received the highest ratings in several categories, including overall health care and doctor-patient communication. TIHN was also named one of the Top 3 medical groups in the state.

TIHN provides healthcare services exclusively to entertainment industry professionals. Through an arrangement with the MPTF, DGA Choice and Premier Choice participants can visit TIHN providers, including the five MPTF health centers (listed at the end of this article), over 500 specialists and several southern California hospitals. HealthNet HMO participants are not eligible for this benefit.

In most cases, when you visit a TIHN provider, there is no deductible and you pay only a nominal \$10 co-payment.

Some of the services available through TIHN include well-woman exams, flu shots, physical therapy, cardiac testing and pulmonary screening. Health Plan participants over age 40

are eligible to receive an annual free comprehensive physical exam through TIHN (this benefit is available every other year to participants ages 19-40).

If you use TIHN, you are not required to stay within their network. You can choose to use a mix of TIHN providers and non-TIHN providers. When you visit a non-TIHN provider, your benefit will be based on the applicable PPO and non-PPO rates and all Plan deductibles and co-insurance rules will apply.

To make an appointment with a TIHN doctor, call one of the health centers listed below:

Bob Hope Health Center
335 North La Brea Avenue
Los Angeles, CA 90036-2584
(323) 634-3850

Santa Clarita Health Center
25751 McBean Parkway, Suite 210
Valencia, CA 91355-3701
(661) 284-3100

Toluca Lake Health Center
4323 Riverside Drive
Burbank, CA 91505-4044
(818) 556-2700

Westside Health Center
1950 Sawtelle Blvd., Suite 130
Los Angeles, CA 90025-7014
(310) 996-9355

Woodland Hills Health Center
23388 Mulholland Drive
Woodland Hills, CA 91364-2733
(818) 876-1050

Board of Trustees Amends Health and Pension Plans Uniformed Services Policies

The Pension and Health Plans' Board of Trustees recently amended Pension and Health Plan policies regarding participants that enter military service while covered under the Pension and/or Health Plans.

These changes are effective April 7, 2006.

PENSION PLANS POLICIES

Basic Plan Break in Service Rules

If you were a participant within one year before serving in the Uniformed Services, and perform work under a DGA collective bargaining agreement within one year of returning from Uniformed Service, such period of service will not be treated as a Break in Service for Five-Year Vesting or Anniversary Vesting purposes, unless the cumulative period of absence due to Uniformed Service exceeds five years.

Basic and Supplemental Plan Accrual of Earnings

If you were a participant within one year before serving in the Uniformed Services, and perform work under a DGA collective bargaining agreement within one year of returning from Uniformed Service, you will be credited with earnings for the period in which you participated in Uniformed Services, up to five years. Accrual of earnings is determined on the basis of your earnings during the 12-month period immediately preceding the period of Uniformed Service. For purposes of this calculation, any earnings during Uni-

formed Service from residuals or re-use fees will not be used in this calculation unless that amount exceeded the amount of compensation calculated on the pre-12-month period.

Supplemental Plan Make-Up Contributions

You may make up your contributions upon your return to DGA-covered work, and have up to three times the period of Uniformed Service to make up the amount, not to exceed five years. You are not entitled to investment gains or losses that accrued during the period or periods of Uniformed Service.

HEALTH PLAN POLICIES

If you begin a period of service in the Uniformed Services, you may be eligible for Uniformed Services coverage for you and your eligible dependents for the period of time spent in the Uniformed Services, up to twenty-four (24) months after beginning your Uniformed Service. In order to be eligible for Uniformed Services coverage, you must have departed for Uniformed Service during a benefit period.

If you are eligible for Uniformed Services coverage, you may provide for coverage in one of two ways:

- You may pay 102% of the premium for the twenty-four (24) month period, and freeze the portion of earned coverage available to you when you began performing service in the Uniformed Services. In no event may you freeze earned coverage for more than five years. Upon your

return from Uniformed Service you may utilize the frozen earned coverage, provided you notify the Health Plan Office of your intent to resume coverage and you resume coverage within one year of your return from Uniformed Service.

- You may deplete your earned coverage, and continue providing for coverage for the remainder of the twenty-four (24) month period by paying 102% of the premium.

If you earn coverage while serving because of contributions on residuals and re-use fees, you will continue to have the right to use that earned coverage immediately or freeze that earned coverage for up to five years of Uniformed Service.

Important Definitions

Uniformed Services means any branch of the United States uniformed forces as further defined in the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended, Section 4301, et seq.

Uniformed Service means services rendered by a participant in any branch of the United States uniformed forces as further defined in the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended, Section 4301, et seq.



**DIRECTORS GUILD OF AMERICA – PRODUCER
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Don't Get Short-Changed

In certain cases, you may receive credit in the Basic Pension Plan, even if you don't meet minimum earnings requirements.

You may be eligible to earn credit in the Basic Pension Plan, even if you did not meet the minimum earnings necessary (\$30,000) to earn 12 Credited Service Months (CSMs) in the Plan in 2005. You should contact the Plans if:

- you worked 100 or more days in a DGA-covered capacity during 2005 and had less than \$30,000 in covered earnings; or
- you worked 51 or more days in 2005 and had less than \$17,500 in covered earnings.

If you work at least 100 days in a DGA-covered capacity during a calendar year, you will receive what is known as a Plan Credit Year, regardless of your covered earnings. However, as the Plan Office is unable to track your work days during a calendar year, it will be assumed that you did not earn a

Plan Credit Year in 2005 if you had less than \$30,000 in covered earnings.

In addition, if you worked a minimum of 51 days in 2005, you should not be credited with a Break in Service year for 2005. However, as the Plan Office is unable to track your work days during a calendar year, it will be assumed that you have experienced a Break in Service Year in 2005 if you earned less than \$17,500 in covered earnings.

Both Plan Credit Years and Break in Service Years are important in determining whether or not you are vested in the Basic Pension Plan.

If you don't know if these rules apply to you, you should contact the Pension Department at **(323) 866-2200, Ext. 404** or toll-free at **(877) 866-2200, Ext. 404**.

SUPPLEMENTAL PENSION PLAN

Notice

From time to time, the Supplemental Pension Plan, acting through its investment managers, may use commodity futures.

An entity that uses commodity futures may be considered a "commodity pool operator" subject to the Commodity Exchange Act.

In accordance with 17 C.F.R. Section 4.5, however, the Pension Plans' Board of Trustees has claimed an exclusion from the definition of the term "commodity pool operator," and therefore is not subject to registration or regulation under the Commodity Exchange Act.