

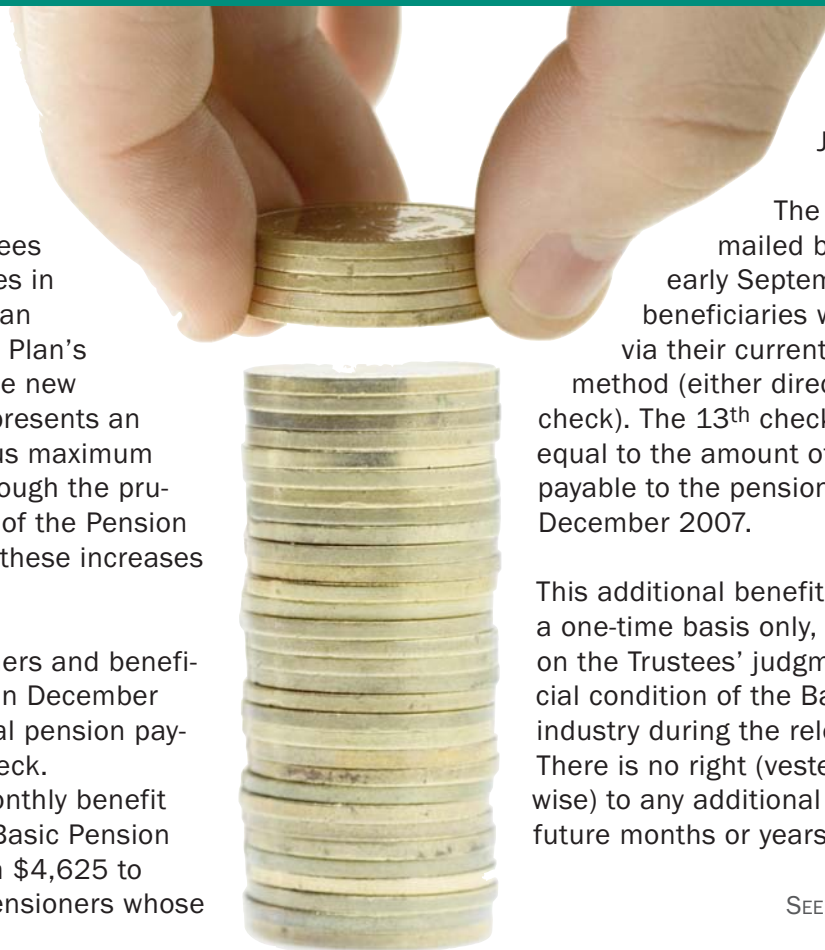


BOARD APPROVES ADDITIONAL PENSION BENEFITS

Despite challenging economic times, prudent and careful stewardship has allowed the Board of Trustees of the DGA-Producer Pension Plans to continue their commitment to providing current and future retirees with industry-leading retirement benefits

As a sign of their commitment to all current and future retirees to provide the most superior benefits in the business, the DGA-Producer Pension Plans' Board of Trustees has approved benefit increases in the form of a 13th check and an increase to the Basic Pension Plan's maximum monthly benefit. The new monthly maximum benefit represents an 18.9% increase to the previous maximum monthly benefit. It is only through the prudent and careful stewardship of the Pension Plans' Board of Trustees that these increases are possible.

All eligible Basic Plan pensioners and beneficiaries that were on the rolls in December 2007 will receive an additional pension payment in the form of a 13th check. Additionally, the maximum monthly benefit ceiling for the DGA-Producer Basic Pension Plan has been increased from \$4,625 to \$5,500, effective for those pensioners whose



annuity starting date is on or after January 1, 2008.

The 13th check will be mailed by the Pension Plan in early September. Pensioners and beneficiaries will receive payment via their current pension payment method (either direct deposit or mailed check). The 13th check payment will be equal to the amount of the monthly payment payable to the pensioner or beneficiary in December 2007.

This additional benefit payment is made on a one-time basis only, and is based entirely on the Trustees' judgment about the financial condition of the Basic Plan and the industry during the relevant time frame. There is no right (vested, accrued or otherwise) to any additional or similar payment in future months or years.

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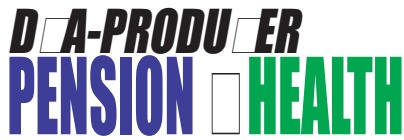
Responding to industry conditions, Board freezes health plan minimum

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Spotlight on Benefits
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Spotlight on Benefits is published up to four times a year for the benefit of Health Plan and/or Pension Plans participants.



Directors Guild of America-Producer Pension and Health Plans

8436 W. Third Street, Suite 900
 Los Angeles, CA 90048-4180
www.dgaplans.org
communications@dgaplans.org

(323) 866-2200
 (877) 866-2200

Mack Clapp
 Chief Executive Officer

Gavin S. Gervis
 Chief Financial Officer

Lisa Read, CEBS
 Chief Operating Officer

Jim Mendes
 Manager, Communications

The Pension and Health Plans were created as a result of the Directors Guild of America's collective bargaining agreements with producer associations representing the motion picture, television and commercial production industries.

The DGA-Producer Pension and Health Plans are separate entities from the DGA and are administered by a Board of Trustees made up of DGA representatives and Producers' representatives.

Pension Benefits

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The maximum monthly benefit determines the monthly pension paid in the Basic Plan based on a Single Life Annuity at Normal Retirement Age.

If your Basic Plan annuity starting date was on or after January 1, 2008 and your benefit had reached the prior maximum, your benefit increase will be reflected in your September benefit payment. In addition, as the change is retroactive to January 1, 2008, you will receive an additional retroactive payment during the first week of September.

In some cases, you may have been entitled to a post-retirement (OBRA) benefit as a result of 2007 earnings. If that benefit was limited by the prior maximum benefit, your benefit increase will be reflected in your October benefit payment. In addition, you will receive any retroactive payment due in early October.

All retroactive payments will be made by the Pension Plan via your current form of payment (check or direct deposit). If you are receiving a monthly benefit based on an annuity starting date prior to January 1, 2008, you are not eligible for an increase in your current monthly benefit. However, if you were receiving a monthly benefit as of December 2007, you will receive a 13th pension check.

If you have any questions regarding the increase in the Basic Plan maximum monthly benefit or the 13th pension check, please contact the Pension Department at (323) 866-2200, Extension 404 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 404.

HEALTH PLAN UPDATE

Health Plan adopts new Oncotype DX guidelines

Newly covered test uses genetic testing to predict disease reoccurrence in breast cancer patients

The Health Plan has been amended to adopt new guidelines for coverage of the Oncotype DX Cancer Assay diagnostic laboratory test. These new guidelines will allow this potentially beneficial test to be available to more participants.

Detailed coverage requirements are available from the Plan office upon request.

Oncotype Dx is a diagnostic test that uses genetic profiling of breast tumor tissue for predicting disease reoccurrence in women with node-negative, hormone-receptor-positive breast cancer, and for assessing whether the patient would benefit from adjuvant chemotherapy (chemotherapy provided after surgery to increase the chance of killing all cancer cells). Only a small percentage of these patients would benefit from adjuvant chemotherapy, therefore, patients that won't benefit won't have to experience the harmful side effects of unnecessary treatment.

If you have any questions regarding the Health Plan's coverage guidelines, contact the Participant Services Department at (323) 866-2200, Option 1 or (877) 866-2200, Option 1.

Spotlight on Wellness

The DGA-Producer Health Plan offers a comprehensive set of benefits to make



able and customary charges. For example, let's say you see a nutritionist and receive a bill for \$200. When you submit the bill to the Plan, you will be reimbursed the entire \$200 as long as the charge is equal to or less than the standard reasonable and customary charge for that type of service. You do not have to meet any deductible or apply co-insurance.

Submitting claims

For wellness claims associated with doctors or hospitals (e.g. claims for physical exams or well woman care), you should submit your claim following the Health Plan's standard claims submission guidelines. For more information, see the **Filing a Medical Claim** link on the front page of the Plans' website, www.dgaplans.org or call the Health Plan office. For wellness claims associated with other healthcare providers (e.g. a receipt for a flu shot from a drug store or an invoice for a smoking cessation program), submit your bills with a statement for coverage under the wellness benefit to:

DGA-Producer Health Plan
P.O. Box 48127
Los Angeles, CA 90048

SEE **WELLNESS BENEFIT** ON PAGE 5

The Health Plan's wellness benefit gives covered families an annual \$1,500 allowance for wellness and preventative care

It was Ben Franklin who said that an ounce of prevention is worth a pound of cure. We've taken those words to heart. That's why the Health Plan provides each eligible family with a \$1,500 yearly allowance for wellness and preventative care.

What's covered

The following services are covered under the Health Plan's wellness benefit:

- ❖ Routine physicals for individuals age 17+;

- ❖ Smoking cessation programs and products;
- ❖ Weight loss programs (not including food) and weight loss prescription drugs;
- ❖ Flu shots, vaccinations and immunizations for individuals age 17 and over;
- ❖ Well woman care;
- ❖ Prostate Specific Antigen test (PSA test);
- ❖ Hearing aids (batteries not included); and
- ❖ Nutritional counseling.

To be eligible for reimbursement under the wellness

benefit, services must be performed by a licensed practitioner.

What's not covered

The wellness benefit does not cover vitamins, food supplements, holistic treatments, personal trainers, health club memberships, athletic wear, or athletic equipment.

Coverage Limits

Wellness benefits are reimbursed at 100% for covered services based on reason-



Be sure that you and your family not only get healthy, but stay healthy

The Health Plan's new LiveWell program is designed to give you and your dependents a little helping hand in managing four key chronic conditions

Since the the Health Plan's LiveWell program launched in January 2008, Health Plan participants have been raving about the service provided by SHPS, the Health Plan's personal health manager. One participant commented that they, "really like the personal attention," while another even stated that they, "feel like having my own nurse is like having my own guardian angel."

LiveWell Explained

The LiveWell program, which is a natural extension of the Health Plan's wellness benefit, was implemented by the Health Plan to offer participants a free, voluntary, and confidential program designed to improve both the health and quality of life of our participants.

Specially-trained registered nurses provide extra support to help participants cope with the following chronic conditions:

- ❖ Diabetes;
- ❖ Coronary artery disease;
- ❖ Asthma; and
- ❖ Low back pain.

As part of the LiveWell program, nurses offer strategies to help participants manage the complicated health issues associated with their chronic condition. In addition, the nurses work to enhance the relationship that participants have with their doctor.

“I feel like having my own nurse is like having my own guardian angel.”

LiveWell Participant

LiveWell and You

Your SHPS nurse will help you or your dependent learn about the latest tests and treatments available for your condition, how to modify your lifestyle to better manage your condition, and develop and set personal goals to improve your health and quality of life.

Through ongoing telephone counseling and educational materials, you will effectively acquire the skills needed to manage your condition and take back control of your life. With increased knowledge, you can take a more active role in your health care and become more accustomed to using self-care techniques that can improve your overall health.

Working with SHPS' nurses supplements, but does not replace, your doctor's advice. But your nurse can help increase your compliance with your physician-directed treatment plans, and reduce the amount of unnecessary care you may receive.



SEE **LIVEWELL** ON PAGE 5

Spotlight on Wellness

Wellness Benefit

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It is recommended that you contact the Health Plan in advance to determine whether a service or treatment is covered. In addition, if you have any questions regarding the applicable reasonable and customary charge for a particular service, you can always contact the Health Plan office.

The TIHN Wellness Benefit

The Health Plan also partners with the Motion Picture and Television Fund (MPTF) to provide wellness benefits through their wholly-owned subsidiary, The Industry Health Network (TIHN).

Eligible participants receive a free comprehensive physical exam with no deductible or co-payment. This exam is a valuable way to monitor your health and well-being.

The following services are provided during the exam:

- ❖ Full medical evaluation;
- ❖ Update covered vaccinations, if needed;
- ❖ Measure weight;
- ❖ Blood pressure evaluation;
- ❖ Lipid profile and glucose levels testing;
- ❖ Women may receive a bone density screening, mammogram, or pap test (dependent on age or necessity); and
- ❖ Men may receive a prostate exam or PSA test (dependent on age or necessity).

Participants may receive this free physical exam once every 12 months at age 40 and over, or once every 24 months before age 40. To take advantage of this important benefit, please schedule an appointment with one of the six MPTF network health centers by calling (800) 654-WELL.

Participants covered under the HealthNet HMO are not eligible for the Health Plan's wellness benefit or the TIHN wellness benefit. However, HealthNet offers a separate wellness benefit. Contact HealthNet at (800) 522-0088 for more information.

If you have any questions, please contact the Health Plan's Participant Services Department at (323) 866-2200, Option 1 or toll-free outside the Los Angeles area at (877) 866-2200, Option 1.

LiveWell

CONTINUED FROM PAGE 3

Case Management

The LiveWell program also provides planning, coordination, and assistance with managing complex conditions covered under the Case Management Program.

Examples of the diseases, illnesses, or injuries that may require intense case management include, but are not limited to:

- ❖ high risk maternity
- ❖ high risk neonatal

- ❖ chronic renal failure
- ❖ inflammatory bowel disease
- ❖ chronic liver disease
- ❖ arthritis/lupus
- ❖ stroke/TIA
- ❖ infectious disease/HIV-AIDS
- ❖ hematological/sickle cell anemia
- ❖ neurological/MS
- ❖ epilepsy
- ❖ cancer
- ❖ transplant
- ❖ trauma
- ❖ complex care/catastrophic cases.

Case Managers are assigned for the duration of your case. Your nurse will establish a personal relationship with you and your family and will answer questions about your diagnosis/treatment options.

Enrolling in LiveWell

The Health Plan's LiveWell program is open to all active participants covered under the DGA Choice or Premier Choice Plans and their eligible dependents.

Participants may receive an introductory phone call from a LiveWell program representative who can provide more information regarding the LiveWell program.

If you have recently been diagnosed with a medical condition and would like to contact the LiveWell program and speak with a registered nurse, you are encouraged to call SHPS directly toll-free at (866) 691-8448.

Board of Trustees freezes Health Plan minimum earnings threshold for 2009

Recognizing that many of our participants have had difficulty reaching the minimum earnings requirement due to the ongoing impact of the Writers Guild of America strike earlier this year, the Health Plan’s Board of Trustees has frozen the minimum earnings requirements for health coverage beginning in 2009 (they will remain the same as the 2008 minimum earnings requirements).

- ❖ For the DGA Choice Plan, the minimum earnings requirement will remain \$32,400.
- ❖ For the DGA Premier Choice Plan, the minimum earnings requirement will remain \$98,000.

This action is in addition to the Board of Trustees’ previous action establishing premium-free COBRA coverage on April 1 and July 1 for participants that may have been adversely affected by the WGA strike.

The Board of Trustees reviews the minimum earnings requirement to qualify for health coverage on an annual basis. Generally around August of each year, the minimum earnings requirement for the upcoming year is announced.

If you have any questions, please contact the Health Plan at (323) 866-2200, Option 1 or (877) 866-2200, Option 1.

