
GLOSSARY

Any word in the male gender applies equally to the female gender unless a distinction is specified. The definitions in this section apply whether or not the defined words are capitalized when used in this booklet.

Accident

An Accident injury, as it applies to benefits means conditions resulting from a fall, blow, cut or bite.

Acupuncture

Acupuncture means the stimulation of a point or points on or near the surface of the body, by the insertion of needles, and any other covered treatment or supplies provided by a person licensed to provide acupuncture under state regulations.

The purpose of acupuncture treatment is to prevent or modify the patient's perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body.

Allowable Charge

The Allowable Charge is the amount that the Health Plan will consider for each medical procedure or service.

The Allowable Charge is generally the lesser of:

- ▶ The provider's charge; or
- ▶ The Reasonable and Customary Charge.

For some procedures and services, the Allowable Charge is based on the Reasonable and Customary Charge. For other procedures and services, it is based upon an amount set in the Health Plan.

For example:

The maximum Allowable Charge for chiropractic care is \$50 per visit.

Ambulatory Surgical Center

An ambulatory surgical center is a facility that operates for the purpose of providing surgical services to patients not requiring hospitalization.

Biofeedback Training/Therapy

Biofeedback training/therapy means a technique intended to teach patients self-regulation of certain physiologic functions not normally considered being under voluntary control. To determine which conditions are covered for biofeedback treatment, you may contact the Health Plan office.

Biofeedback training/therapy for psychiatric diagnoses may be covered under outpatient psychiatric care if performed by a provider who is compensable by Optum Health. Biofeedback for migraine and tension headaches may be covered under the therapy benefit (see the Therapy Benefit section beginning on page 72 for more information).

Certified Retiree

A Certified Retiree is a participant that meets all of the requirements listed in the Certified Retiree Coverage section beginning on page 28. Certified Retirees and their spouses receive health coverage under the Health Plan for a nominal fee for the rest of their lives or until the benefit is no longer offered by the Health Plan.

Chiropractic Care

Chiropractic Care means all covered services apart from musculo-skeletal x-rays provided by a chiropractor, including evaluation and management, chiropractic manipulative treatment, and physical medicine or rehabilitative.

Claimant

An individual or entity asserting a claim on behalf of a participant or dependent.

COBRA

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985.

Co-Insurance

Co-Insurance is the percentage of an allowable medical expense that you pay once your annual deductible has been met.

For example:

The network co-insurance for the DGA Premier Choice and DGA Choice plans is 90%.

Collective Bargaining Agreement

The agreement or agreements in force and effect from time to time between the Directors Guild of America, Inc. and Producer representatives which provide for contributions by Producers to the Health Plan.

Complementary and Alternative Medicine

Complementary and Alternative Medicine means a group of diverse medical and health care systems, practices and products that are not presently considered to be a part of conventional medicine including, but not limited to, those identified by the National Center for Complementary and Alternative Medicine.

Complications of Pregnancy

Complications of Pregnancy means:

- ▶ Conditions requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected or caused by pregnancy. Examples are acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity;
- ▶ False labor, occasional spotting, physician-prescribed rest, morning sickness, hyperemesis gravidarum and pre-eclampsia are not considered Complications of Pregnancy.
- ▶ Non-elective cesarean section;
- ▶ Ectopic pregnancy which is terminated; or
- ▶ Spontaneous termination of pregnancy occurring during a period of gestation in which a viable birth is not possible.

Co-Payment

Co-Payment is a flat dollar amount paid in connection with a medical expense.

For example:

The co-payment for a generic drug prescription obtained from a retail pharmacy is \$10.

Cosmetic Surgery

Any reconstructive surgery that attempts to change physical appearance and does not simultaneously correct or improve some disease or bodily impairment.

Cost-Efficient

A medical or dental service or supply will be considered cost-efficient if it is no more costly than any alternative appropriate service or supply when considered in relation to all health care expenses incurred in connection with the service or supply.

Covered Earnings

Covered earnings means compensation paid to a participant by an employer on which that employer is required to make contributions to the Health Plan in accordance with the Collective Bargaining Agreements.

Covered Expenses

Covered expenses means hospital, medical, dental, vision, prescription drug and related costs incurred by those covered by the Health Plan that qualify for reimbursement through the Health Plan. Covered expenses cannot exceed Allowable Charges.

Custodial Care

Custodial Care means care which is designed to help a person in the activities of daily living when continuous attention by trained medical or paramedical personnel is not necessary.

Custodial Care may involve:

- ▶ Preparing special diets;
- ▶ Supervising medication that can be self-administered; or
- ▶ Assisting the person in getting in or out of bed; to walk; to bathe; to dress; to eat; or to use the toilet.

Deductible

The Deductible refers to the amount of covered expenses you must pay before the Health Plan will pay any benefits.

Domestic Partner

Your same-sex domestic partner is the person for whom you have submitted to the Health Plan an affidavit of domestic partnership on a form provided by the Health Plan office, along with supporting documentation. Your same-sex domestic partner must meet the criteria set forth in the affidavit.

Durable Medical Equipment

Durable Medical Equipment is equipment that satisfies all the following conditions:

- ▶ It can stand repeated use;
- ▶ It is primarily and customarily used to serve a medical purpose;
- ▶ It generally is not useful to a person in the absence of illness or injury;
- ▶ It is appropriate for use in the home; and
- ▶ It is the most cost-efficient equipment that meets the Medically Necessary needs of the patient.

Elevators, stair-lifts, wheelchair ramps or lifts, stair-climbing wheelchairs, specially designed chairs or car seats for back patients, bedside tables, or similar items for comfort or convenience are not considered to be Durable Medical Equipment.

Earned Coverage

Earned coverage means coverage granted for earnings resulting from work performed in a DGA capacity pursuant to a Collective Bargaining Agreement between the Directors Guild of America, Inc. and Producer representatives in the motion picture, television and commercial production industries and for which contributions are due to the Health Plan.

Experimental or Investigational

No procedure, treatment, supply, device, equipment, facility or drug, or expense in connection therewith, which is Experimental or Investigational in nature (unproven) is considered Medically Necessary. A procedure, treatment, supply, device, equipment, facility or drug will be considered non-investigational (and thus eligible for coverage) if it meets all of the following criteria:

- ▶ The procedure, treatment, supply, device, equipment, facility, or drug has final approval from the appropriate government regulatory bodies.
- ▶ The scientific evidence permits conclusions concerning effect of the technology on health outcomes.
- ▶ The evidence should consist of well-designed and well-conducted studies in peer-reviewed English-language journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.
- ▶ Opinions and positions of national professional medical associations, consensus panels or other technology evaluation bodies, are evaluated according to the scientific quality of the supporting evidence and rationale.
- ▶ The procedure, treatment, supply, device, equipment, facility or drug improves the net health outcome. Its beneficial effects should outweigh any harmful effects.
- ▶ The procedure, treatment, supply, device, equipment, facility or drug is as beneficial and as cost-efficient as any established alternatives.
- ▶ The improvement is attainable and shows improvement outside the investigational setting (*i.e.* it is being performed in additional hospitals/facilities other than the hospitals/facilities doing the investigation). When application of a procedure, treatment, supply, device, equipment, facility or drug is limited to highly specialized care by providers such as thoracic surgeons, neurosurgeons and intensive care units (usually requiring highly sophisticated technologies and facilities, such as at university-affiliated or teaching hospitals that have extensive diagnostic and treatment capabilities), it must be in regular use in such facilities and not be restricted to a single center.

Extended Self-Pay Coverage

Extended self-pay coverage is self-pay coverage for a non-retired, non-disabled participant beyond the initial COBRA coverage period. This is distinguished from COBRA self-pay coverage and Retiree Self-Pay Coverage.

Health Plan

Health Plan means the benefits provided by the DGA-Producer Health Plan. The Health Plan is subject to change or termination by the Board of Trustees at any time.

Hospice

Hospice means an agency which provides medical, health care services and Medical Social Services for the palliative and supportive care and treatment of terminally ill individuals.

Hospital

Hospital means an establishment which:

- ▶ Holds a license as a Hospital (if required in the state);
- ▶ Operates primarily for the reception, care and treatment of sick or injured persons as inpatients;
- ▶ Provides around-the-clock nursing service;
- ▶ Has a staff of one or more physicians available at all times;
- ▶ Provides organized facilities for diagnosis and surgery;
- ▶ Is not primarily a clinic, nursing, rest or convalescent home or a similar establishment; and
- ▶ Is not, other than incidentally, a place for treatment of drug addiction.

The nursing service must be by registered or graduate nurses on duty or call.

The surgical facilities may be either at the Hospital or at a facility with which it has a formal arrangement.

A Hospital also includes:

- ▶ A Psychiatric Health Facility as defined in Section 1250.2 of the California Health and Safety Code, when service is rendered there for Psychiatric Disorders or mental conditions; and
- ▶ A state-licensed or Medicare-approved Ambulatory Surgical Center.

Injury

Injury means bodily injury caused by an Accident.

Intensive Care Unit

Intensive Care Unit means a section within a Hospital which operates exclusively for the care of critically ill patients and provides special supplies, equipment and constant observation and care by registered nurses or other highly trained Hospital personnel. It is not a Hospital facility maintained for the purpose of providing normal post-operative recovery treatment.

Interdisciplinary Team

Interdisciplinary Team means the primary care unit which develops the overall plan of care and provides for the patient and his immediate family. The team must consist of a physician and a licensed RN. The team may also contain an RN or LPN utilized as a visiting nurse in the patient's home and a licensed social worker (social worker must have a minimum of one year's experience in working with the terminally ill and their families).

Kid's COBRA

Kid's COBRA is the special self-pay coverage offered to the dependent children of retirees on extended self-pay or Retiree Self-Pay Coverage. This coverage is available to eligible dependent children up to age 19.

Medco By Mail

Medco by Mail is the Health Plan's prescription drug mail order service. For more information, please refer to the Mail Order Prescriptions section beginning on page 83.

Medical Social Services

Medical social services means those services rendered in connection with the terminal illness of a patient by a social worker under the direction of a physician. Such services include, but are not limited to:

- ▶ Assessment of the social, psychological and family problems related to or arising from the illness and treatment; and
- ▶ Appropriate action and utilization of community resources to assist in resolving such problems.

Medically Necessary

A treatment, service or supply is Medically Necessary when it is:

- ▶ Consistent with generally accepted medical practice within the medical community for the diagnosis or direct care of symptoms, sickness or injury of the patient, or for routine screening examination under wellness benefits, where and at the time the treatment, service or supply is rendered (the determination of “generally accepted medical practice” is the prerogative of the Health Plan through consultation with appropriate authoritative medical, surgical, or dental practitioners);
- ▶ Ordered by the attending licensed physician (or, in the case of dental services, ordered by the dentist), and not solely for the convenience of the participant, his or her physician, Hospital or other health care provider;
- ▶ Consistent with professionally recognized standards of care in the medical community with respect to quality, frequency and duration; and
- ▶ The most appropriate and cost-efficient treatment, service or supply that can be safely provided, at the most cost-efficient and medically appropriate site and level of service.

Any treatment, service or supply that is not a valid treatment or diagnostic test recognized by an established medical society in the United States is not considered Medically Necessary treatment.

Off-Label Drug Use will be considered Medically Necessary when all of the following conditions are met:

- ▶ The drug is approved by the Food and Drug Administration;
- ▶ The drug is recognized by the American Hospital Formulary Service Drug Information, the U.S. Pharmacopoeia Dispensing Information, Vol. I, or two articles from major peer-reviewed journals that have validated and uncontested data supporting the proposed use for the specific medical condition as safe and effective; and
- ▶ The drug is Medically Necessary to treat the specific medical condition, including life-threatening conditions or chronic and seriously debilitating conditions.

Also see **Off-Label Drug Use**.

Medicare

Insurance that is provided by the Federal Health Insurance for the Aged and Disabled Act. Medicare is administered by the Centers for Medicare and Medicaid Services.

Midwife

Midwife means a state-licensed midwife or a licensed Registered Nurse state-certified or certified as a midwife by the American College of Nurse Midwives, the North American Registry of Nurse Midwives or the American College of Midwives Certification Council.

Network

A group of doctors, hospitals and other providers that have agreed to become part of a Preferred Provider Organization and to charge a reduced rate when used by Health Plan participants.

Non-Network

Doctors, hospitals and other providers that do not belong to any of the Health Plan's Preferred Provider Organizations and have not agreed to charge a reduced rate.

Occupational Therapy

Occupational Therapy means the application of purposeful, goal-oriented activity in the evaluation, diagnosis, and/or treatment of persons whose function is impaired due to physical or psychiatric sickness or injury, to achieve optimum recovery.

Off-Label Drug Use

Off-Label Drug Use is defined as the use of a drug approved by the United States Food and Drug Administration (FDA) for other uses than those listed in the FDA-approved labeling or in treatment regimens or patient populations that are not included in approved labeling.

Also see **Medically Necessary**.

Open Enrollment Period

The Open Enrollment Period is the 30-day period during which a participant may make certain changes to their coverage.

For participants on earned coverage, the Open Enrollment Period is the first 30 days of their benefit period.

For participants on COBRA coverage or extended self-pay coverage, the 30-day Open Enrollment Period begins on the first day of the month in which the yearly anniversary of that coverage occurs.

For participants on Retiree Self-Pay Coverage:

- ▶ If their Retiree Self-Pay Coverage began at the start of a quarter (*i.e.* January 1, April 1, July 1 or October 1), the 30-day Open Enrollment Period begins on the yearly anniversary of their Retiree Self-Pay Coverage.
- ▶ If their Retiree Self-Pay Coverage did not begin at the start of a quarter, the 30-day Open Enrollment Period is January 1 to January 30 of each year.

Out-of-Pocket Limit

The Out-of-Pocket Limit is the maximum amount of covered expenses that a participant is required to pay after deductibles and co-payments.

Physical Therapy

Physical Therapy means treatment provided by a registered physical therapist, certified occupational therapist, or licensed practitioner of the healing arts acting within the scope of his/her license utilizing physical agents and methods to assist in rehabilitation and restoration of normal bodily function after sickness or injury.

Physician

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license.

Physician also means a midwife with respect to treatment, service or care rendered by such midwife within the lawful scope of practice of a midwife.

State licensed practitioners of Complementary and Alternative Medicine are not covered providers under the terms of the Health Plan unless the Health Plan has a specific benefit designated for such providers (*e.g.* licensed acupuncturists may be covered under the acupuncture benefit and licensed chiropractors may be covered under the chiropractic benefit.) Practitioners of other types of Complementary and Alternative Medicine who may be licensed to practice in some states, such as naturopathic doctors, are not covered by the Health Plan.

PPO

PPO stands for Preferred Provider Organization. Providers that belong to one of the Health Plan's Preferred Provider Organizations are considered network providers.

Producer

A person or entity signatory to a Collective Bargaining Agreement between the Directors Guild of America, Inc. and the person or entity or producer representatives requiring contributions to the Health Plan. Producer also means the Directors Guild of America, Inc. and the DGA-Producer Pension and Health Plans as employers required to make contributions to the Health Plan.

Psychiatric Disorders

Psychiatric Disorders means the conditions listed in the Mental Disorders section of the current edition of the World Health Organization's International Classification of Diseases, as published by the Commission of Professional and Hospital Activities.

Reasonable and Customary Charge

A Reasonable and Customary Charge is a charge or fee level that is equal to or less than the charge that 80% of the physicians of a similar specialization in a given geographical area would charge for a specified procedure.

Reasonable and Customary Charges are determined from a database that identifies the cost of each procedure or service by geographic area. Schedules of maximum Reasonable and Customary Charges are adjusted periodically to reflect changes in physicians' charges.

Retiree Self-Pay Coverage

The following types of coverage are considered Retiree Self-Pay Coverage:

- ▶ Retiree Self-Pay Extension coverage;
- ▶ Retiree Carry-Over coverage; and
- ▶ Certified Retiree coverage.

Sickness

Illness or disease which causes a loss covered by the Health Plan.

The loss must commence while the person is insured under the Health Plan.

Pregnancy is considered a sickness for participants and covered spouses for the purpose of determining benefits. Pregnancy of a child of a participant who is otherwise a covered person is not covered, except for Complications of Pregnancy.

Special Enroll or Special Enrollment Right

The right you and/or your dependents have to enroll in the Health Plan outside the Open Enrollment Period upon the occurrence of certain events.

Special Enrollment Period

The period during which you or your dependents can make a change to your coverage under the Health Plan due to events that trigger a Special Enrollment Right. Individuals who enroll during this time are treated the same as individuals who enroll when first eligible during the Open Enrollment Period.

Terminally Ill

A participant is considered terminally ill if he or she has a medical condition for which no effective treatment exists (or for whom known effective treatments have been tried without success) and is certified by a physician as unlikely to survive for a specific length of time. For Hospice benefits, the life expectancy must be 6 months or less.

Trustees

The Board or Trustees (and its respective authorized agents) as established and constituted from time to time in accordance with the Health Trust Agreement.

Uniformed Service(s)

Uniformed Service means service rendered by a Health Plan 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.