

### New network out-of-pocket limit

Effective **January 1, 2014**, the Health Plan is adding an all-inclusive network out-of-pocket limit of \$6,350 per individual and \$12,700 per family, further limiting your costs. This new limit will include all out-of-pocket costs: deductibles, co-payments and co-insurance.

You pay the first \$325 of medical claims for individual coverage or \$975 for family coverage. **This is your deductible.**

After you reach your deductible, you pay 10% of your network medical claims. **This is your co-insurance.**

When your co-insurance reaches \$1,000 per individual, the Health Plan pays 100% of your network claims. You no longer pay co-insurance for the rest of the year. This \$1,000 network out-of-pocket limit will remain in place.

You will continue to pay any co-payments until you reach the all-inclusive network out-of-pocket limit: \$6,350 per individual and \$12,700 per family.

Currently, the only Health Plan co-payments are the \$50 emergency room co-payment and the \$10 co-payment for visits to The Industry Health Network clinics.

This change does not apply to participants covered under Health Plan HMO coverage. **PH**

### Plans bring same-sex spousal benefits into full parity

**Beginning in 2015**, the Pension and Health Plans will no longer recognize existing same-sex domestic partners residing in states that allow same-sex marriage.

If you reside in a state that doesn't allow same-sex marriage, the same-sex domestic partner rules will still apply.

If you and your same-sex spouse were married prior to 2013, and your spouse was covered under your Health Plan coverage, you may be due a refund of taxes that you paid on the value of your spouse's coverage. We will request this refund on your behalf, provided you fill out the applicable form (which you should have already received in the mail).

For more information, contact Jean Sommerville at (323) 866-2224. **PH**

### New drug formulary goes into effect on January 1

On **January 1**, the Health Plan's prescription drug benefit will be switching to the new Express Scripts National Preferred drug formulary. Under the new formulary, a small group of brand name medications will no longer be covered. **This switch is expected to affect less than 2% of the those covered under the Health Plan.**

If you are taking a medication not included in the new formulary, your prescriptions will be grandfathered until April 1. After April 1, the medication will no longer be covered under the Health Plan.

If you are affected by this change, Express Scripts will send you a letter in February, so that you can work with your doctor to find a covered alternative that is proven to be as effective as the excluded medication.

For information detailing whether any of your current prescriptions will be affected by this change, please log on to your Express Scripts account at **[express-scripts.com/covered](http://express-scripts.com/covered)**.

If you have any questions, please call Express Scripts at **(800) 987-7828**. **PH**

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