

## spotlight on **benefits**



Volume 21, Number 1 | Spring 2013

# In Memoriam: Jack Shea

Television director and DGA–Producer Pension and Health Plans Trustee, Jack Shea passed away on April 28, 2013. Mr. Shea was appointed by the DGA as a Trustee of these Plans in 1963. He was Vice Chairman of the Board in 1996 and also served on the Legal & Delinquency, Finance, and Benefits Committees until 2004.

In addition to his years of service to the DGA-PPHP, Mr. Shea was on the Directors Guild of America's National Board for more than 35 years and served as DGA President from 1997-2002. Other positions included Vice President, Secretary, and Board Officer. In 1992, Mr. Shea received the Robert Aldridge Award for his extraordinary service to the DGA and its membership.

"In his many years of service to these Plans, Jack showed the same leadership and dedication that made him one of the most



successful and prolific directors of our time. Our heartfelt condolences go out to Jack's wife, Patt, and his children, Jay, Shawn, Bill, and Michael. He will be missed," said Jay Roth, Plans' Trustee and DGA National Executive Director

During his four decades as a television director, Mr. Shea worked on several acclaimed series, including 110 episodes of *The Jeffersons* and 91 episodes of *Silver Spoons*.

Mr. Shea will truly be missed by our Trustees and staff. We extend our deepest sympathies to Mr. Shea's wife, Patt, and his family and join all of those who knew and respected Mr. Shea in fondly remembering his many years of dedicated service to these Plans. **PH**



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# Our Office is Moving

On Friday, June 21, we will be moving.

Our new address will be:

**DGA-Producer Pension and Health Plans  
5055 Wilshire Blvd, 6th Floor  
Los Angeles, CA 90036**

Our office hours will be:

**Monday to Friday  
8:30am to 5:00pm Pacific Time**

### Will the office be closed on the day of the move?

Yes. On June 21, our office will be closed so that we can ensure that we complete the move in one weekend and minimize the disruption to our participants.

### Why are we moving?

The move will reduce occupancy costs and allow us to consolidate our entire operation from the current four-floor configuration onto a single floor. Our new office space enable us to increase efficiency and focus on the business of providing pension and health benefits, which will help us in our primary mission: serving our participants.

The new location is centrally located near the corner of Wilshire and Highland. Free parking will still be provided to all participants visiting our office.

### Will our phone numbers change?

No.

### How will the move affect mail you send us?

After the move, any mail that would have been sent to 8436 West Third Street should be addressed to:

**5055 Wilshire Blvd, 6th Floor  
Los Angeles, CA 90036**

### Will this affect the claims submission process?

No. Those addresses have not changed. See [dgaplans.org/filingclaim.htm](http://dgaplans.org/filingclaim.htm) for detailed instructions for submitting health claims.

As we get closer to the move date, we will provide you with more information on our website. [PH](#)

# Ambulatory Surgical Centers

## FREQUENTLY ASKED QUESTIONS

### What is an ambulatory surgical center?

An ambulatory surgical center is a medical facility primarily focused on performing surgical procedures that do not require an overnight hospital stay. The patient is expected to go home the same day.

In order to be eligible for coverage under the Health Plan, an ambulatory surgical center must be Medicare-certified, state-licensed as an ambulatory surgical facility, or certified from a private accreditation agency accepted by the state.

### How does the Health Plan limit charges from non-network ambulatory surgical centers?

Non-network ambulatory surgical center claims have a \$1,500 maximum allowable charge per procedure. This means that the Health Plan will not consider any amount greater than \$1,500 when paying your claim. Any amount charged by the center over the \$1,500 limit will be your responsibility.

### Is there any limit to what a non-network ambulatory surgical center can charge me?

No. Like any non-network provider, the surgical center is free to charge you any amount for the healthcare services that you receive.

This is why it is important to investigate the charges before you go in for surgery.

### How can I protect myself from excess charges?

The best way to control costs is to use network providers whenever feasible. Network providers, including network ambulatory surgical centers, are not permitted to charge you an amount greater than their contracted fee. This helps protect you from exorbitant costs.

Also, any time you are considering using a non-network provider, we encourage you to ask your provider for a detailed breakdown of estimated costs before you receive services. Then, you can contact our office for an estimate of your out-of-pocket expenses. Specifically, you should request the following information from your provider:

- The procedure codes that your provider will bill on their health claim;
- A breakdown of the fee for each procedure code; and
- The zip code where the service will be performed.

It is important to know your options and get all of the facts before you receive healthcare services. If you wait until after services have been rendered, and after you have received the bill, you could find yourself facing a bigger-than-expected medical bill. **PH**

# Know the Rules:

## Ambulatory Surgical Centers

Understanding the Health Plan's rules for ambulatory surgical centers can save you thousands of dollars in avoidable healthcare expenses.

The following example illustrates how the Health Plan would process a \$10,000 claim from both a non-network and network ambulatory surgical center. The example assumes that you have already met your annual deductible and that you are covered under the DGA Choice Plan.

Non-Network Surgical Center		Network Surgical Center	
\$10,000	Initial Charge	\$10,000	<b>DETERMINING THE ALLOWABLE AMOUNT</b> <b>1</b> For a network surgical center, the \$10,000 charge is reduced by the network discount. <b>2</b> The \$8,500 unallowable amount is the result of the Plan's \$1,500 limit on non-network surgery centers. <b>The \$8,500 unallowable amount is the patient's responsibility.</b>
\$0	Network Discount	\$7,500 <b>1</b>	
\$8,500 <b>2</b>	Unallowable Amount	\$0	
\$1,500	Allowable Amount	\$2,500	
			<b>DETERMINING THE CO-INSURANCE</b> <b>3</b> Out of network, the Plan pays 60% of the allowable amount (70% under the DGA Premier Choice Plan). In network, the Plan pays 90%. <b>4</b> Out of network, you pay 40% of the allowable amount (30% for the DGA Premier Choice Plan). In network, you pay 10%.
\$900 <b>3</b>	Plan Co-Insurance	\$2,250 <b>3</b>	
\$600 <b>4</b>	Your Co-Insurance	\$250 <b>4</b>	
			<b>YOUR OUT-OF-POCKET COSTS</b> As you can see, the unallowable portion of the non-network surgical center's fees results in a much higher out-of-pocket cost for you, the participant. This is why we encourage you to use network providers, whenever feasible.
\$8,500	Unallowable Amount	\$0	
\$600	Your Co-Insurance	\$250	
\$9,100	Total	\$250	

# Are You In My Network?



Get in the habit of asking this one simple question, and you could save yourself thousands of dollars in medical costs.

You should never assume that a doctor or hospital is part of our provider network. Consider that:

- ▶ When your network doctor refers you to a specialist or lab, they are not required to make sure that the specialist or lab is part of our network.
- ▶ If you are having a procedure performed by a network doctor, the doctor is not required to use a facility that is in our network.

Therefore, the only way to ensure that your provider is part of our network is to ask them before you receive services. This will help protect you from the costs associated with non-network providers.

## The Health Plan's Provider Network

For California participants (except those enrolled in the HealthNet HMO), the provider network is the Anthem Blue Cross of California.

For non-California participants, the provider network is Anthem Blue Cross' BlueCard Network.

## Find a Provider Online

Go to our website, [dgaplans.org](http://dgaplans.org), and click on the **Find a Network Provider** link located in the **Quick Links** section on the home page. This will take you to the Anthem Blue Cross website. Remember to enter the prefix "DGA" in the member ID field.

## Call Us For Help

During business hours, you can call us at **(877) 866-2200, Option 2**, and we can assist you in locating a network provider near you. **PH**

## Spotlight on Benefits

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

## **DGA-PRODUCER PENSION & HEALTH**

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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.



# DGA-PRODUCER PENSION & HEALTH

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## Supplemental Plan Rollovers

### Consider taking advantage of your ability to roll qualified retirement funds into the SupPlan.

As a DGA member, you have the exclusive ability to transfer funds from a qualified retirement account (including a lump sum from the Basic Plan, IRA or a 401k) to your Supplemental Pension Plan (SupPlan) account. This provides you with several advantages:

- ▶ **Performance.** Over the last 20 years, the SupPlan's average annual return was 7.7% (before administrative expenses, as of December 31, 2012). Past performance is not a guarantee of future returns.
- ▶ **Diversity.** The SupPlan's portfolio includes a wide-ranging mix of investments, including domestic and international stocks, bonds and real estate, as well as selection of alternative investment vehicles not typically available to the individual investor.
- ▶ **Low Cost.** Your only expenses are the costs of running the Plan, which include the fees paid to our investment managers. You won't be charged commissions or loads.
- ▶ **Stability.** The SupPlan is overseen by the Finance Committee of the Pension Plan's Board of Trustees in consultation with our independent pension consultant and an experienced team of investment professionals.
- ▶ **Convenience.** Rollovers into the SupPlan give you fewer retirement accounts to track and manage.
- ▶ **Flexibility.** Once you qualify for retirement under the SupPlan (at age 60, disability or death), your funds can be withdrawn using one of several flexible payment options, including ad hoc or fixed monthly, quarterly, and semi-annual payments (There is a 60-day waiting period from when you retire to when you can access this money.)

For more information, please contact the Pension Department at (877) 866-2200, ext. 404 or visit us online at [dgaplans.org](http://dgaplans.org). **PH**