

FALL 2015

Spotlight on Benefits is published up to four times a year for participants in the DGA-Producer Pension and Health Plans.



SUPPLEMENTAL PLAN IMPROVEMENTS

TRUSTEES ADD MORE FLEXIBILITY AND ADDED INCOME PROTECTION TO SUPPLEMENTAL PENSION PLAN

PAGE 3

DGA-PRODUCER
PENSION & HEALTH

Spotlight ON BENEFITS

SAVE MONEY ON OUTPATENT PHYSICAL THERAPY

Outpatient therapy in hospitals can cost you more. Find out ways to lower how much you pay.

PAGE 5

SAVE THE DATE

The DGA-PPHP will host health fairs on October 3 in LA and October 17 in NY.

BACK COVER

MORE AT DGAPLANS.ORG

How Safe Is Your Personal Information?

Find out how we protect your information and what you can do to protect yourself from cybercriminals.



Board of Trustees Announces Changes to Pension & Health Plans, Including Increased Benefit Options in the Supplemental Plan

Over the past five years, the Directors Guild of America has negotiated significant gains on behalf of DGA members and their families, including wage increases totaling 14.5 percent, increased residual compensation, and new contributions requirements on Completion of Assignment and Vacation Pay that made it possible for more members to qualify for benefits. More recently, an historic Supreme Court decision earlier this year legalized same-sex marriage bringing equitable spousal benefits to all married couples nationwide.

In its ongoing efforts to keep the Plans in line with such changes and ensure the continued strength of these Plans, the Directors Guild of America-Producer Pension and Health Plans Board of Trustees regularly reviews the Plans' benefits and makes adjustments accordingly.

This issue of the Spotlight on Benefits announces several adjustments recently approved by the Board of Trustees. These include:

CONTINUED ON NEXT PAGE

Spotlight

ON BENEFITS

VOLUME 23, NUMBER 2
FALL 2015

DGA-PRODUCER PENSION & HEALTH

Directors Guild of America-Producer
Pension and Health Plans

5055 Wilshire Boulevard, Suite 600
Los Angeles, CA 90036

www.dgaplans.org

communications@dgaplans.org

(877) 866-2200

ABOUT THE PLANS

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 Directors Guild of America and are administered by a Board of Trustees made up of DGA representatives and Producers' representatives.

COMMUNICATIONS STAFF

DeLon Howell

Communications Editor

dhowell@dgaplans.org

CONTINUED FROM FRONT COVER

- ▶ Increases to certain earnings thresholds, the first such changes since 2010 despite annual wage increases that have occurred since that time (see Earnings Thresholds Adjusted to Bring Plans More in Line with DGA-Negotiated Wage Increases, page 4),
- ▶ Several rules adjustments to ensure equitable treatment of all married couples and all domestic partners, regardless of their states of residence (see Supreme Court Decision on Same-Sex Marriage Allows Plans to Restore Equity to All Spouses and Domestic Partners, page 6), and
- ▶ An increase in the All-Inclusive Out-of-Pocket Maximum to keep the Health Plan aligned with updates to the Affordable Care Act (see Increase in the All-Inclusive Out-Of-Pocket Limit, below).

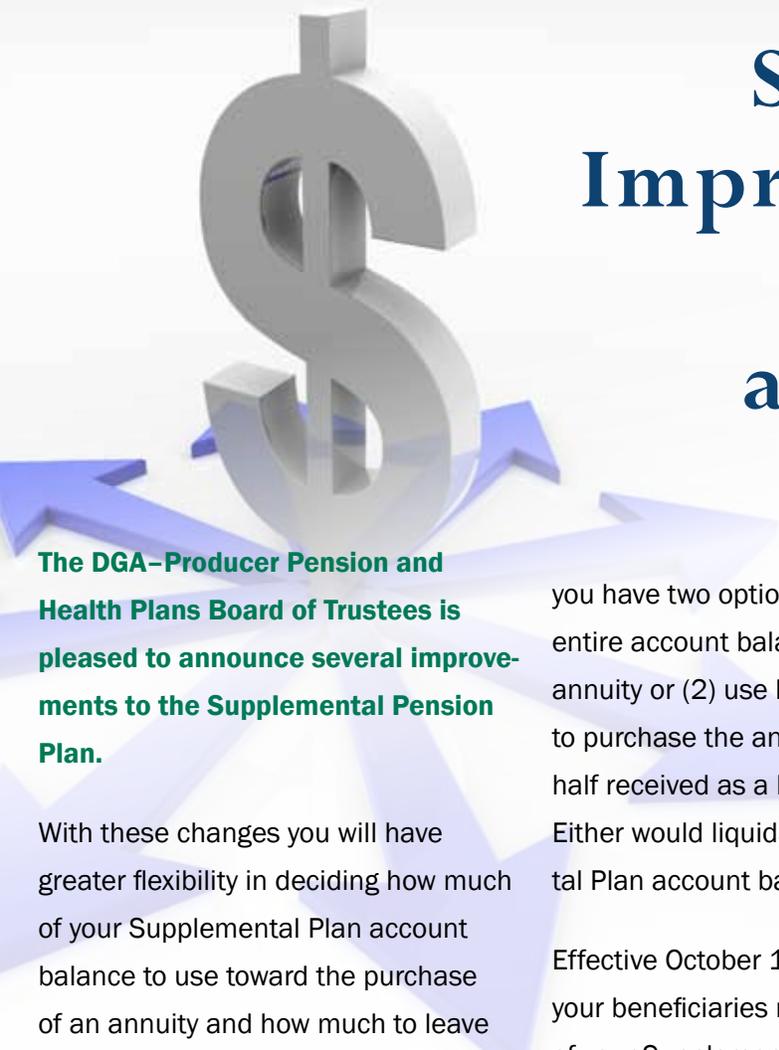
The Board of Trustees also took the opportunity to make improvements to the Supplemental Pension Plan, adding even more flexibility to the benefit options available, including a new annuity designed to protect against outliving your retirement income (see Supplemental Plan Improvements Provide More Flexibility and Added Income Protection, page 3).

For details on these changes, be sure to read the articles that follow and review the March 2015 Health Plan Booklet Updates and March 2015 Pension Plans Booklet Updates available at dgaplans.org/forms.htm. **PH**

Increase in the All-Inclusive Network Out-Of-Pocket Limit

The All Inclusive Out-of-Pocket Limit sets a maximum on the amount you pay out-of-pocket in a calendar year on deductibles, co-payments (including prescription drug co-payments) and co-insurance.

Beginning January 1, 2016, the Health Plan's All Inclusive Network Out-of-Pocket Limit will increase from \$6,600 individual/\$13,200 family to \$6,850 individual/\$13,700 family for network benefits. **PH**



Supplemental Plan Improvements Provide More Flexibility and Added Income Protection

The DGA-Producer Pension and Health Plans Board of Trustees is pleased to announce several improvements to the Supplemental Pension Plan.

With these changes you will have greater flexibility in deciding how much of your Supplemental Plan account balance to use toward the purchase of an annuity and how much to leave invested in the Plan. You will also have an added payment option (the Qualified Longevity Annuity Contract) that provides greater protection against outliving your pension benefits. These improvements to the Supplemental Plan, together with your Basic Plan benefits, increase your ability to design a retirement plan that suits your needs.

Increased Benefit Options

Beginning October 1, 2015, you will have more choice in your annuity purchasing options and more discretion over how much of your account balance you leave in the Supplemental Plan.

Currently, to purchase an annuity from MetLife, the Plan's annuity provider,

you have two options: (1) use your entire account balance to purchase the annuity or (2) use half of your balance to purchase the annuity with the other half received as a lump sum payment. Either would liquidate your Supplemental Plan account balance.

Effective October 1, 2015, you and your beneficiaries may use any portion of your Supplemental Plan account balance to purchase an annuity, subject to MetLife's minimum purchase amount, which is currently \$10,000. Additionally, you will be able to leave as much of your account balance as you like invested in the Plan.

Also beginning on October 1, 2015, you will enjoy greater flexibility in how you access benefits you accrue after you have already taken a benefit from the Supplemental Plan. Currently, participants who receive Supplemental Plan contributions after having received a benefit from the Plan could not use their remaining account balance to purchase an annuity. Benefits could be paid either as a lump sum or through partial distributions.

Beginning October 1, 2015, you and your beneficiaries may choose to receive a distribution from the remaining account balance using any available Supplemental Plan payment option, allowing you to decide what option best meets your needs.

Protection Against Outliving Your Income

The Board of Trustees has also approved a new Supplemental Plan annuity option that allows for guaranteed income later in your retirement, beginning October 1, 2015.

The Qualified Longevity Annuity Contract (QLAC) lets you defer commencement of your annuity payments, as late as age 85. Here's how it works:

- ▶ You use part of your Supplemental Plan account balance to purchase a QLAC. The portion of your account used for the purchase (up to 25% of your Supplemental Plan balance, but not more than \$125,000) will not be included in calculating your Minimum Re-

CONTINUED ON PAGE 7

Earnings Thresholds Adjusted to Bring Plans More in Line with DGA Negotiated Wage Increases

The Directors Guild of America’s successful 2010 and 2013 contract negotiations resulted in wage increases of 14.5 percent over the last five years. Despite these increases, many of the Health and Pension Plans’ earnings thresholds have remained unchanged since 2010.

In order to bring benefits more in line with the increased compensation levels, the Board of Trustees has adjusted certain benefits earnings thresholds as follows:

- ▶ Increase of Health Plan’s carry-over earnings threshold and amount required for one year of coverage from \$130,000 to \$135,000 and carry-over bank maximum increased from \$450,000 to \$465,000
- ▶ Increase of Pension Plans’ earnings threshold for one Credited Service Month (CSM) from \$3,000 to \$3,200

Increase to Health Plan Carry-Over Thresholds

Currently, any participant who earns in excess of \$130,000 in DGA-covered earnings during a 12 month earnings period earns carry-over bank credit

equal to the excess earnings, up to a maximum carry-over bank balance of \$450,000. For each \$130,000 in the carry-over bank, participants receive one carry-over credit good for one year of Health Plan coverage. Carry-over credits are automatically applied whenever a participant’s current and/or residual earnings do not meet the \$34,100 earnings threshold to qualify for Health Plan coverage.

Beginning with benefit periods on or after January 1, 2016, the threshold at which participants begin earning Health Plan carry-over credit as well as the amount required for one year of coverage will increase from \$130,000 to \$135,000.

In order to allow time to earn addi-

tional carry-over bank credit before the earnings thresholds increase, the maximum allowable carry-over bank balance will increase from \$450,000 to \$465,000, beginning with the October 2015 benefit period.

Increase in Pension Plans’ Credited Service Month (CSM) Earnings Threshold

Credited Service Months (CSMs) are used in both the Basic and Supplemental Pension Plans to determine vesting status. You earn CSMs based on your reportable earnings during a calendar year, and can earn a maximum of 12 CSMs in any year. Currently, the earnings required for each CSM is \$3,000 from DGA-covered employment.

CONTINUED ON NEXT PAGE

Effective Benefit Period	Change
Oct 1, 2015 and later	Maximum carry-over bank balance increases from \$450,000 to \$465,000.
Jan 1, 2016 and later	Carry-over earnings threshold increases from \$130,000 to \$135,000 Carry-over bank amount needed for one carry-over credit (worth one-year of Health Plan coverage) increases from \$130,000 to \$135,000.

OUTPATIENT PHYSICAL THERAPY IN A HOSPITAL FACILITY CAN COST YOU MORE

Outpatient physical therapy services provided in a hospital setting typically cost significantly more than those in a therapist's office. But there are ways to steer clear of these added costs. To help you avoid paying more for outpatient therapy than you need, here are some tips to keep in mind.

UNDERSTANDING THE PLAN'S THERAPY BENEFIT

The maximum allowable charge for physical therapy after your initial office consultation is \$85 per visit whether from a network or non-network provider. Treatment is covered only if medically necessary and prescribed and performed by a licensed, certified physician or general practitioner.

Of the \$85 maximum allowable charge, you will be responsible for your co-insurance amount.

You will also be responsible for any amount exceeding the \$85 maximum.

Participants receiving therapy services at one of the UCLA /MPTF Health Centers in Southern California or with a Health Center referral, pay only a \$10 per visit co-payment.

HOSPITALS WILL CHARGE YOU MORE

Even if your initial treatment was as an inpatient in a hospital, you can better manage your costs by continuing your outpatient therapy elsewhere. Hospitals generally charge more for their outpatient services in order to cover their higher overhead costs. Any charges in excess of the Health Plan's \$85 per visit maximum become your responsibility.

MAKE SURE YOUR REFERRAL IS TO A NETWORK PROVIDER

Keep in mind that although your prescribing doctor may participate in the Blue Cross PPO network, the therapist or facility on your referral may not.

Network providers agree to negotiated, discounted rates for their services, while non-network providers can charge whatever they like. The difference often becomes your responsibility.

Additionally, your co-insurance is higher for services from non-network providers.

Before you make your appointment, make sure the provider on your referral participates in the Blue Cross PPO network. Check your referral against our network provider finder at dgaplans.org/networkproviders.htm or call Participant Services at (877) 866-2200 ext. 401.

For more information on the Health Plan's therapy benefit, refer to pages 58-59 of the March 2015 Health Plan booklet or speak to a Participant Services representative. **PH**

CONTINUED FROM PREVIOUS PAGE

Earnings Thresholds Adjusted

Beginning January 1, 2016, the earnings required to receive one CSM will increase from \$3,000 to \$3,200. This increase keeps the CSM earnings formula more in line with DGA-negotiated wage increases.

For more information on how CSMs affect pension vesting, refer to pages 3-7 and 27 of the March 2015 Pension Plans booklet available at dgaplans.org/forms.htm.

For a list of updates to the March 2015 Health Plan Summary Plan Description and March 2015 Pension Plans Summary Plan Description resulting from these benefit changes, please refer to the March 2015 Health Plan Booklet Updates and March 2015 Pension Plans Booklet Updates available at dgaplans.org/forms.htm. **PH**

Supreme Court Decision on Same-Sex Marriage Allows Plans to Restore Equity to All Spouses and Domestic Partners

The historic Supreme Court decision extending legal recognition to all married couples nationwide guarantees equitable provision of spousal benefits to married persons in all states, making the Plans' provision of spousal benefits to same-sex domestic partners in states that did not recognize same-sex marriages unnecessary.

Accordingly, the Board of Trustees of the DGA-Producer Pension and Health

Plans announces the following benefit adjustments to keep the Plans in line with this change:

- ▶ Similar to opposite-sex domestic partners, same-sex domestic partners will no longer be recognized as eligible dependents under the Health Plan and will not be provided spousal benefits under the Pension Plans.
- ▶ To allow same-sex domestic partners currently covered by the

Health Plan time to marry or find alternative coverage, a transition period will be offered.

For a list of updates to the March 2015 Health Plan Summary Plan Description and March 2015 Pension Plans Summary Plan Description resulting from these changes, please refer to the March 2015 Health Plan Booklet Updates and March 2015 Pension Plans Booklet Updates available at dgaplans.org/forms.htm. **PH**

Health Plan	
September 25, 2015	Same-sex domestic partners are no longer eligible dependents under the Health Plan. Same-sex domestic partners may no longer be added as dependents.
March 31, 2016 or the date current coverage otherwise expires, whichever is earlier	Health Plan coverage for existing same-sex domestic partners ends. Same-sex domestic partners are not individually eligible for COBRA continuation coverage.
Pension Plans	
September 25, 2015	<p>Same-sex domestic partners will no longer be the default Pension Plans' beneficiaries for participants in same-sex domestic partnerships.*</p> <p>Same-sex domestic partners will no longer be eligible for pre-retirement death benefits.*</p> <p>* Same-sex domestic partners who are already receiving pension payments as of September 25, 2015 are not impacted by these changes and will continue to receive pension benefits.</p>

Submit Non-Network Mental Health Claims to Anthem Blue Cross

One of the benefits of using a Blue Cross network mental health provider, besides the reduced costs to you and the Health Plan, is that network providers submit your claims for you. However, when you go outside the network, you have to submit your own mental health claims. Submitting those claims to the correct place is essential for timely processing.

Non-network mental health claims should be sent directly to the local Blue Cross office of the state in which services were provided, just like all other non-network medical claims. Sending your claim to the wrong address may delay processing and increase your costs.

The Health Plan requires claims for non-network providers be submitted within one year from the date of service. Claims submitted later than one year from the date of service will be denied, and you will not receive any payment for such claims.

To ensure your claims are processed as quickly as possible after they are received, be sure to include the following information:

- ▶ Participant's Name and Health Plan ID Number (as it appears on your Health Plan ID Card)
- ▶ The Health Plan's Group Number (as it appears on your Health Plan ID Card)
- ▶ Provider's Name and Address
- ▶ Patient's Name and Date of Birth
- ▶ Amount Paid (if any)

For full instructions on how to submit medical claims, including a list of addresses for local Blue Cross offices nationwide, go to dgaplans.org/healthclaims.htm or call Participant Services at (877) 866-2200 ext. 401. **PH**

CONTINUED FROM PAGE 3

SUPPLEMENTAL PLAN IMPROVEMENTS

quired Distribution, the minimum distribution required by law to be paid to you by the 1st of April following the year you turn age 70 1/2 .

- ▶ At the time of purchase, you choose the date when your QLAC annuity payments will begin, but no later than when you turn age 85. You will also choose whether your QLAC will be paid as a single life annuity or joint and survivor annuity.
- ▶ On the date you specified (up to age 85), your QLAC annuity payments begin and continue for your or your beneficiary's lifetime.

For more information on the improvements to the Supplemental Plan, refer to the March 2015 Pension Plans Booklet Updates, available at dgaplans.org/forms.htm or speak to a Pension Administrator at (877) 866-2200 ext. 404. **PH**

HEALTH BOOKLET CORRECTION

On page 1 of the March 2015 Health Plan booklet, the Calendar Year Out-of-Pocket Limit (in excess of the deductible) for non-network providers should be \$3,550 for DGA Premier Choice Plan and \$8,900 for the DGA Choice Plan. **PH**

DGA-PRODUCER PENSION & HEALTH

5055 WILSHIRE BLVD, SUITE 600
LOS ANGELES, CALIFORNIA 90036
ADDRESS SERVICE REQUESTED

Presorted First Class
U.S. POSTAGE
PAID
LOS ANGELES, CA
PERMIT NO. 31327

 **Visit Us Online**
www.dgaplans.org

Join Us this Fall in LA & NY

The DGA-Producer Pension and Health Plans welcomes DGA members, Pension and Health Plans' participants and family members to join us this fall at our health fairs:

Los Angeles

October 3

9:00 a.m. to 12:00 noon

West Coast Health Fair and Flu Shot Clinic
Directors Guild of America, Los Angeles Office
7920 Sunset Boulevard

New York City

October 17

2:00 p.m. to 5:00 p.m.

East Coast Health Fair and Flu Shot Clinic
Directors Guild of America, New York City Office
110 West 57th Street

Be sure you and your family don't miss out on:

- ▶ **Free neck and shoulder massages**
- ▶ **Raffle prizes and giveaways**, including a chance to win a new iPad mini!

- ▶ **Free Flu Shots. Reservations required. RSVP to flushots@dgaplans.org or at (323) 866-2216.** Flu shots are available for both Health Plan participants and non-covered members, including dependents age 13 and over. The DGA Foundation is covering the cost for participants not covered under the Health Plan. Women who are pregnant or nursing cannot be given the flu shot.
- ▶ **Pension and Health Benefits Information.** The Pension and Health Plans' staff, along with representatives from Express Scripts, Delta Dental and Vision Service Plan, will be onsite to provide information on the diverse benefits available to participants.
- ▶ **Actors Fund Seminar.** For those not covered by the Health Plan, a presentation will be given on the state's Health Insurance Marketplace.

Save the dates now, and be sure not to miss these special events. **PH**