

## SPRING 2016

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



### USING YOUR DEVICES TO MANAGE YOUR HEALTHCARE

This special feature explores the many online and mobile offerings available right now from the Health Plan and its benefits managers to help you save time and money.

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# Spotlight ON BENEFITS

## Partial Distributions: Take some. Save some.

If you're considering taking a benefit from your Supplemental Pension Plan account, it pays to think carefully. What are your future plans? How much would you need? Would you need to take it all? Depending on your answers, a Partial Distribution may be the option for you.

A Partial Distribution is a withdrawal of only a portion of your Supplemental Plan account. You can take funds as needed (subject to Plan rules) while your remaining balance continues to benefit from the Plan's professional portfolio management.

Whether you need funds for a one-time expense or an ongoing income stream to supplement your Basic Plan monthly benefit, Partial Distributions give you the flexibility to design a Supplemental Plan benefit that meets your needs.

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2015 Annual  
Funding Notice  
Enclosed

# Spotlight

ON BENEFITS

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## DGA-PRODUCER PENSION & HEALTH

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### 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

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# Using Your Devices to Manage Your Healthcare

*This special section of Spotlight on Benefits highlights some of the online and mobile services available now from Express Scripts, Delta Dental and Vision Service Plan (as well as the Health Plan) that help you manage your healthcare. Read below to discover services you might find useful. Then visit [www.DGAPlans.org/MobileOnlineServices](http://www.DGAPlans.org/MobileOnlineServices) for a more comprehensive look at what's available, including virtual tours, full feature descriptions and more.*

### EXPRESS-SCRIPTS.COM and EXPRESS SCRIPTS MOBILE APP



*The Express Scripts website and mobile app offer registered users unparalleled access to their Express Scripts account, making it easy to refill prescriptions, track orders, view general benefits information and much more. Now, with the new, streamlined EZ Registration (available by calling 1-800-282-2881), signing up is as easy as clicking an email.*



## Price a Medication

The amount you might pay for the same medication at different pharmacies can vary widely, even within the same area. If you're not shopping around, you could be spending more than you need.

With Price a Medication, available now on the Express Scripts Mobile App and Express-Scripts.com, you can compare prices from up to ten retail pharmacies in your area for any medication you choose. The feature also provides the medication's Express Scripts Home Delivery price and pricing for the generic and brand name versions (if both exist), making it easy to choose the best value.

Price a Medication also alerts you when special conditions apply to a medication, such as when prior review by the Health Plan or Step Therapy with alternative medications is required for approval or if the medication is currently not covered under the Express Scripts formulary.

These special alerts help you avoid unexpected delays in getting your medications.

## Rx Choices

For those on maintenance medications or who require particularly costly prescriptions, it helps to know when less expensive options are available so that you can explore them with your doctor. Rx Choices makes finding a lower-cost alternative easy.

Simply tap or click *Rx Choices* on the Express Scripts website or mobile app, select a medication (by name, from your personal prescription history, or by medical condition), and Rx Choices returns a list of lower-cost, covered alternatives.

While you would not be able to order the listed alternatives without a doctor's prescription, Rx Choices arms you with the information you need so that you and your doctor can choose a medication that fits your physical and *fiscal* needs.

## Virtual Prescription ID Card

Never again get caught without your Express Scripts ID card. As long as you have your Express Scripts Mobile App-enabled smartphone (and you are a registered user), it's there. Tap *Prescription ID Card* from the main menu to display your virtual ID card on your smartphone's screen.

If you prefer to print or request your card, go to Express-Scripts.com, click the *Health & Benefits Information* tab and scroll down to the Print a member ID Card section.

DELTA DENTAL INS.COM and  
DELTA DENTAL MOBILE APP



Delta Dental recently upgraded its web and mobile offerings, adding a number of features to better provide participants with the most up-to-date account and provider network information. Participants now have access to Delta Dental's full features across all their devices.

## Fee Finder

If you've ever been surprised by the price of a dental procedure, you no longer have to be. Delta Dental's Fee Finder lets you know the average fee that dentists in your area charge for common dental procedures. Use the Fee Finder to compare your dentist's prices with the average price in your area, when considering a procedure.

To use the Fee Finder, enter your zip code then browse for a procedure. Or, if you have a dental estimate already in hand, you can enter the procedure codes listed on your estimate.

The resulting fee information is based on claims submitted to Delta Dental during the past 18 months from the selected zip code.

## Your Benefits: Maximums, Deductibles and Details

Keeping track of where you stand with your dental deductibles and benefit maximums can be a challenge, especially for those covering dependents. Luckily, both Delta Dental's website and mobile app provide up-to-date

details on the amounts remaining on your and your dependents' annual deductible and maximum annual benefit.

On the website, you can access your deductible and benefit balances by clicking the *Benefits* button. On the Mobile App, tap *My Coverage*.

But the information doesn't end there. Both [DeltaDentalIns.com](http://DeltaDentalIns.com) and the Delta Dental Mobile App offer additional benefits information to help you plan your dental spending, including detailed information (down to the procedure code) on how much the Plan covers for many dental treatments when performed by a Delta Dental PPO, Delta Dental Premier or non-Delta Dental dentist.

### Claims Information

If you've ever needed to check on a claim's status, you can access all your claims-related information from both the Delta Dental website and mobile app. Click *Claims* on [deltadentalins.com](http://deltadentalins.com), or tap *My Coverage and Claims* on the mobile app to view a list of claims for you and your dependents and the status of each. For a more detailed view of a particular claim, click or tap on an individual claim number.

### Virtual Delta Dental ID Card

Delta Dental makes your dental ID card available on both their website and mobile app. On the mobile app, a

virtual card appears at the top of the home screen after you log in. You can email the card to yourself by tapping *Email ID Card*. On the website, you can print your card by clicking *Print ID Card* in the far left column.

Dental ID cards are available for primary participants only.

VSP.COM, VISION SERVICE  
PLAN MOBILE APP and  
EYECONIC.COM



As a totally paperless company, VSP, on both its website and mobile app, has always offered registered users full access to their vision benefits information, including claims, general benefits descriptions and ID cards. Users can conduct all their vision care-related business from anywhere they have an internet connection.

### Find a Doctor

VSP makes it easy to find a doctor to meet your vision care needs. You

can search for VSP providers in your area according to the services they offer, brands they carry, discounts and promotions they have available and other criteria. You also can read reviews posted by VSP participants or write reviews of your own. Click *Find a Doctor* on the website or mobile app to begin your search.

### Claims and Reimbursement

Registered VSP.com users can view their family's claims online or via the mobile app for up to one year after the date of service. Click or tap *Claims & Reimbursement* to check claim status and to view a statement of how much you saved by using your VSP benefit.

And if you need to submit a claim, you can do that too. From within the website or mobile app, you can fill out a claim form, upload receipts and submit the claim electronically, or you can print the form if you prefer to submit the claim by mail.





## Using Your Devices

### How to Use Your Benefits

The How to Use My Benefits button, available on both the VSP website and mobile app, lets you access everything you need to know about using your vision benefits. It includes links to important vision coverage details like copay amounts and benefit frequency limits for both network and out-of-network vision services.

### Eyewear/Contact Lens Personal Shopping Assistant

Shopping for eyewear can be dizzying, given the number of styles and brands to choose from, not to mention questions you might have about how much your benefits might cover. With Eyeconic.com, VSP's new dedicated web service specifically for eyewear and contact users, VSP aims to make that experience a lot easier.

Eyeconic.com consolidates all the information you need for finding the right eyewear for your tastes and budget, including a wide selection of the latest technologies, brands and styles, and a Help Me Choose feature that suggests which might be most flattering for your face or more suited to your lifestyle.

If you'd rather see for yourself which frames look best, Eyeconic's Try Them On feature lets you do just that. To use Try Them On, click or tap the frames you'd like to try on, and scroll down to the Try Them On button. Then choose a face from the stock photos provided

or upload a picture of your own. On the mobile version of the site, you can use your smartphone's camera to take a picture or video. Once you've chosen an image, the site will display your chosen frames on the face you selected.

If you are a registered VSP.com user, you can unlock even more convenient features when you link your VSP.com and Eyeconic.com accounts. By linking to the two accounts you can view your available VSP benefits while you shop the Eyeconic site as well as see special deals and discounts especially for Health Plan participants.

### DGAPLANS.ORG



*The Health Plan's website, DGAPLANS.org, is your hub for all Health Plan-related information. From the Plans' site, you can link to our benefits managers as well as to Anthem Blue Cross, the Health Plan's provider network. You can also download important forms, learn how to qualify for coverage and get details on how Health Plan coverage works, with more functions coming soon.*

### Find a Network Provider

The amount you pay for medical services goes up significantly when you use a provider from outside the Blue Cross network, so finding a network provider is important for managing your healthcare costs. The Find a Network Provider link on the Plans' home page lets you search the Blue Cross network for a provider or hospital based on a number of criteria.

To use the Provider Finder, click *Find a Network Provider*, enter "DGA" in the Already A Member field, then select the rest of your search criteria.

### Pay Your Health Premium

The Pay Health Premium link on the DGAPLANS.org home page links to the Health Plan's online payment service, E-Bill Express. With E-Bill Express you can submit a one-time premium payment to the Health Plan (without registering) or enroll in E-Bill Express to set up recurring or scheduled premium payments. E-Bill Express makes timely payment of your Health Plan premiums easy.

### The Medicare pages

Medicare eligibility can affect Health Plan coverage, regardless of whether you enroll. If you are approaching age 65 or are already age 65, it's important to learn how Medicare works along with Health Plan coverage.

The Medicare pages at DGAPLANS.org/Medicare offer important information regarding how Medicare interacts with Health Plan coverage, how to submit your claims when you have both Medicare and Health Plan coverage, where you can find additional information about Medicare and more.

For more information on how you can manage your healthcare online or via your smart device, view our comprehensive chart of features available online through the Health Plan and its benefit managers at [www.DGAPLANS.org/MobileOnlineServices.PH](http://www.DGAPLANS.org/MobileOnlineServices.PH)



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## Partial Distributions

Choose from several convenient payment options:

- ▶ A one-time distribution (minimum of \$5,000 and no more than one per calendar quarter)
- ▶ A monthly distribution of a set amount (minimum of \$2,000)
- ▶ A quarterly distribution (minimum of \$5,000) payable on January 15, April 15, July 15 and October 15
- ▶ A semi-annual distribution (minimum of \$5,000)

In addition to the flexibility offered by Partial Distributions, the Supplemental Plan's annuity options also allow you to take a benefit and remain invested in the Plan. You can now use a portion of your Supplemental Plan funds to purchase an annuity, including the new Qualified Longevity Annuity Contract that lets you defer commencement of annuity payments as late as age 85.

Regardless of the payment option you choose, any funds remaining in your Supplemental Plan account after a distribution continue to benefit from the Plan's diverse investment mix, which includes vehicles typically unavailable to the individual investor, as well as the Plan's expert oversight—by an independent pension consultant, the Finance Committee of the Pension Plans' Board of Trustees and an experienced team of investment professionals. All this comes at no additional cost to you beyond the costs of administering the Plan.

You can also roll funds into your Supplemental Plan account from your other qualified retirement accounts, enabling you to take full advantage of the Plan's proven performance.

For more information on Partial Distributions, including eligibility requirements and distribution rules, read page 35 of the March 2015 Pension Plans Booklet, available at [dgaplans.org](http://dgaplans.org) or contact a Pension Administrator at (877) 866-2200 ext. 404 or [pension@dgaplans.org](mailto:pension@dgaplans.org). **PH**

## Annual Funding Notice for the Directors Guild of America—Producer Pension Plan Basic Benefit Plan

### Introduction

This notice includes important information about the funding status of your pension plan (“the Plan”) and general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”), a federal insurance agency. All traditional pension plans (called “defined benefit pension plans”) must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is for the plan year beginning January 1, 2015 and ending December 31, 2015 (“Plan Year”).

### How Well Funded Is Your Plan

Under federal law, the Plan must report how well it is funded by using a measure called the “funded percentage.” This percentage is obtained by dividing the Plan’s assets by its liabilities on the Valuation Date for the Plan Year. In general, the higher the percentage, the better funded the plan. Your Plan’s funded percentage for the Plan Year and each of the two preceding plan years is set forth in the chart below, along with a statement of the value of the Plan’s assets and liabilities for the same period.

	2015 Plan Year	2014 Plan Year	2013 Plan Year
<b>Valuation Date</b>	January 1, 2015	January 1, 2014	January 1, 2013
<b>Funded Percentage</b>	100.90%	101.32%	101.71%
<b>Value of Assets</b>	\$1,535,087,542	\$1,460,483,736	\$1,380,585,981
<b>Value of Liabilities</b>	\$1,521,466,562	\$1,441,468,312	\$1,357,417,878

### Year-End Fair Market Value of Assets

The asset values in the chart above are measured as of the Valuation Date for the Plan Year and are actuarial values. Because market values can fluctuate daily based on factors in the marketplace, such as changes in the stock market, applicable federal law allows plans to use actuarial values that are designed to smooth out those fluctuations for funding purposes. The asset values below are market values and are measured as of the last day of the Plan Year, rather than as of the Valuation Date. Substituting the market value of assets for the actuarial value used in the above chart would show a clearer picture of a plan’s funded status as of the Valuation Date. The fair market value of the Plan’s assets as of the last day of the Plan Year and each of the two preceding plan years is shown in the following table:

	December 31, 2015	December 31, 2014	December 31, 2013
<b>Fair Market Value of Assets</b>	\$1,404,686,177	\$1,413,657,069	\$1,325,306,208

### Endangered, Critical, or Critical and Declining Status

Under applicable federal law, a plan generally will be considered to be in “endangered” status if, at the beginning of the plan year, the funded percentage of the plan is less than 80 percent or in “critical” status if the percentage is less than 65 percent (other factors may also apply). A plan is in “critical and declining” status if it is in critical status and is projected to become insolvent (run out of money to pay benefits) within 15 years (or within 20 years if a special rule applies). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status or critical and declining status, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time. The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

The Plan was not in endangered, critical, or critical and declining status in the Plan Year.

### Participant Information

The total number of participants in the Plan as of the Plan’s valuation date was 11,831. Of this number, 7,179 were active participants, 2,576 were retired or separated from service and receiving benefits, and 2,076 were retired or separated from service and entitled to future benefits.

**Funding & Investment Policies**

Every pension plan must have a procedure for establishing a funding policy to carry out plan objectives. A funding policy relates to the level of assets needed to pay for benefits promised under the Plan currently and over the years. The funding policy of the Plan is as follows:

The applicable collective bargaining agreements stipulate the contribution rates for determining contributions to fund the Plan’s benefits. Actual contributions are thus a function of these negotiated contribution rates and the covered earnings of participants. Additionally, the Plan receives contributions based on residuals, which are not related to participants’ current covered earnings. It is intended that the actual contributions will be sufficient to fund each year’s benefit accrual and also amortize any unfunded liabilities over 15 years measured from each January 1 valuation date.

Once money is contributed to the Plan, the money is invested by plan officials called fiduciaries, who make specific investments in accordance with the Plan’s investment policy. Generally speaking, an investment policy is a written statement that provides the fiduciaries who are responsible for plan investments with guidelines or general instructions concerning investment management decisions. The investment policy of the Plan is to achieve a positive rate of return for the Plan over the long-term that significantly contributes to meeting the Plan’s obligations, including actuarial interest and benefit payment obligations.

Under the Plan’s investment policy, the Plan’s assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocations	Percentage
Interest-bearing cash	0.0
U.S. Government securities	3.7
Corporate debt instruments (other than employer securities):	
Preferred	2.9
All Other	3.5
Corporate stocks (other than employer securities):	
Preferred	0.2
Common	4.3
Partnership/joint venture interests	16.8
Real estate (other than employer real property)	0.0
Loans (other than to participants)	0.0
Participant loans	0.0
Value of interest in common/collective trusts	29.6
Value of interest in pooled separate accounts	0.0
Value of interest in master trust investment accounts	0.0
Value of interest in 103-12 investment entities	19.2
Value of interest in registered investment companies (e.g. mutual funds)	19.6
Value of funds held in insurance co. general account (unallocated contracts)	0.0
Employer-related investments:	
Employer Securities	0.0
Employer Real Property	0.0
Buildings and other property used in plan operation	0.0
Other	0.2

For information about the Plan’s investment in any of the following types of investments as described in the chart above – common/collective trusts, pooled separate accounts, master trust investment accounts, or 103-12 investment entities – contact Jean Sommerville, CFO, at (323) 866-2224.

**Right to Request a Copy of the Annual Report**

A pension plan is required to file with the U.S. Department of Labor an annual report called the Form 5500 that contains financial and other information about the plan. Copies of the Plan’s annual report are available from the U.S. Department of Labor, Employee Benefits Security Administration’s Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1513, Washington, DC 20210, or by calling (202) 693-8673. For 2009 and subsequent plan years, you may obtain an electronic copy of the Plan’s annual report by going to [www.efast.dol.gov](http://www.efast.dol.gov) and using the Form 5500 search function. Or you may obtain a copy of the Plan’s annual report by making a written request to the Plan administrator. Individual information, such as the amount of your accrued benefit



under the Plan, is not contained in the annual report. If you are seeking information regarding your benefits under the Plan, contact the plan administrator identified below under “Where To Get More Information.”

### **Summary of Rules Governing Insolvent Plans**

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for that plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan’s available resources. If such resources are not enough to pay benefits at a level specified by law (see Benefit Payments Guaranteed by the PBGC, below), the plan must apply to the PBGC for financial assistance. The PBGC will loan the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan’s financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants, and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option. This information will be provided for each year the plan is insolvent.

### **Benefit Payments Guaranteed by the PBGC**

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Plan is covered by PBGC’s multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first \$11 of the Plan’s monthly benefit accrual rate, plus 75 percent of the next \$33 of the accrual rate, times each year of credited service. The PBGC’s maximum guarantee, therefore, is \$35.75 per month times a participant’s years of credited service.

*Example 1:* If a participant with 10 years of credited service has an accrued monthly benefit of \$600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant’s years of service ( $\$600/10$ ), which equals \$60. The guaranteed amount for a \$60 monthly accrual rate is equal to the sum of \$11 plus  $\$24.75$  ( $.75 \times \$33$ ), or \$35.75. Thus, the participant’s guaranteed monthly benefit is \$357.50 ( $\$35.75 \times 10$ ).

*Example 2:* If the participant in Example 1 has an accrued monthly benefit of \$200, the accrual rate for purposes of determining the guarantee would be \$20 (or  $\$200/10$ ). The guaranteed amount for a \$20 monthly accrual rate is equal to the sum of \$11 plus  $\$6.75$  ( $.75 \times \$9$ ), or \$17.75. Thus, the participant’s guaranteed monthly benefit would be \$177.50 ( $\$17.75 \times 10$ ).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In calculating a person’s monthly payment, the PBGC will disregard any benefit increases that were made under the plan within 60 months before the earlier of the plan’s termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee pre-retirement death benefits to a spouse or beneficiary (e.g. a qualified pre-retirement survivor annuity) if the participant dies after the plan terminates, benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

### **Where to Get More Information**

For more information about this notice, you may contact Ed Bohm, Manager, Pension Department, at the Directors Guild of America—Producer Pension Plans, 5055 Wilshire Blvd, Suite 600, Los Angeles, CA 90036, (323) 866-2200. For identification purposes, the official plan number is 001 and the plan sponsor’s name and employer identification number or “EIN” is Board of Trustees, Directors Guild of America—Producer Pension Plan Basic Benefit Plan, 95-2892780. For more information about the PBGC go to PBGC’s website, [www.pbgc.gov](http://www.pbgc.gov).