

SUMMER 2018



**EXPRESS SCRIPTS UPDATES ITS LIST OF COVERED MEDICATIONS**

Make sure you review the new list in case the status of your medication has changed.

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## Essential The Documents:

## Get them in and keep them updated

With so many things competing for your attention these days—texts, Tweets, “peak TV”—filing the necessary documents with the Plans’ office might get overlooked. Yet, these forms are an essential part of the Plans’ ability to provide you and your loved ones the benefits you’ve earned and the services you deserve.

It is important to keep your information updated with the Plans as your life circumstances change. Without the required forms on file, benefits for you and/or your eligible dependents may be interrupted or the Plans’ office may be limited or unable to release requested information on your behalf to a third party (i.e., for you, your spouse, adult dependent child, caregiver, etc.) should you or your dependents become ill and/or incapacitated. The chart on page 4 lists important documents along with descriptions of those who should have them on file. These important documents are often overlooked or left out-of-date. Filing them and keeping them current with the Plans' office can avoid interruptions to your benefits and ensure the Plans have the proper authorizations to release your information to those you have designated when necessary.

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COMING IN OCT!  
Annual Health Fairs  
and Flu Shot Clinics  
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**Express Scripts Updates its List of Covered Medications Effective July 1, 2018**

## 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.

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# Understanding the Difference Between Credited Service Months (CSMs) and Earned Coverage Years (ECYs)

Understanding your health and pension benefits can seem at times like surfing through alphabet soup. Between the Health and Pension Plans, you'll encounter EOBs, RBDs, MRDs, PPOs and COBRA, to name a few commonly-used acronyms. Though the Plans' office can help you navigate the soup when and if the need arises, it is important you have a basic understanding of the two terms most crucial in planning your eligibility for future benefits: Credited Service Months (CSMs) and Earned Coverage Years (ECYs). The two are often confused.

## CREDITED SERVICE MONTHS

Credited Service Months (CSMs) is a term used exclusively by the Pension Plans. CSMs are used to determine your eligibility to receive pension benefits and also to calculate your Basic Plan benefit amount.

The number of CSMs you earn determines when and how you become vested, or eligible for benefits, under the Basic and Supplemental Pension Plans. For the Basic Plan, Ten-Year Vesting status is achieved when you accrue at least 120 CSMs, and under the Five-Year Vesting rules, you can potentially become vested with as few as 60 CSMs. As for the Supplemental Plan, you may become fully vested in the portion of your individual account that is related to employer contributions once you've earned 36 CSMs in the Basic Plan.

CSMs also factor into the formulas that determine your pension benefit amounts. For details on how this works, refer to the Career Average Earnings Formula and Credited Service Month Formula on pages 9-12 of the Pension Plans' Summary Plan Description, or online at [www.dgaplans.org/pension-overview](http://www.dgaplans.org/pension-overview).

CSMs are earned according to your DGA-covered compensation. Beginning January 1, 2018, participants earn one Credited Service Month for each \$3,400 in DGA-covered earnings during a Plan Year, which is the calendar year. You can earn more than one CSM in a month. However, you cannot earn more than 12 CSMs per Plan Year. So, once you've earned at least \$40,800 during 2018, you've earned the maximum 12 CSMs. The earnings requirement for 12 CSMs is scheduled to increase to \$42,000 for 2019 and \$43,200 for 2020.

Your total CSMs are listed on the Pension Plans' Annual Statement, or you can speak to a Pension representative at (877) 866-2200, ext. 404.

## EARNED COVERAGE YEARS

Earned Coverage Years (ECYs) is a term used by the Health Plan. ECYs are used to determine your eligibility to self-pay for health coverage. You receive one ECY for each year you qualify for earned Health Plan coverage by meeting the minimum earnings threshold (currently \$34,100 during four consecutive calendar quarters).

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# The Importance of Reviewing Your Quarterly Contributions Statements

It's important to plan ahead, particularly when it comes to your eligibility for pension and health benefits, even though it's easy to put off doing so when retirement is years away. Despite the ease of "getting to it eventually," it's essential to set aside time now to regularly track your benefit accruals.

The Plans make this task simple and convenient. To help you verify your work earnings and better anticipate your future benefits, the Plans provide Quarterly Contributions Statements each January, April, July and October. The statements include earnings information received during the previous calendar quarter, outlining each of your employers, projects and reported work periods, as well as details on your reported earnings for every job. Any adjustments received during the applicable period will also be listed, such as amendments resulting from an audit or compliance adjustment.

Each statement lists your reported earnings and contributions for both the Pension and Health Plans. It is your responsibility to carefully review each

quarterly statement, ensuring that contributions to the Plans on your behalf have been properly reported. Keeping detailed records of your DGA-covered earnings will assist you in identifying discrepancies

**If you discover incorrect reporting, notify the Plans as soon as possible so that you don't miss out on benefits for which you may be eligible.**

with the Plans' records. Cross-check pay stubs and deal memos with your quarterly statements to confirm that the proper contributions are matched to the correct earnings period.

If you discover incorrect reporting, notify the Plans as soon as possible so that you don't miss out on benefits for which you may be eligible. Contact us if you notice errors such as missing earnings, under- or overreported earnings, earnings incorrectly reported for non-DGA work or inaccurate work periods. A Quarterly Statement Discrepancy Reporting Form is enclosed with every quarterly statement

with information on how to return the form to the Plans via email, fax or mail. If possible, attach any backup information you have to support the corrected information.

Errors reported in a timely manner can be addressed, whereas errors reported years after the fact are difficult, and sometimes not possible, to rectify. Prompt action on your contributions statements helps ensure you receive the benefits you've rightfully earned.

Your next Quarterly Contributions Statement is scheduled to be mailed in July. If you have any questions, contact the Plans' office at (323) 866-2200, ext. 567 or via email at [contributionsdiscrepancy@dgaplans.org](mailto:contributionsdiscrepancy@dgaplans.org). **PH**

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## Understanding CSMs and ECYs

One type of self-pay coverage that uses ECYs in determining eligibility is Certified Retiree health coverage, which is coverage provided at a significantly reduced premium. To qualify as a Certified Retiree, participants must have earned at least 20 ECYs, as well as meet the other eligibility requirements. Your number of CSMs earned under the Pension Plans has no impact on your Certified Retiree status under the Health Plan, and vice versa.

ECYs also factor into the eligibility requirements for Extended Self-Pay coverage. With at least 10 ECYs, participants may qualify to self-pay for Health Plan coverage for up to 60 months immediately upon losing earned coverage. The 60-month period is inclusive of the initial 18 months of COBRA coverage.

To check the number of ECYs you have earned, speak to a Participant Services Representative at (877) 866-2200, ext. 401. **PH**

# Essential The Documents:

Name of Form	Pension or Health-related	Who should file?	Where to find it
<b>Adult Dependent Authorization Form</b>	Health	Dependents age 18 and over who are covered under the Health Plan and would like their health-related Plans' mail sent to an address other than the primary participant's	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>Beneficiary Designation Form</b>	Pension	All participants	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>Change of Address Form</b>	Both	Individuals age 18 and over who would like to update the address to which their Plans-related mail gets sent	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>Coordination of Benefits Form</b>	Health	Individuals covered under the Health Plan must submit this form annually or if there is any change or termination of coverage with other insurance companies	In your annual open enrollment packet or at <a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>Dependent Confirmation Form</b>	Health	Participants covering dependents need to verify their covered dependent(s) annually by attesting they continue to meet the Health Plan's definition of an eligible dependent	In your annual open enrollment packet or by request from the Plans' office
<b>Dependent Enrollment Form</b>	Health	Participants who want to add their dependent spouse and/or child(ren) to the Health Plan. Special enrollment rules apply to add dependents other than at open enrollment.	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>HIPAA Authorization Form</b>	Health	Individuals age 18 and over who would like to authorize the Plans to release information to an agent on their behalf in <b>health-related matters only</b>	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>Pension Deduction Authorization Form</b>	Health	Participants who want to pay their monthly health premiums through a deduction directly from their Basic Plan monthly pension benefits	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>
<b>Power of Attorney (Pension)</b>	Pension	Individuals age 18 and over who would like to authorize an agent to act or make decisions on their behalf in <b>pension-related matters only</b>	Consult your attorney
<b>Power of Attorney (Health Care)</b>	Health	Individuals age 18 and over who would like to authorize an agent to act or make decisions on their behalf in <b>health-related matters only</b>	Consult your attorney
<b>Power of Attorney (Special)</b>	Specified by the participant	Individuals age 18 and over who would like to authorize an agent to act or make decisions on their behalf <b>only in matters as specified in the Power of Attorney (Special)</b>	Consult your attorney
<b>Third-Party Authorization</b>	Pension	Individuals age 18 and over who would like to authorize the Plans to release information to an agent in <b>pension-related matters only</b>	<a href="http://dgaplans.org/forms">dgaplans.org/forms</a>

# Consolidate with Confidence. Roll Funds Into Your Supplemental Plan Account.

**A**s 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 Plan account. This provides you with several advantages:

- ▶ **Diversity.** The Supplemental Plan's portfolio includes a wide-ranging mix of investments, including domestic and international stocks, bonds and real estate. In addition, the Supplemental Plan also features an allocation to alternative investment vehicles that are not typically available to individual investors.
- ▶ **Low Cost.** The Plan does not charge any commissions or loads. If you roll over money into the Supplemental Plan, you will not be charged any fees beyond the costs of administering the fund, which includes fees paid to our investment managers.
- ▶ **Stability.** The Supplemental Plan is overseen by the Finance Committee of the Pension Plans' Board of Trustees, in consultation with an experienced team of investment professionals, including our independent pension investment consultant and actuary. Over the years, the Finance Committee, which works solely

for the benefit of Plan participants, has developed a long-term investment strategy. Through a well-diversified portfolio managed by a team of experienced investment managers, the Finance Committee seeks to maximize returns with a focus on risk and volatility control.

- ▶ **Flexibility.** The Supplemental Plan's flexible benefit options make it easy to design a retirement strategy specific to your income needs. When you qualify for retirement, funds can be withdrawn using one of several flexible payment options, including ad hoc or fixed monthly, quarterly and semi-annual payments.
- ▶ **Convenience.** Rollovers into the Supplemental Plan give you fewer retirement accounts to track and manage.

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

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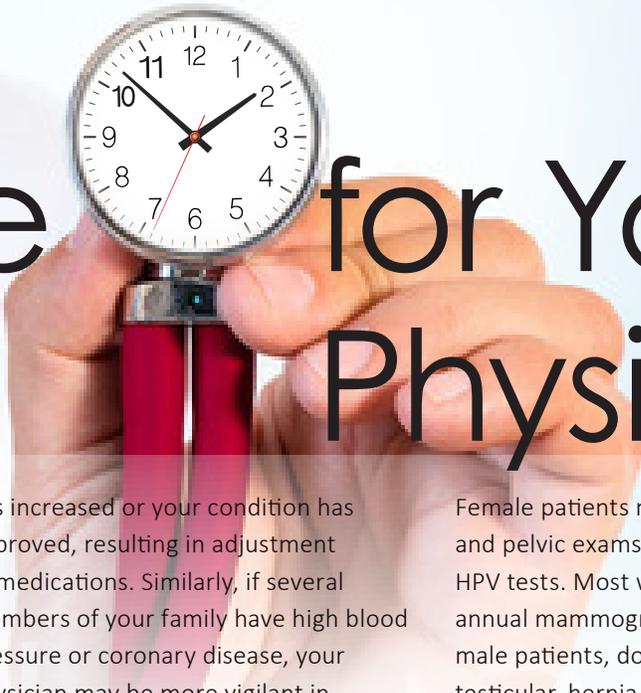
## Clarification of Chemical Dependency Benefits Under the Health Plan

**S**ections of the March 2015 Health Plan Summary Plan Description pertaining to chemical dependency benefits have been amended to correspond with Health Plan procedures that have been in place since January 1, 2013, when the Health Plan's chemical dependency and mental health benefits were brought into parity with other medical benefits.

For the Bronze Plan, an amendment clarifies that chemical dependency benefits are covered. The Bronze Plan pays claims for inpatient and outpatient chemical dependency benefits—which include mental health, behavioral health and substance abuse services.

For the Premier Choice and Choice Plans, an amendment clarifies that there are no requirements for chemical dependency prescriptions to be pre-authorized or prescribed during the course of an Anthem Blue Cross approved treatment program. For chemical dependency medications to be covered, they must be prescribed by a physician.

For more information, refer to the March 2015 Health Plan Summary Plan Description and its updates, available at [www.dgaplans.org/forms/health](http://www.dgaplans.org/forms/health). **PH**



# Is it Time for Your Annual Physical?

**A**n annual physical exam is an excellent tool to track your overall health, especially if you don't visit the doctor regularly. Knowing what to expect during your annual exam will help you make the most of your time with your physician.

An annual physical exam serves several purposes. Although it may result in diagnosis or treatment of a medical condition, your annual physical is predominantly intended for prevention and screening. By asking questions and performing various tests, even if you're not *currently* ill, your doctor screens for certain conditions, updates your preventive care and assesses your risk for future medical issues. This is also a great time to discuss ways to make your lifestyle healthier.

Though there are no specific rules for what comprises an annual physical, your doctor likely will start with questions about your lifestyle behaviors and personal and family medical history. These inquiries focus the exam. If you have specific questions or concerns, it is useful to mention them at the beginning of the visit so that they are not introduced at the end, when your physician may feel rushed.

For example, if you've suffered from migraines in the past, your doctor may assess whether the frequency

has increased or your condition has improved, resulting in adjustment of medications. Similarly, if several members of your family have high blood pressure or coronary disease, your physician may be more vigilant in looking for early indicators in your exam. Questions about lifestyle, like smoking, drinking, sexual health, diet and exercise habits also point your doctor in helpful directions.

**Although it may result in diagnosis or treatment of a medical condition, your annual physical is predominantly intended for prevention and screening.**

After the questions, a physical exam and testing will likely follow, which may include the following:

- ▶ Vital signs, including blood pressure, heart rate and temperature
- ▶ Examination of your tonsils, teeth, gums, ears, nose, eyes and lymph nodes
- ▶ A heart exam and lung exam (using a stethoscope)
- ▶ Abdominal exam
- ▶ Blood tests, including blood count, cholesterol, blood sugar and other tests as indicated
- ▶ Urinalysis

Female patients may receive breast and pelvic exams, including Pap and HPV tests. Most women also begin annual mammograms at age 40. For male patients, doctors typically include testicular, hernia and prostate exams. Screening colonoscopies for both sexes begin at age 50, although recent studies suggest that, in the future, these may be initiated at age 45.

For children, annual well child visits are suggested to obtain scheduled immunizations, track growth and development, and for an opportunity to raise concerns regarding physical, emotional or social health.

For those covered under the Health Plan, an annual physical given by a network provider is subject to your annual deductible and co-insurance. Some annual physical services might be covered entirely, with no deductible if they are among the preventive care services covered at 100%, as mandated by the Affordable Care Act. Any services provided by non-network providers are subject to your annual deductible and co-insurance in addition to any fees in excess of the allowable charges. **PH**

# How to Dispose of Unused Medications



**W**hen you have leftover medications, it is crucial that you dispose of them properly. Appropriate disposal of prescription drugs reduces the risk of accidental ingestion by children or pets, intentional abuse by others and contamination of our environment.

The best solutions for disposing of unused or expired medications are medicine take-back options or disposal in the household trash. If a prescription comes with specific disposal instructions, make sure to follow them exactly as directed.

## MEDICINE TAKE-BACKS

The medicine take-back option is the safest and most environmentally friendly. The US Drug Enforcement Agency offers a listing of year-round take-back sites around the country

where you may safely dispose of unused medications. These sites include many medical facilities and pharmacies such as CVS and Walgreens.

To find the sites nearest you, visit [dgaplans.org/drugdisposal](http://dgaplans.org/drugdisposal). You'll be directed to the Drug Enforcement Administration's disposal site location tool, where you can search by zip code or city and state.

Otherwise, you can contact your local waste management company to learn about other take-back opportunities.

## IN THE TRASH

Unused prescription drugs can also be discarded in the household trash. Simply place the tablets into a sealed container and discard it into the trash. Be sure to delete all personal information on the prescription label.

## DOWN THE TOILET

Rarely, medicines include specific instructions to flush them down the toilet when no longer needed and no take-back option is available. Avoid flushing medications if you are not explicitly instructed to do so, to avoid water supply contamination. **PH**

## Express Scripts Updates Its List of Covered Medications Effective July 1, 2018

Express Scripts, the Health Plan's prescription drug benefit manager, has updated its list of covered medications effective July 1, 2018. Express Scripts periodically reviews its list of covered medications, called the National Preferred Formulary, and may exclude medications when clinically equivalent alternatives are available and offer significant cost savings to you. Changes to the formulary affect which medications are covered under the DGA-Producer Health Plan and how much you pay out of pocket for certain prescriptions.

Less than one percent of Health Plan participants will be affected by the updated list. If you are taking a maintenance medication, be sure to review the new list in case the status of your medication has changed. If a medication you currently take appears on the list of excluded medications, Express Scripts should have already notified you by mail so that you can talk with your doctor about a preferred alternative. The National Preferred Formulary will continue to offer access to safe and effective medications as alternatives to these drugs.

The complete 2018 list of excluded medications along with preferred alternatives is available at [www.dgaplans.org/2018\\_Formulary](http://www.dgaplans.org/2018_Formulary). For information on whether this change will affect your current prescriptions, 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**

# DGA-PRODUCER PENSION & HEALTH

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## Health Fairs and Flu Shot Clinics This Fall in LA & NYC



**SAVE  
THE DATE**



los angeles  
**OCTOBER 6**

new york  
**OCTOBER 20**