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ON BENEFITS

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DGA-PRODUCER PENSION & HEALTH

MAILING ADDRESS

5055 Wilshire Boulevard, Suite 600
Los Angeles, CA 90036

MAIN OFFICE NUMBERS

(323) 866-2200
(877) 866-2200 - Toll Free

OFFICE HOURS

Monday-Friday, 8:30 a.m. to 5:00 p.m.

DEPARTMENT DIRECTORY

Participant Services

(323) 866-2200, Ext. 401

Health Plan Eligibility

eligibility@dgaplans.org
(323) 866-2200, Ext. 502

Pension

pension@dgaplans.org
(323) 866-2200, Ext. 404

Address Change

addresschange@dgaplans.org
(323) 866-2200, Ext. 407

Contributions and Compliance

(323) 866-2200, Ext. 567
(323) 866-2200, Ext. 406 (E-Bill)

COMMUNICATIONS STAFF

DeLon Howell, Communications Editor
Sophia Ihlefeld, Staff Editor
communications@dgaplans.org

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

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

The DGA-Producer Pension and Health Plans will be hosting health fairs and free flu shot clinics exclusively for DGA members and their families in Los Angeles and New York City this fall. Plan now for the event nearest you.

Los Angeles

Saturday, October 6
9:00 a.m. to 12:00 p.m.
(Flu shots until 1:00 p.m.)
DGA Lobby, Los Angeles
7920 Sunset Boulevard

New York City

Saturday, October 20
2:00 p.m. to 5:00 p.m.
DGA New York Theater Lobby
110 West 57th Street

All DGA members, including those not currently covered by the Health Plan, and family members are welcome to join us and take advantage of these popular events:

Free Flu Shots

Reservations are required. RSVP to flushots@dgaplans.org or by phone at (323) 866-2216.

Flu shots are available to all DGA members and their dependents age 13 and over. The DGA Foundation is covering the cost of the flu shots for participants not covered under the Health Plan. Women who are pregnant or nursing cannot be given flu shots and should check with their OB-GYN for more information.

Back by Popular Demand

Free Neck and Shoulder Massages. Treat yourself to a neck and shoulder massage. Qualified massage therapists will be on hand on a first-come, first-served basis.

A Medicare Q&A specifically for members who are Medicare eligible or approaching Medicare eligibility. Get information on how Medicare works with DGA Health Plan coverage, when to begin Medicare enrollment and more.

Q&A sessions with our Health Plan Claims, Eligibility and Pension Department representatives. Learn important benefits information directly from our staff experts.

Guided tour of the Plans' website, dgaplans.org.

One-on-One Time with Benefits Experts

Throughout the day, the Pension and Health Plans' staff, along with representatives from Express Scripts, Delta Dental, Vision Service Plan and the Actors Fund, will be available to answer any questions you might have about the diverse benefits available to participants and DGA members. In Los Angeles, representatives from UCLA Health and Motion Picture & Television Fund will also be in attendance.

Raffle Prizes and Giveaways

Your chance to win an Apple Watch Series 3 with GPS and cellular and a Fitbit Versa Watch. **PH**

Minimum Earnings Threshold for Health Plan Coverage Adjusted to \$35,000 for Earning Periods Beginning on or after January 1, 2019

Effective with earning periods beginning on or after January 1, 2019, the minimum earnings required to qualify for Health Plan benefits under the Choice Plan will increase from \$34,100 to \$35,000.

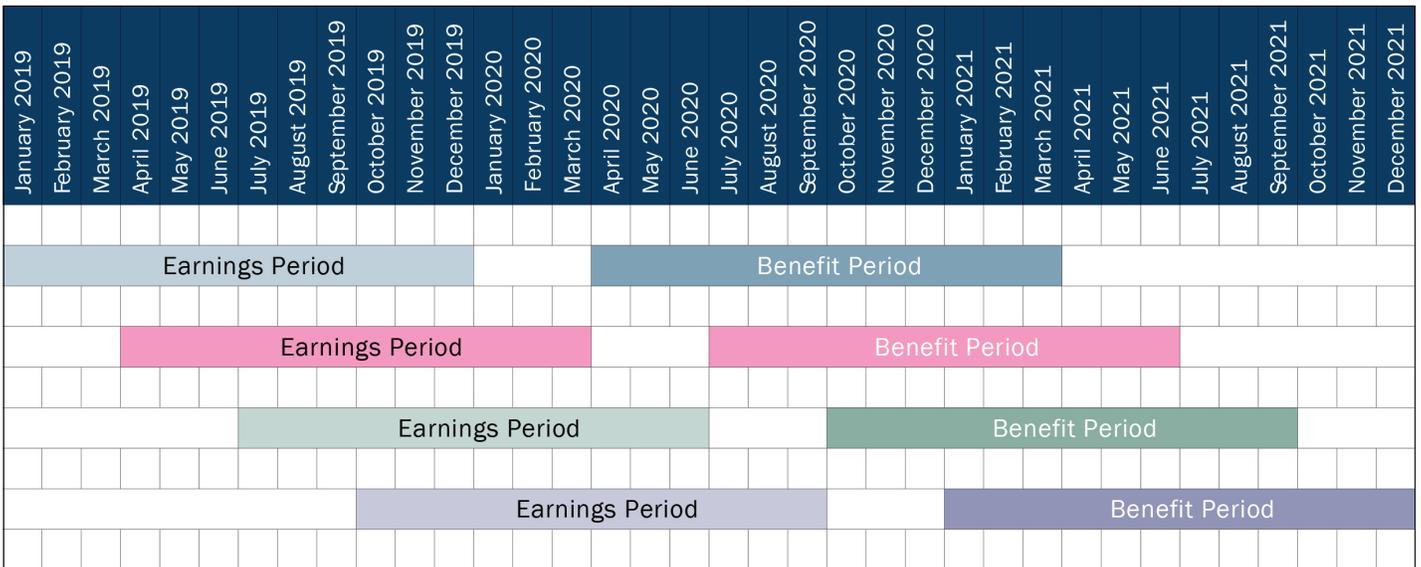
The last time the minimum earnings threshold for the Choice Plan was

increased was in 2012. The adjustment is in line with recent wage increases negotiated by the DGA in its recent Collective Bargaining Agreements.

Under the new threshold, to qualify for benefits under the Choice Plan, you must earn a minimum of \$35,000 during any 12-month period beginning January 1,

April 1, July 1 or October 1 in 2019. The chart below reflects the related earning and benefit periods.

If you have questions about your Health Plan eligibility, contact a Participant Services representative at (323) 866-2200, ext. 502, or by email at eligibility@dgaplans.org. **PH**



HAVE NEW CONTACT INFORMATION? TELL US.

Keep your information with the Plans up to date so you don't miss out on important benefits and communications. If you've recently moved, had a change of mailing address or have a new phone number, it's quick and simple to submit these updates to the Plans' Address Change Department. You can:

- **Download a Change of Address Form from dgaplans.org/forms.** Once completed, return the form by email to addresschange@dgaplans.org.

org, by fax to (323) 866-2389 or mail it to the Plans' office.

- **Call an Address Change representative** Monday-Friday, 8:30 a.m-5:00 p.m Pacific Time at (323) 866-2200, ext. 407.

Keep in mind you must separately notify the Directors Guild of America of any changes in your information, as it is a separate entity. **PH**

Health Plan Discontinues Coverage For Two Prescription Drug Classes Widely Available Over-the-Counter: Intranasal Corticosteroids and Medical Foods

Effective immediately, intranasal corticosteroids such as Flonase and Nasacort, and medical foods such as Ensure, Boost and Glucerna, are no longer covered under the Health Plan. Both drug classes now have widely accessible over-the-counter (OTC) options that are identical to or as effective as the prescription versions and, in many cases, retail for less than the Health Plan's prescription drug co-payment.

Intranasal corticosteroids. Since 2015, many of the most popular intranasal corticosteroid sprays, or nasal sprays, have been approved for OTC use, whereas previously they had only been available by prescription. Prescription and OTC versions of these medications can be used interchangeably, as clinical response does not vary between the two. In most cases, the OTC version of an intranasal corticosteroid will cost less than the \$25 co-payment for the generic prescription drug.

Effective immediately, if you obtain an intranasal corticosteroid by prescription, you will pay the full price for that medication. If you have not responded to OTC agents, you should ask your doctor to call Express Scripts at (800) 417-1764 to request a review. Without Express Scripts' approval, you will be responsible for the full costs of any intranasal corticosteroid obtained by prescription.

Medical foods may be part of a dietary regimen for management of a disease or condition but are not subject to the same FDA approval process as prescription drugs. Medical foods must meet the FDA's food and safety labeling requirements only. The majority of medical foods are vitamin combinations, but also include probiotics and nutritional supplements like Ensure, Boost and Glucerna. All of these nutritional supplements can be purchased OTC. Due to OTC availability, medical foods are no longer covered by the Health Plan.

The Health Plan's prescription benefit manager, Express Scripts, continually monitors the prescription marketplace, evaluating the efficacy and cost effectiveness of OTC versions of drugs that are also available by prescription. When OTC options for a prescription drug class are made widely available and are found to be as safe and effective as the prescription, the Health Plan evaluates the necessity of coverage for that drug class. Typically, OTC options are more cost-effective while providing the same effective treatment for the patient.

For more information, please refer to the 2015 Health Plan Summary Plan Description booklet under Article V, "Prescription Drug Benefits." **PH**



Examples of Intranasal Corticosteroids



Examples of Medical Foods

What is IV Therapy?

Is it a Covered Benefit?

Intravenous therapy, or IV therapy—the intravenous infusion of saline, vitamins, minerals and other agents directly into the bloodstream—is used by physicians to treat a number of medical conditions, including anemia and certain infections. Another type of IV infusion has recently gained popularity as a means of treating hangovers, dehydration, and fatigue. As the Health Plan covers only treatments deemed medically necessary, you should understand how Health Plan benefits apply to IV therapies so that you can plan your out-of-pocket costs accordingly.

WHAT ARE IV THERAPIES?

The term “IV Therapy” encompasses a wide variety of interventions, ranging from hospital infusions of antibiotics to cancer chemotherapy.

Recently, IV therapy has been marketed as a “hangover cure” and “flu preventative” by medi-spas and sometimes administered by home delivery services. The substances administered vary widely depending on the symptom being treated and the provider selected. Claimed benefits include increased energy, enhanced immunity, improved memory and longevity. However, in most cases, these claims are not supported by medical evidence. Each therapy session can cost between \$100 and \$1,500, which can add up to significant out-of-pocket expense.

WHEN MIGHT IV THERAPY BE COVERED?

The Health Plan covers treatments that are deemed medically necessary. A treatment is deemed medically necessary if the following criteria are met:

1. The treatment is consistent with generally accepted medical practice

within the medical community for the diagnosis or direct care of symptoms, sickness or injury of the patient, or for routine screening examination under wellness benefits, where and at the time the treatment, service or supply is rendered (the determination of “generally accepted medical practice” is the prerogative of the Health Plan through consultation with appropriate authoritative medical, surgical or dental practitioners);

2. The treatment is ordered by the attending licensed physician and not solely for the convenience of the participant, his or her physician, hospital or other health care provider;
3. The treatment is consistent with professionally recognized standards of care in the medical community with respect to quality, frequency and duration; and
4. The treatment is the most appropriate and cost-efficient treatment, service or supply that can be safely provided, at the most cost-efficient and medically appropriate site and level of service.

Any treatment, service or supply that is not a valid treatment or diagnostic test recognized by an established medical society in the United States is not considered medically necessary. Accordingly, you will pay out of pocket for any treatment, including IV therapies, that fails to meet the aforementioned criteria. If you have questions about whether an IV therapy you are considering might be covered under the Health Plan, you are encouraged to speak with

a Participant Services representative at (877) 866-2200, ext. 401 before beginning treatment.

WHAT SHOULD I LOOK FOR IN AN IV THERAPY PROVIDER?

Regardless of coverage, you are urged to practice caution when considering IV therapy. If you decide to explore IV therapy in medically unnecessary circumstances and pay out of pocket, it is important you understand that the independent clinics and companies that provide intravenous services vary in their motivation, method and expertise. When deciding if IV therapy is a healthy choice for you, be sure to keep the following points in mind:

- ▶ Make sure you get a thorough medical evaluation and clearance from your doctor before beginning IV treatment. IV therapy isn’t safe for everyone and may be particularly harmful for people with certain allergies, on certain medications, or those with congestive heart failure.
- ▶ Possible complications include infection, infiltration of the administered fluids into the surrounding tissues, hematoma and air embolism. Make sure the clinician administering your treatment is certified in delivering IVs.
- ▶ Excessive doses of certain vitamins or supplements might have severe consequences, including toxicity and increased risk for some cancers. **PH**

Phishing, Spoofing and SMiShing

Learn how scammers use these funny-sounding methods to dupe you out of serious money.

As scammers become increasingly shrewd, it's possible for even the most savvy among us to unwittingly allow access to our personal and financial information. The most common avenues exploited by criminals to obtain sensitive data are email, telephone calls and, most recently, text messages, technologies nearly everyone uses daily. In order to keep personal details safe, it pays to be aware of the methods scammers use so that you can stay on guard.

Email Phishing

A phishing email imitates a message from a legitimate source. At first glance, a phishing email appears authentic, but upon further inspection, certain clues can reveal it is actually a scam.

Email links Hover your cursor over any emailed link to view the address to which the link is forwarded, which may be quite different from that described in the email. Rather than clicking the link provided, go directly to the company's website by manually typing in the site's address.

Email attachments Be wary of opening any email attachments, particularly those that contain executable code. These types of attachments usually end with .docm, .xlsm, .pptm or .exe. Also look out for compressed files, which often end in .zip, .rar or .7z.

Requests for money or personal information Regard emails that ask you to verify personal information or send money electronically as suspicious. These messages can appear to come from someone you know, like your lawyer instructing you to log in somewhere to sign a document, for example. If an email is unexpected, always call the requesting party to confirm the email's authenticity.

Spelling and grammar Keep an eye out for typos or syntax errors in emails, as these typically would not be found in a message from a reputable company.

Telephone Spoofing

In addition to email phishing, criminals are also finding success with "telephone spoofing." Using this scheme, fraudsters may call you claiming to be with a trusted organization company or government agency, even using computer software to mimic the caller ID of the company organization they allegedly represent. When answering calls, listen for signs that could indicate it's a scam.



Urgency Scammers often insist on an immediate need for personal details, claiming there is some pressing issue. Look up the phone number of the company and call them back on your own to verify before providing sensitive information.

Using your emotions Telephone criminals may threaten, intimidate and use guilt or anger. Legitimate representatives from organizations will not yell or make threats in order to obtain information.

Knowledge of personal details Criminals search social media to glean information they can use to their advantage. Practice discretion when posting information

online and set privacy settings to prevent public access to your accounts.

SMiShing

A newer scam targeting smartphone users is called "SMiShing," which stands for SMS, or text message, phishing. Hackers present themselves as a legitimate company or someone you know, encouraging you to click links sent via text. Many of the same red flags already discussed in regards to email phishing apply, but there are a few additional indicators to watch out for when it comes to SMiShing.

Unexpected texts Never trust out-of-the-blue texts, particularly those that urge you to click immediately. Common scams might claim that your bank is freezing an account or that you must act quickly in order to get some special deal or free offer.

Texts that don't come from a phone number SMiSh messages might come from a "5000" number or some number that isn't actually a valid phone number, as scammers often use email-to-text services to hide their identity.

The Plans employ state-of-the-art security safeguards to protect participants' sensitive information. In addition, the Plans provide ongoing training to staff regarding the latest scams and how to identify fraudulent activity. Criminals

are increasingly circumventing these safeguards in favor of more direct means, hoping to catch unsuspecting people off guard. Remaining vigilant will allow you to identify suspicious communication and prevent access to your personal and financial information before it becomes a problem. **PH**

Conventional or 3-D Mammograms: Which Is the Better Choice for You?

Most women are recommended to start receiving mammograms at age 50 and continue to receive them every two years. As medical technologies have evolved, however, so has mammography, with the introduction of 3-D mammograms in addition to conventional screenings. What is the difference between conventional and 3-D mammograms? Which might be best for you? Before you decide, arm yourself with the latest information about this important screening.

Mammograms employ radiation to screen a patient's breast for abnormal masses, tumors and calcifications. Both conventional or 3-D mammograms can be used for women with or without symptoms or signs of cancer, and both types of exams are covered under the Health Plan.

HOW DO THEY DIFFER?

Conventional (or 2-D) mammography has been standard procedure since 1976. The conventional mammogram creates a two-dimensional image of a patient's breast from two X-ray images of each breast—one from above and one from the side.

Three-dimensional mammography—also known as 3-D mammography or digital breast tomosynthesis—is the latest advancement, approved by the U.S. Food and Drug Administration. 3-D mammograms create a three-dimensional image of the patient's breast using several low-dose, thin-section (1 mm thick) X-ray images taken from different angles. These images allow physicians to examine the breast tissue layer by layer.

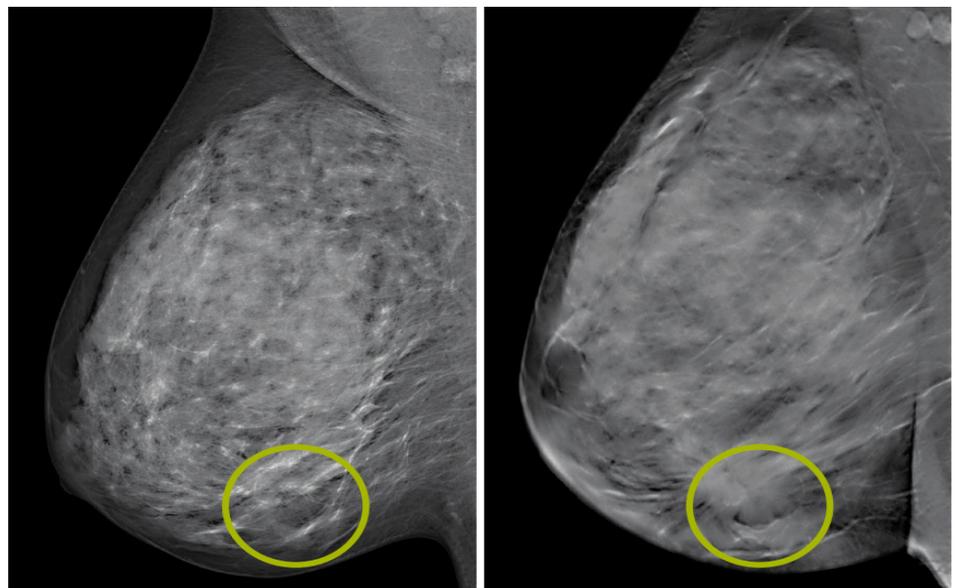
WHICH SHOULD YOU CONSIDER?

In patients with dense breast tissue, 3-D mammography has a distinct advantage over conventional mammography. Dense tissue can be better analyzed via the three-dimensional image, leading to higher detection and early diagnosis rates. The more limited perspective of two-dimensional (conventional) imaging has a higher likelihood of masses going undetected, even in cases not involving dense breast tissue. Recent studies have shown that 3-D mammography increases invasive breast cancer detection rates by 40%.

Three-dimensional mammography has other benefits as well. Fifteen percent fewer 3-D mammography patients were called back for additional evaluations than 2-D patients, indicating 3-D exams

provide more definitive results than their 2-D counterparts. Studies have also found that 3-D mammograms reduce the incidence of false positive results. A false positive result often leads to multiple other tests and procedures, with significant financial and emotional costs.

Notwithstanding the several advantages of 3-D mammography, however, those with prior radiation exposure should exercise caution. Since 3-D mammograms are usually performed in addition to a conventional mammogram, the radiation dose is higher. Though this additional radiation dose is small and well within the FDA-recommended radiation limit, those with concerns should consult their physician. **PH**



Pictured above: a patient's breast appears mass-free in the 2-D X-ray (left), but in the more comprehensive, 3-D image (right), a potentially cancerous mass is visible

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