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## Holiday Cheer From the DGA-Producer Pension and Health Plans

The Directors Guild of America-Producer Pension and Health Plans' staff and Board of Trustees wish you a joyful holiday season and a prosperous and healthy New Year. The Plans want to help you achieve this goal by making some positive changes to reduce your out-of-pocket costs and by offering tips on how to stay healthy and how the Plans can help you achieve your New Year's resolutions.

We look forward to serving you in 2019.

# Health Plan Introduces Three Rivers Provider Network, a Secondary Network to Significantly Reduce Your Out-of-Pocket Costs on Non-Network Services

**Additional network brings 2.6 million provider locations worldwide where Health Plan participants will pay negotiated rates with no balance billing on covered services**

**W**hen you visit a provider outside of the Anthem Blue Cross network, you are subject to higher out-of-pocket costs for non-network services. Providers in the Anthem Blue Cross network must charge negotiated rates and are prohibited from billing you for any amounts in excess of those rates. Non-network providers, on the other hand, can charge whatever amount they want and bill you for any balance remaining after your Health Plan benefits have been applied. Often, the remaining balance can be significant.

To help mitigate the higher out-of-pocket costs for non-network services, effective February 1, 2019, the Health Plan will add a secondary provider network. This secondary provider network, called Three Rivers Provider Network (TRPN), adds 2.6 million provider locations at which you will enjoy negotiated rates and no balance billing, offering significant savings over other non-network provider services.

## **SAVE ON NON-NETWORK COSTS WITH TRPN PROVIDERS**

Though providers in the TRPN network are still considered non-network providers, as Anthem Blue Cross will continue as the Health Plan's primary provider network, TRPN providers will offer significant savings over other non-network providers in that they will not balance bill

you for charges in excess of your co-insurance.

With TRPN providers, after any applicable deductible and co-payment amounts, you will be responsible only for your non-network co-insurance of either 30% (Premier Choice Plan), 40% (Choice Plan) or 50% (Bronze Plan) for covered services. The Health Plan will pay its non-network co-insurance rate of 70% (Premier Choice Plan), 60% (Choice Plan) or 50% (Bronze Plan).

The chart on the next page compares the amounts you will pay for covered services under Anthem Blue Cross, TRPN and other non-network providers.

## **USING THE TRPN NETWORK**

The TRPN network of providers, facilities and hospitals offers numerous advantages over other non-network providers, including the out-of-pocket savings summarized above, balance billing protection, and TRPN's specialized concierge service for finding and booking appointments with TRPN providers. The sections that follow provide greater detail on how to use these services to maximize your out-of-pocket savings.

### **Finding a TRPN Provider: Concierge Service**

To find a provider or facility in the TRPN network or to find out if your current non-network provider is in the TRPN network, contact TRPN's free concierge service at (844) 280-4495.

## Comparison of Network and Non-Network Expenses for the Premier Choice & Choice Plans

	Network		Non-Network			
	Anthem 		TRPN  THREE RIVERS PROVIDER NETWORK		Other Non-Network	
	Premier Choice	Choice	Premier Choice	Choice	Premier Choice	Choice
***All percentages below apply to hospital and medical expenses covered by the Health Plan***						
<b>Health Plan Pays</b>	90%	90%	70%	60%	70% of the Reasonable & Customary Charge❖	60% of the Reasonable & Customary Charge❖
<b>Your Co-Insurance</b>	10%	10%	30%	40%	30% of the Reasonable & Customary Charge❖	40% of the Reasonable & Customary Charge❖
<b>Other Out-of-Pocket Charges</b>	None		None		Any amount over the Health Plan's maximum allowable charge (balance billing).	

❖ A Reasonable and Customary Charge is a charge or fee level that is equal to or less than the charge that 80% of the physicians of a similar specialization in a given geographical area would charge for a specified procedure. Reasonable and Customary Charges are determined from a database that identifies the cost of each procedure or service by geographic area. Schedules of maximum Reasonable and Customary Charges are adjusted periodically to reflect changes in physicians' charges. You are responsible for any charges in excess of the Reasonable and Customary Charges and all non-covered expenses.

Representatives will be available Monday - Friday, 6:00 a.m. to 3:00 p.m. PST.

TRPN's free professional concierge service will not only help you choose a provider based on criteria you provide, representatives can also schedule your appointment for you.

### Protecting Yourself from Balance Billing

One of the biggest savings advantages of using a TRPN provider over other non-network providers is no more balance billing. Balance billing allows non-network providers to directly bill patients for any charges left unpaid after insurance. TRPN network providers agree not to balance bill and instead accept negotiated rates.

Balance billing protection, under most circumstances, will be seamless. TRPN providers will process claims through TRPN's Direct Pay service, and you pay nothing further (other than your co-payment due at the time

of service and any amount remaining on your annual deductible) until you receive both: (1) your Explanation of Benefits (EOB) from the Health Plan detailing how your benefits were applied and the amount you will be responsible for and (2) your bill from the TRPN provider for an amount matching the Patient Responsibility amount listed on your EOB. As part of this process, TRPN providers should not ask for upfront payment.

- ▶ **If you are asked by a TRPN provider to pay upfront,** ask the provider to first submit your claim to TRPN for processing and wait until you receive your EOB from the Health Plan and your bill from the provider. Both should indicate the same amount due. If you pay upfront before your claim can be processed by TRPN, you will not be guaranteed the TRPN network rate and applicable discounts, and the Health Plan may not be able to recoup any over-payments from your provider.

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# 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 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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## Three Rivers Provider Network

▶ **If you receive a bill from a TRPN provider and it does not agree with your EOB or seeks to balance bill you**, contact TRPN's Direct Pay Member Services at any of the following:

- ▶ By phone at (844) 280-4495
- ▶ By email at [memberservices@trpndirectpay.com](mailto:memberservices@trpndirectpay.com)
- ▶ By fax at (619) 271-6341
- ▶ Via TRPN's Direct Pay website at [www.trpndirectpay.com/member-services](http://www.trpndirectpay.com/member-services)

A TRPN Direct Pay representative will assist you in resolving the discrepancy. Additionally, for further assistance, you can contact the Plans' Participant Services Department at (877) 866-2200, Ext. 401.



- ✓ Effective February 1, 2019, TRPN will be the Health Plan's secondary provider network
- ✓ TRPN providers will charge negotiated rates
- ✓ NO BALANCE BILLING
- ✓ Telephone Concierge Service to assist you in finding a TRPN provider and booking an appointment

The addition of the TRPN network as the Health Plan's secondary network provides participants more opportunities to save on out-of-pocket costs when visiting non-network providers. With negotiated rates and no balance billing, TRPN providers promise significant savings over other providers outside the Anthem Blue Cross primary network. For more information on TRPN's direct pay balance billing protection and concierge service, visit [trpndirectpay.com](http://trpndirectpay.com) or call TRPN directly at (844) 280-4495. You can also speak to a Health Plan Participant Services representative at (877) 866-2200, Ext. 401. **PH**

# Flu Season Is Here. Determine Which Flu Vaccination Is Right For You.

If you haven't done so already, now is the time to obtain a flu shot. The flu is a contagious respiratory illness caused by the influenza virus that infects the nose, throat, and sometimes the lungs. Although flu season extends from October through May, most cases of the flu are contracted between December and March. As many as 64 million people in the United States get the flu every year, with about 200,000 of those cases requiring hospitalization because of complications.

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months or older be immunized. This is especially important for individuals who are at high risk for complications from the flu, including children between the ages of 6 months and 5 years, adults over 65 years of age, healthcare personnel and pregnant women.

## CHOOSING THE RIGHT VACCINE

There are several types of flu vaccines available, which

sometimes leads to confusion as to which type is preferred. The good news is the Health Plan pays 100% of the cost of flu vaccination when obtained from a network provider or Express Scripts participating pharmacy, regardless of the type of vaccine you choose. Though the paragraph below summarizes the types of flu vaccines available and the groups for which each is recommended, please refer to the CDC's flu shot pages at [www.cdc.gov/flu/vaccines/index.htm](http://www.cdc.gov/flu/vaccines/index.htm) for more in-depth information.

The most popular and least expensive of the flu vaccines is the trivalent vaccine, which protects against three strains of the flu virus. Quadrivalent vaccine, which protects against four strains, is also available. In addition, there are high-dose vaccines, which are preferred for individuals over 65 years of age, and egg-free versions for individuals who have allergies to eggs and are over 18 years of age. The chart below compares the types of vaccines.

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## Which Flu Vaccine is Right for You?



Type of Flu Vaccine	Description	Good for
<b>Trivalent (3-strain)</b>	The standard flu shot	<ul style="list-style-type: none"> <li>• Infants less than 6 months old</li> <li>• Healthy adults</li> <li>• Pregnant women</li> </ul>
<b>Quadrivalent (4-strain)</b>	Protects against B-class influenza, which affects young children	<ul style="list-style-type: none"> <li>• Kids</li> <li>• Healthy adults</li> </ul>
<b>Egg-Free</b>	Cultured in caterpillar cells	<ul style="list-style-type: none"> <li>• People allergic to eggs</li> </ul>
<b>Needle-Free</b>	Contains micro-needles that touch just the surface of the skin	<ul style="list-style-type: none"> <li>• Anyone afraid of needles</li> <li>• Ages 18-24</li> </ul>
<b>Nasal Spray</b>	Eliminates needles	<ul style="list-style-type: none"> <li>• Anyone afraid of needles</li> <li>• Healthy people</li> <li>• Ages 2-49</li> </ul>
<b>High-Dose</b>	Helps the elderly avoid flu complications like pneumonia or even death	<ul style="list-style-type: none"> <li>• Ages 65 and older</li> </ul>

## Determine Which Flu Vaccination Is Right For You

Although the CDC indicates no specific preference, the quadrivalent vaccines may be the best choice, given the increased coverage, but the trivalent vaccine is certainly acceptable. Individuals over 65 years of age tend to develop lower levels of protective antibodies with a regular-dose vaccine and should opt for the high-dose vaccine. For individuals between 2 years and 49 years of age who are afraid of the needle, the nasal spray vaccine is available and protects against four strains of the flu.

If you are a parent of young children and would like to avoid the ingredient thimerosal, a mercury-based preservative found in some flu shots, you may want to request a single dose vial or syringe of the flu vaccine, as thimerosal is used primarily in multi-dose medications and vaccines. Make sure your doctor or nurse

validates the vaccine's contents before administering it.

Flu shots are widely available at pharmacies and urgent care centers, as well as physician offices. There is also a website, [vaccinefinder.org](http://vaccinefinder.org), which provides guidance and makes it easy to find the nearest location.

### MISCONCEPTIONS ABOUT THE VACCINE

Contrary to what many people believe, the flu vaccine cannot cause the flu, although mild side effects such as muscle aches, headache and fever can occur. Getting the flu vaccine can lower the risk of getting the flu by about half and is the best way to protect yourself from the virus. It is clear that the benefits of the vaccine far outweigh the risk of getting the flu, since the common complications of immunization are far less severe than the symptoms caused by the actual illness. **PH**

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# Women's Health and Cancer Rights

**W**omen who have had a mastectomy or expect to have one may be entitled to special benefits under the Women's Health and Cancer Rights Act of 1998. The Health Plan provides several important benefits to help women fighting breast cancer.

The following notice is made on an annual basis:

*The Health Plan provides medical and surgical benefits for certain types of reconstructive surgery in connection with a mastectomy. This covers reconstruction of the breast on which the mastectomy was performed, surgery on the other breast to produce a symmetrical appearance, and prostheses and physical complications of all stages of mastectomy, including lymphedemas.*

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$325/person or \$975/family for your deductible and coinsurance of 10% for network providers or 30% (Premier Choice Plan), 40% (Choice Plan) or 50% (Bronze Plan) for non-network providers.

If you would like more information or have any questions, please contact the Participant Services Department toll-free at (877) 866-2200, Ext. 401. **PH**



# What You Need to Know About the Shingles Vaccine



Recently, there has been much publicity regarding Shingrix shingles vaccine, and many people are uncertain as to whether to have it administered, particularly if they previously had shingles or were vaccinated for shingles with Zostivax in the past. Shingrix is the first shingles vaccine approved by the FDA in more than ten years and is up to 90% effective, in contrast to the prior vaccine (Zostivax), which was only 40% effective. Healthy adults 50 years and older should get two doses of Shingrix, separated by 2 to 6 months.

## WHO SHOULD GET VACCINATED

You should get Shingrix even if you had shingles in the past or received Zostivax. There is no specific length of time that you need to wait after having shingles before you can receive Shingrix, but generally you should make sure the shingles rash has gone away before getting vaccinated. You can get Shingrix whether or not you remember having had chickenpox in the past. Studies show that more than 99% of Americans 40 years and older have had chickenpox, even if they don't remember having the disease.

Chickenpox and shingles are related because they are caused by the same virus (varicella zoster virus). After a person recovers from

chickenpox, the virus stays dormant (inactive) in the body. It can reactivate years later and cause shingles. Shingrix works to boost your body's protection against shingles. Your immune system declines as you age, and that puts you at an increased risk for shingles. For those who are 50 years and older, Shingrix helps

**Healthy adults 50 years and older should get two doses of Shingrix, separated by 2 to 6 months.**



your immune system defend against shingles regardless of age. Shingrix is available in doctor's offices and in pharmacies.

You should not have Shingrix if you ever had a severe allergic reaction to any component of the vaccine, if you tested negative for immunity to varicella-zoster virus, or if you are currently pregnant or breast feeding.

Possible side effects include a sore arm with mild to moderate pain or redness and swelling. Some people feel tired, have a headache, shivering, stomach pain or nausea. If side effects do occur, they resolve on

their own in about 2 or 3 days, and they are much less severe than the symptoms of shingles or the complications that can occur from having the disease.

## WHERE TO FIND SHINGRIX

Due to heightened demand, 2018 supplies of Shingrix have been limited by the manufacturer, leading to shipping delays to some providers. To find locations where Shingrix might be available in your area, visit the Shingrix locator at [www.shingrix.com/shingles-vaccine-locator.html](http://www.shingrix.com/shingles-vaccine-locator.html). It is recommended that you call before visiting to confirm availability.

## SHINGRIX IS COVERED UNDER THE HEALTH PLAN

The Health Plan covers Shingrix for those 50 years and older at 100% when provided by a network provider or a participating Express Scripts pharmacy. If you go to a non-network provider, the Health Plan pays 70% of reasonable and customary in the Premier Choice Plan and 60% of reasonable and customary in the Choice Plan. If you go to a non-participating pharmacy, you will be charged the full price for the injection. You can submit your receipt to Express Scripts for reimbursement. However, you will only be reimbursed the amount Express Scripts would have covered at the discounted rate, less the applicable co-payment amount. **PH**

# Let the Plans Help You Your New Year's Resolu

**N**ew Year's resolutions are easy to make but notoriously difficult to follow through on. Earnest promises to get happier, healthier and more goal-oriented often falter soon after the holiday party decorations are put away.

More often than not, the most difficult resolutions to keep are those that require lifestyle changes, like losing weight or quitting smoking. Interestingly, these hard-to-meet goals can also be the most beneficial to your health, longevity and overall well-being.

Below are the six most popular (and difficult) New Year's resolutions, along with creative ways for how to keep them, including ways to use your health and pension benefits to help you meet your goals.

## #1 LOSING WEIGHT

After a hearty holiday season, thoughts often turn to trimming our waistlines, and what better time to jump-start that goal than the beginning of a new year. Here are a few tips to start you on your way to a healthier body:

- ▶ **Exercise at home.** If the gym isn't your thing, develop a workout routine you can do in the comfort of your own home. Some light weights and a few resistance bands can make a big difference and the internet is full of suggestions on how to use them. That way, you take ownership of your exercise habits and make it fit with your schedule and lifestyle.
- ▶ **Involve your loved ones.** By letting your friends and family know about your weight loss goals, and inviting them to help you achieve them, you develop a support system that will hold you accountable and

bring you one step closer to your resolution.

- ▶ **Take advantage of Health Plan benefits.** The Health Plan offers a number of benefits to aid in your weight loss journey, including nutritional counseling, obesity screening and prescription weight loss drugs when medically necessary. Benefits considered preventive care services are covered at 100% when obtained through a network provider. For a complete list of preventive care services, visit [dgaplans.org/preventivecare](http://dgaplans.org/preventivecare).

## #2 QUIT SMOKING

Kicking the smoking habit is another popular—yet challenging—resolution. This is an area in which a helping hand is almost always necessary, so here are some tips to start you on your way:

- ▶ **Drink water.** Water flushes toxins from your system and helps reduce smoking cravings by giving your mouth and hands something to do. Water also helps you feel full, which helps prevent or ease the over-eating and headaches that some smokers experience after quitting.
- ▶ **Exercise.** Weight gain is a common worry for those who resolve to quit smoking, because many people eat as an alternative activity for the hands and mouth (rather than smoking). Working out will help you combat any weight gain while maximizing energy levels and distracting you from cravings. You can incorporate our aforementioned exercise at home suggestions.
- ▶ **Take advantage of Health Plan benefits.** The Health Plan covers medically necessary tobacco cessation counseling and intervention, with or without

# Tackle Resolutions



- ▶ prescription drugs, as part of its preventive care services that are covered at 100% when provided by a network provider. Counseling and intervention provided elsewhere would be covered at the non-network benefit level.

For Health Plan participants in the Los Angeles area and covered under the DGA Choice Plan or the DGA Premier Choice Plan, the UCLA/MPTF Health Centers offer Picture Quitting (Smoking Cessation Program) covered at 100% upon evidence of completion of the program for individuals age 18 and older. For additional information, please call (818) 640-3935.

### #3 QUIT DRINKING

The Centers for Disease Control and Prevention define moderate alcohol consumption as having up to 1 drink per day for women and up to 2 drinks per day for men. Whether your New Year's resolution is to get closer to this recommendation or cut out drinking entirely, here are some suggestions for sticking with your goal.

- ▶ **Let your friends know.** It can sometimes be difficult to cut back or quit drinking when you feel like it will affect your social life. After telling your friends about your resolution, plan social activities that don't necessarily involve alcohol.
- ▶ **Find alternative social activities.** Instead of a bar crawl, go to the movies, museums or hiking with some friends. You'll find many activities that don't involve drinking and may help you achieve other, unrelated goals.
- ▶ **Take advantage of Health Plan benefits.** The Health Plan offers alcohol screenings and brief

behavioral counseling interventions for adults ages 18 years or older as its preventive care benefits covered at 100% when provided by a network provider. Otherwise, screenings and counseling interventions would be covered at the non-network benefit level. In addition, the Health Plan offers coverage for chemical dependency treatment, as intensive outpatient or in-patient hospitalization, when pre-authorized and approved by Anthem Blue Cross. For pre-authorization, providers should call Anthem Blue Cross at (800) 274-7767. Only services deemed medically necessary can be covered by the Health Plan.

### #4 SLEEP MORE

Want to spend 2019 feeling fresh and well-rested? Adults are typically recommended to get 7 or more hours of sleep per night—a difficult goal when you've had a long evening on set and have an early call time the next day. Despite these challenges, here are some ways to help you catch some shut eye.

- ▶ **Stick to a sleep schedule.** Letting your body fall into a natural rhythm by adhering to a consistent sleep schedule will help you fall more naturally in and out of sleep when you intend to. While your schedule may not always allow you the luxury of this, keep as close to this schedule as you can.
- ▶ **Avoid eating large meals before bed.** Eating big or spicy meals before bed can cause indigestion and discomfort that make it difficult to sleep. When you

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## Let the Plans Help You Tackle Your New Year's Resolutions

can, avoid eating large meals for 2-3 hours before bedtime.

- ▶ **Avoid looking at screens (i.e. phone, TV) at least half an hour before bedtime.** The type of light emitted from cellphones and computer screens activates the brain in a way that counteracts your attempts to relax and wind down for bed.
- ▶ **Take advantage of Health Plan benefits.** The Health Plan offers coverage for treatments for chronic and acute sleep disorders, such as acute sleep apnea or chronic insomnia, from both network and non-network providers. For example, a CPAP machine to assist with your sleep disorder will be covered by the Health Plan when provided with a letter of medical necessity from the prescribing physician. In addition, the Health Plan covers some generic sleep aid medications, such as Zolpidem (generic for Ambien), as this medication has proven to be safe and effective. However, some sleep aid medications will require a review for medical necessity.

### #5 KEEP BETTER TRACK OF YOUR HEALTH

Staying on top of your health, even when you don't feel sick, is a good way to catch issues early, before they become illnesses. By scheduling your annual physical exam early in the year, you make your health a priority before life gets in the way. The typical comprehensive physical exam may include:

- ▶ Blood pressure screenings and cholesterol screenings,
- ▶ Pap smears and mammograms available for women, or
- ▶ Prostate cancer screenings available for men.

The Health Plan covers an annual physical provided by a network provider at 100% under the preventive care benefits for you and your dependents. Otherwise, an annual physical from a non-network provider would

be subject to the annual deductible and co-insurance. Additionally, certain screenings—such as some diabetes, HIV and sexually transmitted disease screenings—are also covered at 100% under the preventive care services when provided by a network provider.

In addition, for Health Plan participants in the Los Angeles area and covered under the DGA Choice Plan or the DGA Premier Choice Plan, the UCLA/MPTF Health Centers offer a free comprehensive physical exam to both participants and covered spouses age 40 and above once every 12 months and once every 24 months for those between the ages of 19 and 40.

For more information about any of the above Health Plan benefits, call our Participant Services Department at (323) 866-2200, Ext. 401.

### #6 INCREASE YOUR SAVINGS

Not all resolutions are health related. When the holiday season strains your wallet, here are some tips to help you fulfill your resolution to spend less and save more in 2019.

- ▶ **Set a specific monthly goal.** Once you decide on an amount you'd like to save per month, it will be easier to meet that goal than if you had a more general target. If possible, have a set amount automatically transferred to your savings account every month.
- ▶ **Make a budget and stick to it.** Making a budget will help you find out exactly where and how you're spending your money—and where you can cut back.
- ▶ **Pack your lunches when you can.** Save the money you would have spent eating out.
- ▶ **Take comfort knowing the Directors Guild of America Producer Pension Plans are here to help.** What better way to save money than ensuring your financial security after you retire? As a participant in the Basic and Supplemental Plans, you are saving every time you work. The Basic Plan

## Let the Plans Help You Tackle Your New Year's Resolutions

provides you with a guaranteed monthly benefit once you become vested and retire, and the Supplemental Plan operates like a savings account. Combined, these two plans give you the ability to design a retirement income stream to meet your specific needs. To learn more, contact the Pension Department at (323) 866-2200, Ext. 404.

Whatever your goals for the upcoming year, the Directors Guild of America—Producer Pension and Health Plans are here to help. We wish you and your loved ones a happy holiday season and a healthy, prosperous New Year. **PH**

# Time Allowed to Provide Additional Information For Denied Medical Claims Extended to 180 Days



**E**ffective immediately, the time allowed to provide additional information on a medical claim that has been denied pending receipt of such information will be extended from 45 days to 180 days, providing you more time to gather and submit any

necessary information.

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

# All-Inclusive Network Limit Increases January 1

**T**he All-Inclusive Network Out-of-Pocket Limit sets a maximum on the amount you pay out of pocket per calendar year for network benefits, including deductibles, co-insurance and co-payments (such as prescription drug co-payments, the \$50 emergency room co-payment and the \$10 co-payment for visits to the UCLA/MPTF health centers).

Beginning January 1, 2019, the Health Plan's All-Inclusive Network Out-of-Pocket Limit will increase from \$6,350 individual/\$12,700 family to \$7,900 individual/\$15,800 family.

If you reach the limit, the Health Plan will pay 100% of covered network expenses. **PH**

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# Thank You for Another Successful Year

In October, the Directors Guild of America–Producer Pension and Health Plans hosted its annual Health Fairs and Flu Shot Clinics in Los Angeles and New York City. Thank you to the hundreds of DGA members and their families who helped make this year’s events the most successful to date.

In addition to the many members who got their questions answered during presentations on the Plans’ benefits and Q&As from Plans staff and our benefits partners, this year’s flu shot clinics broke records in both locations for the number of immunizations administered.

We also want to congratulate the grand prize winners of the raffles conducted throughout the two events—

- ▶ Fred Childress and Daniel Berg, who each won an Apple Watch Series 3;
- ▶ Kris Kregel, who won an iPad; and
- ▶ Brent-Jorgen Perlmutter, who won a FitBit Versa

The Plans extend a warm thank you to all who attended, the DGA’s LA and NY Headquarters staff who graciously provided their space and support, and our benefits partners and sponsors who contributed their time and expertise (and goodies, too) to make these special events a great success.

We look forward to seeing everyone again next year. **PH**





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[www.dgaplans.org](http://www.dgaplans.org)

## Summary Annual Reports for the Directors Guild of America–Producer Pension and Health Plans

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### Summary Annual Report for Directors Guild of America–Producer Pension Plan Supplemental Benefit Plan

This is a summary of the annual report for the Directors Guild of America - Producer Pension Plan Supplemental Benefit Plan, E.I.N. 95-6027308, Plan No. 002, for the year ended December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Basic Financial Statement

Benefits under the plan are provided through a trust fund or arrangements providing benefits partially through annuity contracts. Plan expenses were \$83,749,928. These expenses included \$11,249,553 in administrative expenses and \$72,500,375 in benefits paid to or for participants and beneficiaries. A total of 23,279 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$1,797,133,439 as of December 31, 2017, compared to \$1,616,511,562 as of January 1, 2017. During the plan year, the plan experienced an increase in its net assets of \$180,621,877. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The plan had total income of \$264,371,805 including employer contributions of \$38,517,949, participant contributions of \$26,627,489, rollovers of \$14,408,115, gains of \$3,489,588 from the sale of assets, earnings from investments of \$181,045,458 and other income of \$283,206.

#### Your Rights to Additional Information

You have the right to receive copies of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- 1) An independent auditor's report;
- 2) financial information and information on payments to service providers;
- 3) assets held for investment;
- 4) transactions in excess of 5% of the plan assets;
- 5) fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is persons who have certain relationships with the plan); and
- 6) information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain copies of the full annual report, or any part thereof, write or call the office of the Directors Guild of America - Producer Pension and Health Plans, 5055 Wilshire Boulevard, Suite 600, Los Angeles, California 90036, or call (323) 866-2200. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any parts thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these statements and accompanying notes will be included as part of that report. The charges to cover copying costs given above do not include charges for the copying of these portions of the reports because these portions are furnished without charge.

You also have the legally protected right to examine the annual reports at the main office of the plan (5055 Wilshire Boulevard, Suite 600, Los Angeles, California 90036) and at the U.S. Department of Labor in Washington, D.C., or to obtain copies from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



5055 Wilshire Blvd, Suite 600  
Los Angeles, California 90036

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## Summary Annual Reports for the Directors Guild of America–Producer Pension and Health Plans

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### Summary Annual Report for Directors Guild of America–Producer Health Plan

This is a summary of the annual report of the Directors Guild of America - Producer Health Plan, E.I.N. 23-7067289, Plan No. 501, for the year ended December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$87,429,900 as of December 31, 2017, compared to \$52,790,903 as of January 1, 2017. During the Plan year, the Plan experienced an increase in its net assets of \$34,638,997. This increase includes unrealized appreciation and depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the Plan year, the Plan had total income of \$158,580,234 including employer contributions of \$129,425,051, participant contributions of \$10,953,256, gains of \$39,290 from the sale of assets, earnings from investments of \$18,107,733 and other income of \$54,904.

Plan expenses were \$123,941,237. These expenses included \$5,567,584 in administrative expenses and \$118,373,653 in benefits paid to or for participants and beneficiaries.

#### Your Rights to Additional Information

You have the right to receive copies of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- 1) An independent auditor's report;
- 2) financial information and information on payments to service providers;
- 3) assets held for investment;
- 4) transactions in excess of 5% of the plan assets; and
- 5) information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain copies of the full annual report, or any part thereof, write or call the office of the Directors Guild of America - Producer Pension and Health Plans, 5055 Wilshire Boulevard, Suite 600, Los Angeles, California 90036, or call (323) 866-2200. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any parts thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these statements and accompanying notes will be included as part of that report. The charges to cover copying costs given above do not include charges for the copying of these portions of the reports because these portions are furnished without charge.

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