

Happy 50th Birthday to the DGA-Producer Health Plan!

This year marks the Directors Guild of America-Producer Health Plan's 50th birthday! The Health Plan was founded in 1969 as a result of collective bargaining agreements between the Directors Guild of America and Employers in the motion picture industry. Let's take a look at how the Health Plan has grown during the past 50 years.

- ▶ **1969**—1,440 participants (plus dependents), \$556,000 paid in benefits
- ▶ **2018**—8,449 participants (plus dependents), \$123,000,000 paid in benefits
- ▶ **The Health Plan has paid nearly \$2 billion** in benefits over the last 50 years

Thank you to the Plan's Trustees and participants, whose hard work now and through the years continues to make the DGA-Producer Health Plan one of the best in the entertainment industry. **PH**

A large, vibrant image of a sparkler exploding over a cupcake. The sparkler is bright and golden, with many sparks flying out. The cupcake is chocolate with white frosting, colorful sprinkles, and a purple liner. The background is a solid teal color.

SAVE THE DATE!
Annual Health Fairs
and Flu Shot Clinics
Coming in October
Back Cover

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.

Pre-Authorization for Mental Health and Substance Abuse Services Is Required for Some Services and Helps Avoid Unexpected Out-of-Pocket Costs

Pre-authorization is a process to determine whether a treatment is medically necessary prior to the service being rendered. It also determines whether a treatment or service is the most appropriate and cost-efficient, given a patient's prior treatment history and standard medical practice. Pre-authorization helps you anticipate which services will be covered and what your out-of-pocket responsibility will be.

When is pre-authorization required for mental health and substance abuse services?

When it comes to mental health and substance abuse services, the Health Plan requires pre-authorization for the following:

- ▶ Inpatient hospitalization for the treatment of substance abuse or mental health
- ▶ Partial hospitalization for the treatment of substance abuse or mental health
- ▶ Residential treatment for substance abuse or mental health
- ▶ Intensive outpatient treatment for substance abuse or mental health

Before beginning any of these treatments, have your doctor contact Anthem Blue Cross for a pre-authorization, whether your provider is in or out of network.

How does pre-authorization for mental health and substance abuse services work?

To request pre-authorization, you or your provider must call the Anthem

Blue Cross Utilization Management Review Department at (800) 274-7767.

Your provider will be asked to provide certain information to confirm medical necessity—generally, your medical records and a description of the treatment or service being sought. If additional documentation becomes necessary during the review, Anthem will contact your provider.

Once Anthem has completed its review, a decision letter will be sent to both you and your provider. The letter will detail whether pre-authorization is granted in whole or in part—meaning some services might be pre-authorized while others are not—or denied.

In cases when pre-authorization is granted in part or denied, you will need to discuss with your doctor whether to proceed with treatment at your expense for any services not pre-authorized.

What happens if my pre-authorization request is denied?

If your initial pre-authorization request is denied in part or in whole, you will have 180 days to file an appeal with Anthem Blue Cross. If Anthem upholds its original decision, you will have an additional 180 days from that time to file an appeal with the Health Plan.

The details of this two-level appeals process are explained in the decision letters from Anthem.

For more information on the Health Plan’s appeals process, please contact the Plans’ Participant Services Department at (323) 866-2200, Ext. 401, or see Article VIII, Section 4 of the March 2015 Health Plan Summary Plan Description, available at www.dgaplans.org/forms/health. **PH**

All Non-Network Claims Now Processed by Anthem Blue Cross

Effective June 10, 2019, all non-network claims will be processed by the Directors Guild of America-Producer Health Plan and Anthem Blue Cross in accordance with the terms of the Health Plan and subject to the following schedule of benefits:

Non-Network Expenses under the Premier Choice, Choice and Bronze Plans			
All percentages below apply only to hospital and medical expenses covered by the Health Plan.			
	Premier Choice Plan	Choice Plan	Bronze Plan
Health Plan Pays	70%	60%	50%
Your Co-Insurance	30% of the Reasonable and Customary Charge*	40% of the Reasonable and Customary Charge*	50% of the Reasonable and Customary Charge*
Other Out-of-Pocket Charges	Any amount over the Health Plan’s maximum allowable charge (balance billing).	Any amount over the Health Plan’s maximum allowable charge (balance billing).	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 geographical area. Schedules of maximum Reasonable and Customary Charges are adjusted periodically to reflect changes in physicians’ charges. In addition to your co-payments, you are responsible for any charges in excess of the Reasonable and Customary Charges and all non-covered expenses. **PH**

A faint, stylized illustration of a person in a gym setting, lifting a barbell overhead. The person is wearing a tank top and leggings, and is looking upwards. The barbell has two large weights on either side. The background is plain white.

Board of Trustees Continues Its Focus on Strengthening the Basic Pension Plan

The past two years, the Board of Trustees of the Directors Guild of America-Producer Pension and Health Plans took a number of steps to strengthen the Basic Pension Plan's financial status for future generations of participants and their beneficiaries.

Included in the Board's actions were two previous 0.5% increases in the employer pension contribution rate from 5.5% to 6% of compensation effective July 1, 2017 and from 6% to 6.5%, effective July 1, 2018. The first increase was negotiated as part of the 2017 Basic, FLTTA, Commercial and Networks' Collective Bargaining Agreements (the "Agreements"). The Agreements also allow the Directors Guild of America (DGA) the option to allocate up to 0.5% of the negotiated increases in the minimum salary rates in each of the second and third years of the agreements. In this third year of the agreement, the DGA has again exercised the option for a second time to further ensure the Basic Plan's ability to pay promised benefits.

Effective July 1, 2019 for the Basic, FLTTA and Network Agreements, and effective December 1, 2019 for the Commercial Agreement, the DGA has diverted the entire 0.5% increase in the Employer contribution rate to the Pension Plans, increasing it from 6.5% to 7.0% of compensation.

The resulting allocations between the Basic and Supplemental Plans will change to the following:

- 7.0% of the first \$20,000 in compensation (changed from 6.5%) to the Basic Plan;
- 4.8% of compensation (changed from 4.3%) exceeding \$20,000 up to a maximum of \$150,000 to the Basic Plan;
- 2.2% of compensation exceeding \$20,000 up to a maximum of \$150,000 to the Supplemental Plan (unchanged); and
- 7.0% of compensation (changed from 6.5%) in excess of \$150,000 to the Supplemental Plan

For more information on this change, refer to the March 2015 Pension Plans Summary Plan Description and its updates available, at www.dgaplans.org/forms/pension.

For details on the past changes made to the Basic Plan, refer to the Summer 2017, Winter 2017 and Spring 2018 Spotlight on Benefits newsletters, available at www.dgaplans.org/newsletters. **PH**

Your Guide to Healthy Summer Skin

For most of us, summertime means more free time and better weather for enjoying outdoor activities such as hiking, biking, or simply relaxing at the beach with family and friends. For those same reasons, however, summer is also the most crucial season in which to pay attention to good skin care and protect against elements that can harm your skin. Having a good skin care regimen can go a long way to protect against premature aging of the skin and to ensure a healthy and happy summer.

Sunlight produces UV rays that penetrate to the deep layers of your skin, damaging or killing cells. Though strongest during spring and summer and in the middle of the day, when the sun is at its peak, UV rays are always present, even through windows and on overcast days. The most obvious result of prolonged exposure to UV rays is sunburn, but habitual overexposure contributes to other conditions such as premature aging, wrinkles, sunspots, hyperpigmentation and skin cancer. The best way to protect yourself is to limit your sun exposure and to regularly wear sunscreen.

Here are some helpful tips for buying and applying sunscreen:

- **Use sunscreen with an SPF (Sun Protection Factor) of 30 or higher** and both UVA (ultraviolet radiation of relatively long wavelengths) and UVB (ultraviolet radiation of relatively short wavelengths) radiation protection. SPF 30 filters out 97% of harmful rays, so there is no compelling reason to use a stronger one. For daily sun protection, apply it every morning.
- **Apply sunscreen about 30 minutes before going outside** and after every two hours in the sun following the initial application, ensuring that it covers all exposed skin.
- **Take special care with sunscreen for days at the beach or during strenuous activity.** It is important to use “water resistant” cream, which will prevent it from wearing off entirely during heavy sweating or a dip in the ocean. Despite the water resistance,

however, you should reapply after swimming, towel-drying off, or pronounced sweating. During a long beach day, you should use between a quarter and a half of an 8oz bottle of sunscreen.

- **Children over six months of age should wear sunscreen regularly, but it should not be used for children under six months of age.** Such young children should not be exposed to the sun at all. If you do take them in the sun, dress them in lightweight clothing that covers their arms and legs, along with a wide-brimmed hat to protect their face.
- **“Homemade sunscreens” might not protect you.** Many websites advertise all-natural sunscreen recipes for followers to make at home. Those sunscreens may be ineffective, typically do not contain the minimum SPF (30) recommended by most dermatologists, and are not subject to the FDA regulations intended to protect your health. There is no way to verify the effectiveness of homemade sunscreen: even if you *think* it works, you have no way of knowing if your homemade sunscreen is protecting you from UVA rays, which can cause invisible damage impossible to distinguish at a glance. **PH**



Express Scripts Changes Its List of Covered Medications, Effective July 1

Express Scripts, the Health Plan's prescription drug benefit manager, periodically reviews its list of covered medications, called the National Preferred Formulary, to ensure access to safe, effective treatments in all drug classes. As new medications enter the market, they are reviewed in consultation with an independent group of physicians to determine which provide significant health benefits beyond other available options. Certain medications may be excluded from the formulary when clinically equivalent alternatives are available and offer significant cost savings. Changes to the formulary affect which medications will be covered by the Health Plan and how much you pay out of pocket for prescriptions.

Effective July 1, Express Scripts revised its list of covered medications. If you are currently taking a medication that was excluded from the revised formulary, Express Scripts should have already notified you via mail with information on alternatives. If you are taking a maintenance medication, be sure to review the new list in case the status of your medication has changed.

The complete 2019 list of excluded medications along with preferred alternatives is available at https://www.express-scripts.com/art/pdf/Preferred_Drug_List_Exclusions2019.pdf. For information on whether this change will affect your current prescriptions, log on to your Express Scripts account at <https://www.express-scripts.com/covered>. If you have any questions, please call Express Scripts at (800) 987-7828. **PH**



New contact information?
Remember to update both the DGA Plans & DGA.

**Directors Guild of America, Inc.**
Membership Department
7920 W Sunset Blvd.
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**DGA-Producer Pension and Health Plans**
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The DGA-Producer Pension and Health Plans (the "Plans") and the Directors Guild of America (the "DGA") are separate entities. Accordingly, updating your personal and contact information with the DGA does not result in your information being updated at the Plans' office. To ensure your pension and health benefits information is mailed to the proper address, please contact the Plans' Address Change Department at (323) 866-2200, Ext. 407. **PH**

Ditching the Car This Summer? How to Keep Safe on the Road.



Now that the sun's out for summer, you may feel more motivated to ditch the car in favor of alternative means of transportation that get you out into the fresh air—like electric scooters, bikes, skateboards and roller skates. Although all of these make getting around town fun, enjoyable, and earth-friendly, it is important that you also exercise safety and caution. Here are a few reminders on how to stay safe on the road this summer and throughout the year.

WEAR A HELMET

Whether on a scooter, roller skates, skateboard or bike, wearing a helmet is essential (and legally required) for keeping yourself safe and sound. Should an accident occur, wearing a helmet reduces the odds of head injury by an estimated 50 percent. Although children are especially encouraged to wear helmets while on these devices, it is just as important that adults wear them, too.

Helmets can be purchased for as little as \$20-50. Below are some tips on how to purchase, wear, and maintain the right helmet for you:

- **Buy in person.** Finding your helmet in a store—rather than online—is best because an employee can assist you in finding the correct helmet size and coach you on fastening the helmet appropriately.
- **Find a snug fit.** A helmet should fit your head snugly (but not uncomfortably) so that it tightens at the crown of your head when you smile.
- **Fasten the helmet properly.** Once you've selected your helmet, check in the mirror to make sure the straps come to a V under your chin and hang slightly in front of each ear. The straps should fit securely under your chin.
- **Replace regularly and as needed.** Helmets do not last forever. The protective foam liner can deteriorate over the years, and older helmets may not provide sufficient protection from impact. To be safe, you

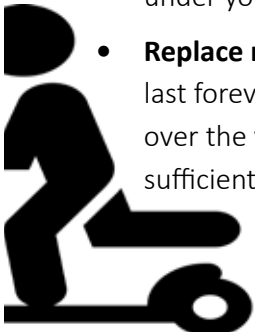
should replace your bike helmet every five years. In addition, any helmet that has sustained a major impact should be considered unsafe, even if there are no visible cracks. The foam inside may appear intact but it is likely compromised. Most helmets are built to withstand only one crash.

OTHER SAFETY TIPS

Other easy ways to stay safe on the road include:

- **Read the user manual.** When it comes to electric scooters, riders often assume the vehicle will be fool-proof and end up crashing within seconds of their first ride. Reading the instructions will educate you on how to safely operate an electric scooter or bike.
- **Wear knee and elbow pads.** For those commuting via roller skates and skateboards, wearing knee and elbow pads will provide additional protection should you fall and will soften the impact of a collision.
- **Ride alone.** Adding an extra passenger on your bike or scooter can impair balance and may result in a collision. Riding alone but side-by-side is a safer solution.
- **Obey all traffic laws.** For the safety of pedestrians, bicycles and electric scooters are not allowed on city sidewalks and instead must ride with street traffic and in designated bike lanes where available. Be sure to ride in the same direction as traffic and watch for cars that may not see you approaching. Finally, always ensure that you obey all traffic laws for your own safety, no matter what type of vehicle you are riding.

Following these simple safety guidelines will help prevent injury to you or others and will go a long way toward ensuring a safe and happy summer. **PH**



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Save the date

October 5
Los Angeles, CA

• •
October 19
New York, NY

Annual Health Fairs and Flu Shot Clinics*
COMING SOON

• Free flu shots • Giveaways • Benefits information from the
benefits experts • Free neck and shoulder massages • Vendors •
...and more!

*Reservations for flu shots opening soon. To sign up to receive an email
notification when flu shot reservations open, visit www.dgaplans.org/flushots.