Introducing Palliative Care Benefits
Effective October 1, 2022

Effective October 1, 2022, the Directors Guild of America–Producer Health Plan (the "Health Plan") will offer Palliative Care benefits to covered Health Plan participants and dependents. The new benefit will work in conjunction with the Health Plan’s medical benefits and be administered through the Motion Picture and Television Fund’s (MPTF) nationally and state recognized Palliative Care program. For more information about the new Palliative Care benefit or to find out if it might be helpful for you, call the MPTF Social Services Intake Line at (323) 634-3888.

What is Palliative Care?

Palliative Care is a medical specialty that supports individuals with serious, chronic and life-threatening conditions at any stage of their illness. Unlike hospice care, which supports patients solely at the end-of-life stage, Palliative Care supports patients throughout their illness and focuses not only on physical symptoms but also a person’s (and their family’s and caregivers’) mental, emotional and spiritual health. Palliative Care takes an interdisciplinary approach to assisting patients in every aspect of their lives, thereby improving their quality of life and aiding in their recovery.

Palliative Care has been shown to benefit patients, their families and caregivers in a number of ways, including reduced pain and suffering, reduced stress, reduced emergency room visits due to symptoms or worsening of the condition, and reduced use of post-acute care services, such as skilled nursing facilities.

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What services will the Health Plan’s Palliative Care benefit cover?

The Health Plan’s Palliative Care benefit comprises an added layer of support on top of the Health Plan’s medical benefit for those grappling with serious and chronic conditions. Through the Palliative Care benefit, participants can engage with the MPTF’s Palliative Care team—which can include a palliative care doctor, a registered nurse, a social worker and a chaplain—to coordinate the care necessary to address all of a patient’s needs throughout their illness... not just the medical ones.

The Palliative Care Team will work with the patient and/or their doctor to whatever degree the patient needs, whether that be a referral to a specialist, advice on treatment options or a trusted ear during an especially taxing day. Other than medical costs—which include deductibles, co-insurance and co-payment—covered Health Plan participants and dependents pay nothing for using the Palliative Care benefit.

Though each individual’s experience of Palliative Care will be different according to their need, the services available through the Palliative Care benefit can include:

- Access to a coordinated care team comprising a physician, RN, social worker and chaplain to work with you and/or your doctor at any point in your illness;
- Assistance with advance care planning;
- Assessments for depression, anxiety and other issues related to a diagnosis;
- Supportive counseling to assist you and your family in processing the changes a serious diagnosis can bring;
- Placements;
- Home health;
- Hospice;
• Support groups;
• Therapists;
• Durable Medical Equipment;
• Legal assistance;
• Food delivery programs;
• Caregiver support; and
• Bereavement support for family members and friends.

Any claims for services received from medical providers engaged through the Palliative Care benefit will be subject to Health Plan rules. The Health Plan’s deductibles, co-payments and co-insurance will apply.

Is Palliative Care right for me?

The Palliative Care benefit supports covered participants and dependents who are seriously ill. If during the last 12 months under your Health Plan coverage, you had a medical claim with at least 1 qualifying diagnosis below, the program may be right for you. The list below is not exhaustive.

Qualifying diagnoses:
• Alzheimer’s/dementia;
• Certain cancers;
• Cirrhosis;
• Heart failure;
• HIV;
• Lung failure/pulmonary illnesses;
• Neurodegenerative illnesses;
• Renal disease; or
• Stroke

Even if you believe you do not meet the criteria above or if you are not currently covered under the Health Plan, MPTF offers a range of supportive services to members of the entertainment community and their families. If you are unsure on whether you would be eligible for the Palliative Care benefit and would like an evaluation, contact the MPTF Social Services Intake directly at (323) 634-3888.

How do I get started?

You may be referred to the Palliative Care program by a provider, or you can get started by contacting the program yourself at (818) 876-1739. Though each person’s experience with Palliative Care will differ according to need, your experience will generally follow the three steps below:

1. Phone assessment. You can call the Palliative Care program at (818) 876-1739, or if your provider has referred you to the program, you will be contacted by phone for intake by either the Palliative Care social worker or RN. During the intake call, the social worker or RN will ask questions about your circumstances including diagnosis, symptoms, support system, entertainment industry affiliation, military veteran status, advance care planning documents, etc. You will also receive a description of what Palliative Care is and how it might benefit your current situation.

2. Initial visit (virtual or in person). The Palliative Care coordinator will reach out by phone to schedule your first visit with either the MPTF Palliative Care-certified team (social worker, chaplain, RN) alone or the MPTF team plus the UCLA Palliative Care, MD. The first visit is usually 60 minutes and may be, depending on your preference, via Zoom or in-person at the Palliative Care clinic on the MPTF’s Woodland Hills campus.

If a visit is going to include the UCLA Palliative Care MD, the Palliative Care RN will call you 1-2 days before your visit to get
Palliative Care cont.

a list of the medications you are currently taking and note any specific symptoms or issues you want to address at the visit.

3. Follow-up contacts, depending on need.
Following a visit, the Palliative Care coordinator will reach out via phone to schedule the next visit. Follow-up visits are generally 30 minutes. Frequency of follow-up visits is dependent on your situation. The RN may call to follow up on any new medications or treatments that were prescribed and answer any questions. The social worker may call or email with information about resources mentioned during the meeting. The chaplain is available for any follow-up needs. PH

Looking for Palliative Care Outside of California?

For residents outside of California, the Palliative Care program can help you find assistance in your local area.

To get started or for more information, call the MPTF Palliative Care Program directly at (818) 876-1739.

The program works with the Center to Advance Palliative Care, a national resource for palliative care providers, developers and innovators.

MPTF's Palliative Care Program is nationally and state recognized.

Manage your DGA pension and health benefits online

The myPHP online benefits portal puts everything you need for managing your pension and health benefits at your fingertips. Visit www.dgaplans.org/myPHP to create your account today.

A myPHP online benefits portal account lets you:
• Check your estimated pension benefits
• Check your Health Plan eligibility status
• Verify your pension and health contributions
• Get Plans’ mail delivered electronically
• Upload documents directly to the Plans Office

To register for myPHP, have your Plan ID number ready, and go to www.dgaplans.org/myPHP. Click Register to begin the registration process. For registration support, call (323) 866-2200, Ext. 409, or email myphp-support@dgaplans.org.

Register at: www.dgaplans.org/myPHP
Pension and Health Plans Changes

Periodically, the Directors Guild of America-Producer Pension and Health Plans updates its benefit terms. The information below reflects recent changes and provides important details that impact all participants. For a full list of changes and updates, refer to the March 2020 Health Plan Summary Plan Description and the March 2020 Pension Plans Summary Plan Description and their updates, available at www.dgaplans.org/forms.

- All-Inclusive Out-of-pocket Limit Increase
- CVS Caremark Updates Its List of Covered Medications
- Minimum Required Earnings for Health Plan Coverage Increases to $37,925
- Updated IRS Tax Form W-4P Required for All Monthly Payees from the Basic Pension Plan
- Required Beginning Date Increases to Age 72
- One-Year Deferment Option for Supplemental Loan Repayments Formalized

Health Plan Changes

All-Inclusive Out-of-Pocket Limits Increase Effective January 1, 2023 as Established Under the Affordable Care Act

The 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). The Health Plan indexes this limit annually, in line with the amount established each year under the Affordable Care Act.

Accordingly, beginning January 1, 2023, the Health Plan’s All-Inclusive Network Out-of-Pocket Limit will increase from $8,700 individual/$17,400 family to $9,100 individual/$18,200 family for all coverage plans. If you reach the limit, the Health Plan will pay 100% of covered network expenses.

CVS Caremark Updates Its List of Covered Medications, Effective January 1, 2023

CVS Caremark, the Health Plan’s prescription drug benefit manager, periodically reviews its list of covered medications, called the Advanced Control Formulary, to ensure access to safe, effective treatments in all drug classes. Changes to the formulary affect which medications are covered by the Health Plan and how much you pay out-of-pocket for prescriptions.

Effective January 1, 2023, CVS Caremark is revising its list of covered medications in its formulary. If you are currently taking a medication that will be excluded from the revised formulary, CVS Caremark should have already mailed you a letter 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 2023 list of excluded medications along with preferred alternatives is available at www.caremark.com/portal/asset/DirectorsGuild_AdvancedControlFormulary.pdf.

Minimum Required Earnings for Health Plan Coverage Increases to $37,925, Effective January 1, 2023

Effective with earnings periods beginning on or after January 1, 2023, the minimum earnings required to qualify for Health Plan benefits will increase to $37,925 for the DGA Choice Plan and $123,000 for the DGA Premier Choice Plan. These adjustments align the Health Plan’s minimum earnings threshold for coverage with the wage increases negotiated by the DGA in its Collective Bargaining Agreements.

Under the new threshold, to qualify for benefits under the Choice Plan, you must earn a minimum of $37,925 during any 12-month earnings period beginning January 1, April 1, July 1 or October 1 in 2023. Only allowable earnings covered under each Bargaining Agreement are counted toward the earnings threshold.

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Pension Plans Amended to Codify One-Year Deferment Option Already in Effect for Supplemental Plan Loan Repayments

To assist participants experiencing financial hardship during the COVID-19 pandemic, the Board of Trustees amended the Supplemental Plan to temporarily allow participants to apply for loans from their account balance. These loans were allowed from May 1, 2020 to December 31, 2020, with full repayment to be made within a maximum of five years.

Soon after the Board’s provision of loans from the Supplemental Plan, the Coronavirus Aid, Relief and Economic Security (“CARES”) Act of 2020 offered additional relief that plans could adopt, including the option to allow “qualified individuals” to suspend loan repayments for up to one year. The Board of Trustees immediately exercised this option and amended the terms of the Supplemental Plan loans to allow deferment of up to one year of repayments for qualified individuals.

The Board of Trustees recently passed an amendment to formalize the change.

Updated IRS Tax Form W-4P Required for all Monthly Payees from the Basic Pension Plan

The IRS recently released the 2022 IRS Form W-4P, which is the federal tax Withholding Certificate for Periodic Pension or Annuity Payments. All Basic Plan monthly benefit payees must use the new form to indicate the amount they would like withheld from their monthly benefit for federal income taxes. The Pension Plans are required to switch to the new Form W-4P for monthly payments made on or after January 1, 2023.

If you currently receive a monthly benefit payment from the DGA-Producer Basic Pension Plan and have not submitted a new Form W-4P to the Plans’ office, go to www.dgaplans.org/2022-irs-form-w-4p-notice/ to download the form along with details on why it is being required.
**Required Beginning Date Increases from Age 70½ to 72**

Under the Internal Revenue Code, all qualified retirement plans, such as the DGA-Producer Pension Plans, must make "required minimum distributions" to participants who have reached their "required beginning date." Under the Pension Plans, the required beginning date is the April 1 of the year following the year you reach age 70½.

As part of the SECURE Act of 2019, the Required Beginning Date was increased from age 70½ to 72, allowing participants to wait until April 1 of the year following the year they reach age 72 before they must begin receiving required minimum distributions from the Pension Plans. The Plans have been operating in accordance with the required change for all required minimum distributions made on or after January 1, 2020. PH

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**Covid, Flu, RSV and the Common Cold: What are They, and What Can You Do?**

Winter is here bringing with it colder weather, shorter days and what feels like an army of viruses to battle. Covid-19 is not the only illness to ward off this year. The common cold, flu and RSV are also prevalent, leaving those experiencing symptoms to question: what do I have and what should I do? This article presents the key characteristics of the four seasonal viruses currently in circulation to help you make sense of your symptoms, identify your illness and take the steps needed to recover.

**Coronavirus Disease - Covid 19**

This disease, caused by the SARS-CoV-2 virus, was first discovered in 2019 and changed the world as we know it, claiming hundreds of thousands of lives in the United States alone. It is a contagious disease characterized by its attack on the lungs, upper respiratory tract and extensive complications involving other organ systems. Like many respiratory viruses, the disease spreads through air droplets from an infected person's mouth or nose. Some— like older adults and those with certain underlying medical conditions—are at an increased risk of severe illness from Covid-19.

**Most common symptoms:** Fever, chills, dry cough, shortness of breath/respiratory difficulty, fatigue

**Distinctive characteristic:** Can be diagnosed by rapid, at-home tests

**Common Cold**

The common cold is experienced by the average adult two to three times a year, according to the CDC. Caused by rhinoviruses, infections spread through the air and through close personal contact. Although most people’s experience with a cold is mild, those with weakened immune systems or respiratory conditions can develop more serious illnesses such as pneumonia.

**Most common symptoms:** Runny nose, nasal congestion, sore throat

**Distinctive characteristic:** Most people with colds do not have a fever.

**Influenza - Flu**

The flu, caused by influenza viruses, is a contagious respiratory illness spread by tiny droplets when people cough, sneeze or talk, much like Covid-19 and the
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Covid, Flu, RSV and the Common Cold (cont’d)

common cold. Each year, many receive flu vaccines, but, despite this, approximately eight percent of the U.S. population find themselves battling the virus each flu season. Infections, which are most common in children, can be mild to severe and can lead to complications such as bacterial pneumonia and other infections. Preliminary indications are that this will be a particularly difficult flu season. Those with the flu are most contagious during the first three to four days of their illness.

Most common symptoms: Cough, fever or chills, fatigue, body aches, headache, loss of appetite

Distinctive characteristic: Symptom onset for the flu is abrupt, unlike the common cold or Covid-19, which usually have a more gradual onset.

Respiratory Syncytial Virus Infection – RSV

RSV often causes mild, cold-like symptoms; however, the U.S. is currently seeing more severe infections along with an increase in RSV emergency room visits. Although predominantly a childhood illness, children are not the only group at high risk for severe RSV infection. Older adults, especially those 65 years and older, adults with weakened immune systems and adults with chronic heart or lung diseases, are also at an elevated risk for a severe RSV infection, sometimes leading to hospitalization and worsening of chronic conditions.

Most common symptoms: Runny nose, decrease in appetite, cough, sneezing, fever, wheezing

Distinctive characteristic: Infants are most severely affected by RSV.

What to do

Despite the continued presence of the coronavirus and other viruses this season, many state and local regulations regarding wearing a mask, testing and quarantine have lifted. Still, when ill with a virus, protecting yourself and others can go a long way. The CDC recommends wearing a mask when experiencing symptoms, going into quarantine for five days after an onset of Covid-19 and taking a Covid-19 test to potentially diagnose your illness from home. At-home Covid-19 tests are covered by the Health Plan with no cost-sharing. For more details, visit www.dgaplans.org/blog-post/covid-19-vaccine-rollout-and-distribution.
Summary Annual Report
Directors Guild of America–Producer Pension Plans

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, 2021. 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 $103,617,216. These expenses included $8,658,621 in administrative expenses and $94,958,595 in benefits paid to or for participants and beneficiaries. A total of 24,946 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 $2,218,250,804 as of December 31, 2021, compared to $2,084,926,119 as of January 1, 2021. During the plan year, the plan experienced an increase in its net assets of $133,324,685. 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 $236,941,901 including employer contributions of $59,869,086, participant contributions of $33,346,454, rollovers of $16,614,363, losses of $28,648,571 from the sale of assets, earnings from investments of $155,750,999 and other income of $9,570.

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.
Summary Annual Report
Directors Guild of America–Producer Pension Plans

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, 2021. 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 $107,491,711 as of December 31, 2021, compared to $60,460,211 as of January 1, 2021. During the plan year, the plan experienced an increase in its net assets of $47,031,500. 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 $206,536,454 including employer contributions of $171,185,014, participant contributions of $14,545,752, gains of $4,346,379 from the sale of assets, earnings from investments of $16,446,608 and other income of $12,701.

Plan expenses were $159,504,954. These expenses included $8,913,749 in administrative expenses and $150,591,205 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.

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