

**WINTER 2021** 

# Board of Trustees Continues Its Efforts to Ensure Basic Plan's Financial Strength by Adjusting Its Target Rate of Return for Investments from 7.15% to 6.9%, Effective January 1, 2022

ver the past decade, the Board of Trustees has continued to make changes to the Basic Plan to help ensure its ability to pay promised benefits now and in the future. These changes include allocating the Employer Pension contribution rate increases from 5.5% to 8.5% negotiated by the Bargaining Parties to the Basic Plan and incrementally reducing the Plan's target rate of return on investments from 7.5% to 7.15%.

Beginning January 1, 2022, the Board of Trustees will again lower the Basic Plan's target rate-of-return on investments from 7.15% to 6.9%.

## Why is reducing the target rate of return important?

It is important to have a target rate of return on investments that the Finance Committee of the Board of Trustees and our advisors, including our actuary and investment consultants, believe is realistic to achieve so the Basic Plan can pay the promised benefits. A higher target rate of return can make the Plan's funding status appear stronger because it reduces the Plan's benefit liabilities. However, if that return on investments is not actually achieved, the Basic Plan may not be able to pay those benefits. This is why the Board has continued to make incremental changes to the target rate of return as future economic expectations change and when conditions allow.

In short, a reduced target rate of return is more conservative and in line with expectations regarding long-term investment returns given today's financial and economic climate. It also best preserves the long-term health and viability of the Basic Plan.

For more information, contact the Pension Department at pension@dgaplans.org or (323) 866-2200, Ext. 404. **PH** 

Summa Report

## Spotlight ON BENEFITS

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## DGA-PRODUCER PENSION & HEALTH

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## **DEPARTMENT DIRECTORY**

## **Participant Services**

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## **Health Plan Eligibility**

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## **COMMUNICATIONS STAFF**

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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.

## COVID-19 Update: Vaccine/Booster Eligibility and the New Omicron Variant

n late 2020, vaccines from Pfizer, Moderna and Johnson & Johnson were granted emergency authorization for use in the fight against COVID-19. Since that time, there have been several new developments related to the vaccines, including recommendations for booster doses, vaccine availability for children, and FDA authorization status updates, as well as the emergence of COVID-19 variants Delta and Omicron. This article summarizes information available through December 9, 2021.

As a reminder, for the duration of the National Emergency Period declared by President Trump on March 13, 2020 and extended by President Biden with no end date, the Federal government is covering 100% of the cost of the COVID-19 vaccine (not including administration of the vaccine) for all eligible Americans. During this period, the Health Plan will cover the cost of vaccine administration for covered Health Plan participants at 100% of the Anthem Blue Cross allowed amount when administered by an Anthem network provider and 100% of the Reasonable and Customary amount when administered by a non-network provider. When the National Emergency Period is declared over, the Health Plan will cover the cost of both the COVID-19 vaccine and its administration for covered

Health Plan participants at 100% of the Anthem Blue Cross allowed amount when administered by a network provider and at the usual co-insurance levels when administered by a non-network provider.

## The Omicron Variant—What We Know So Far

On November 30, 2021, the United States classified the recently emerged Omicron variant of COVID-19 as a "variant of concern," which the CDC defines as "a variant for which there is evidence of an increase in transmissibility, more severe disease...significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures." Since its initial detection, the Omicron variant has begun appearing across the U.S. and

CONTINUED ON PAGE 5



Refer to the chart on page 5 for the latest on vaccine and booster dose eligibility.

around the world.



nthem Blue Cross will issue new Health Plan ID cards to all covered Health Plan participants beginning in late December 2021. The new cards will be valid beginning January 1, 2022 and will include additional coverage information, as required under the No Surprises Act, the new federal law that establishes a range of consumer protections against surprise medical bills and greater transparency in medical costs. You can read more about the No Surprises Act at www.dgaplans. org/no-surprises-act.

In addition to the information currently on your ID cards, which includes your name, Health Plan ID number, medical group number and plan code, the new cards will now include the following:

- Your plan deductible amount;
- Out-of-pocket limits; and
- ▶ Website and phone number where you can get further coverage information.

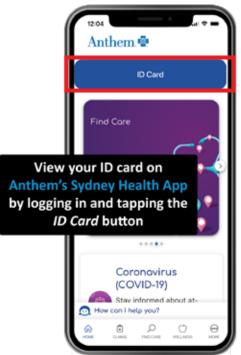
Two cards will be issued per family. Individual family members will not receive their own card(s). All cards issued will show the name of the enrolled participant and all covered dependents. Be sure to destroy your old Health Plan ID card once you receive the new one.

## **View or Download Your Card Online**

If you are a registered user of the Anthem Blue Cross portal, you may also download a copy of your Health Plan ID Card by logging in at www.Anthem.com and going to My Plans > ID Cards or logging in using the Sydney Health mobile app, available at both Android and Apple app stores, and choosing ID Card.

If you do not receive your new card, please contact the Plans office at hpclaims@ dgaplans.org or call (323) 866-2200, Ext. 401 Monday—Friday, 8:30 a.m.—5:00 p.m. Pacific Time so that we can ensure a card is sent to you. **PH** 





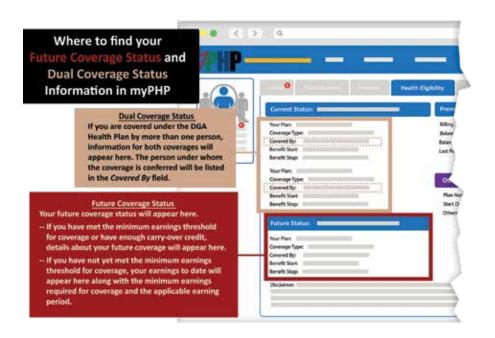
## Track Your Future Health Eligibility Status. Now Available in THP

Dual coverage can also now be viewed in the Health Eligibility tab

ince its 2019 launch, where has evolved into a one-stop shop for managing your pension and health benefits with the DGA-Producer Pension and Health Plans. And now, you can do even more.

Now available 24/7 in the Health Plan Eligibility tab, you can view your future Health Plan coverage status and no longer need to call the Health Plan's Eligibility Department to find out how much more you need to earn to meet the minimum earnings requirement for your next benefit period.

In addition, if you are covered as both a dependent and a participant, this information will also appear in the Health Plan Eligibility Tab.



With your free \*\*\*PHP\*\* account, not only can you view your estimated pension benefits, current Health Plan coverage status, contributions, and claims information, you can also upload documents directly to the Plans office instead of mailing them and instantly update your Plans' mailing address.

To learn more about how **"PHP** can help you manage your benefits or create your free **"PHP** account, go to www.dgaplans.org/myPHP today! Also, if you have any suggestions on how we can continue to improve **"PHP**, let us know at myphp-support@dgaplans.org. **PH** 

# Carry-over Threshold and Maximum Carry-over Bank Amount Increasing

beginning on or after January
1, 2022, both the threshold
at which you begin to accumulate
carry-over credit and the amount of
carry-over credit necessary for one
year of Health Plan coverage will
increase from \$140,000 to \$150,000.
To accommodate the increased carryover threshold amounts, the carryover bank maximum has likewise been
increased from \$480,000 to \$510,000,
effective with benefit periods beginning on or after October 1, 2021.

Under these new carry-over amounts, you will be able to bank covered earnings in excess of \$150,000 (up to a maximum of \$510,000) for use during periods in which you do not meet the minimum earnings threshold for earned coverage. During such periods, \$150,000 in carry-over credit is needed to grant one year of Health Plan coverage. For more information regarding carry-over coverage, please refer to the March 2020 Health Plan Summary Plan Description, Section 2(a), Carry-Over Credit, on pages 10-11.

If you have questions regarding this information, contact Participant Services at (323) 866-2200, Ext. 502 or toll-free at (877) 866-2200, Ext. 502. PH

## **COVID-19 Update**

## Vaccines and Boosters – What You Need To Know

The table below summarizes the information available on each vaccine and booster type as of December 9, 2021.

Vaccine Type	Pfizer	Moderna	Johnson & Johnson
Initial doses required	2 doses, 21 days apart	2 doses, 28 days apart	1 dose
FDA Authorization Status	<ul> <li>Fully authorized for people ages 16+</li> <li>Emergency use authorization for ages 12-15</li> <li>Emergency use authorization for ages 5-11 (lower-dose version)</li> </ul>	▶ Emergency use authorization for ages 18+	▶ Emergency use authorization for ages 18+

## **Booster information**

\*Regardless of your booster status or eligibility, you are still considered fully vaccinated two weeks after receiving two doses of the Pfizer or Moderna vaccines or a single dose of the J&J vaccine; however, with the recent emergence of the Omicron variant, the CDC recommends continued adherence to established preventive measures: vaccinations for the unvaccinated, boosters for eligible vaccinated individuals, and general prevention strategies for everyone, regardless of vaccination status.

When to get a booster	At least 6 months after initial two-dose regimen for the booster-eligible	At least 6 months after initial two-dose regimen for the booster-eligible	At least 2 months after initial one-dose regimen for the booster-eligible
Booster- <b>eligible</b> if	16 years or older	18 years or older	18 years or older
Booster- <b>recommended</b> for	ALL ADULTS AGES 18 YEARS AND OLDER		
Authorized booster type(s)	<ul> <li>Pfizer for teens ages 16—17</li> <li>Pfizer, Moderna, or J&amp;J for adults ages 18 and older</li> </ul>	Pfizer, Moderna, or J&J	Pfizer, Moderna, or J&J
Vaccines for children			
Doses required	2 doses, 3 weeks apart	Children's vaccines from Moderna and J&J not yet available	

Because it emerged so recently, however, little is known so far about the Omicron variant. It likely will be weeks before scientists can determine Omicron's transmissibility compared to other variants, the severity of illness it causes and its response to existing vaccines. For now, the CDC suggests that vaccines, boosters and general prevention measures continue to be your best defense against contracting COVID-19 and severe illness.

## Who's Considered "Fully Vaccinated"?

Regardless or your booster status or eligibility, you are considered fully vaccinated two weeks after receiving two doses of the Pfizer or Moderna vaccines, a single dose of the J&J vaccine, or two doses of different vaccines. Now that boosters are available, the CDC anticipates that the definition of being fully vaccinated may be updated over time.

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## **COVID-19 Update**

Please note that fully vaccinated is not the same as immune, and that a COVID-19 infection is possible even after you are fully vaccinated. Though the vaccines are not a cure, they offer the best protection against serious illness should you contract COVID-19.

Studies have shown that fully vaccinated people with breakthrough infections are less likely to become seriously ill and need hospitalization less frequently than those who are unvaccinated and get COVID-19. Those who are unvaccinated and become infected are 30 times more likely to become seriously ill. Though the Pfizer vaccine is the only vaccine to gain full FDA authorization so far, all three vaccines have proven highly effective in preventing serious illness and death from COVID-19.

## Stay Protected and Stay Informed

It is important to continue following CDC guidelines to protect yourself and slow the spread of COVID-19. Vaccinations are available at many locations, such as hospitals, pharmacies, and health departments, as well as at short-term "pop-up" locations – sports stadiums, theme parks, and other venues. Additionally, it is recommended that you continue following COVID-19 safety protocols by wearing a mask and washing your hands frequently.

The DGA-Producer Health Plan continues to monitor the situation and will provide updates on www.dgaplans.org and in future Spotlight on Benefits newsletters as new information becomes available. You are also encouraged to consult your state or county department of public health for the most upto-date information in your area. Refer to the list of resources below for links to vaccine-related information.

## **Resources:**

Find a COVID-19 Vaccine:

- Visit www.vaccines.gov
- ▶ Text your ZIP Code to 438829
- ▶ Call (800) 232-0233 to find locations near you in the U.S.
- Vaccinations are free, and immigration status and insurance are not required.

Find more information from the CDC:

- ► COVID-19 Vaccine Booster Shots: https://www.cdc.gov/ coronavirus/2019-ncov/vaccines/booster-shot.html
- Learn about vaccines, what to do if you are already fully vaccinated, or have questions about the booster shot, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/ index.html PH



## 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, 2020. 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 \$90,555,465. These expenses included \$9,228,190 in administrative expenses and \$81,327,275 in benefits paid to or for participants and beneficiaries. A total of 24,358 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 \$2,084,926,119 as of December 31, 2020, compared to \$1,888,296,862 as of January 1, 2020. During the Plan year, the Plan experienced an increase in its net assets of \$196,629,257. 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 \$287,184,722 including employer contributions of \$32,134,339, participant contributions of \$21,796,897, rollovers of \$11,071,197, losses of \$19,497,864 from the sale of assets, earnings from investments of \$241,572,998 and other income of \$107,155.

Enough money was contributed to the Plan to keep it funded in accordance with the minimum funding requirements of ERISA.

## **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);
- 6. Loans or other obligations in default or classified as uncollectible;
- 7. Leases in default of classified as uncollectible;
- 8. Insurance information including sales commissions paid by insurance carriers;
- 9. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the Plan participates; and
- 10. Actuarial information regarding the funding of the Plan.

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 at: 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.



## 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, 2020. 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 \$60,460,211 as of December 31, 2020, compared to \$95,909,181 as of January 1, 2020. During the Plan year, the Plan experienced a decrease in its net assets of \$35,448,970. This decrease 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 \$131,055,171 including employer contributions of \$106,413,751, participant contributions of \$11,999,509, losses of \$4,164,338 from the sale of assets, earnings from investments of \$16,725,936 and other income of \$80,313.

Plan expenses were \$166,504,141. These expenses included \$8,950,883 in administrative expenses and \$157,553,258 in benefits paid to or for participants and beneficiaries.

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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:

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- 8. Insurance information including sales commissions paid by insurance carriers; and
- 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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