

Spotlight

ON BENEFITS

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HAVE YOU MOVED? LET US KNOW.

- Call our Demographics Department at (323) 866-2200, Ext. 407.
- Complete a Change of Address form available at www.dgaplans.org/forms/demographics.
- Log into your myPHP portal account and go to My Profile. If you have not yet registered for your free account, visit www.dgaplans.org/about-myphp for more information.

Spotlight

ON BENEFITS

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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.

Board of Trustees Announces Three-Month Extension of the Free Major Medical Plus Plan for Eligible Participants Impacted by the WGA and SAG-AFTRA Strikes

Reading Time: 3 minutes

On October 2, 2023, the DGA-Producer Pension and Health Plans’ Board of Trustees unanimously approved a three-month extension of the strike-related Major Medical Plus Plan, recognizing that those losing Earned Active or regular Carry-Over coverage as of December 31, 2023 may also be impacted by the WGA and SAG-AFTRA strikes. Coverage applies to eligible DGA-Producer Health Plan participants and their dependents.

The Board of Trustees previously offered this coverage to participants and their eligible dependents who lost Earned Active or regular Carry-Over coverage as of June 30, 2023 and September 30, 2023. Those who elected the coverage will also be eligible for the extended Major Medical Plus Plan coverage through March 31, 2024, provided they remain on the Major Medical Plus Plan through December 31, 2023. Eligible participants from these two groups were notified of their eligibility in early September.

What the Major Medical Plus Plan covers

The strike-related Major Medical Plus Plan provides the following benefits:

- ▶ **Network medical coverage**, including mental health and substance abuse benefits.
- ▶ In the case of **Emergency Services** provided at a non-network facility, when you receive emergency or non-emergency services from a non-network provider at certain network facilities, or receive emergency air ambulance services provided by non-network providers, non-network providers may not balance bill a patient and the patient will pay the same cost sharing that applies to network claims.
- ▶ **Prescription drug coverage.**

Hearing aids, chiropractic, acupuncture and foot orthotics are excluded from coverage under the Major Medical Plus

Plan, as are dental benefits, vision benefits and special arrangements with UCLA Health/EIMG.

Who Qualifies

To qualify for the Major Medical Plus Plan, you must have worked under the Basic Agreement or the Freelance Live and Tape Television Agreement and meet the requirements below:

- ▶ You and your eligible dependents lost Earned Active or regular Carry-Over coverage as of June 30, 2023 **and** did not have sufficient earnings to requalify effective October 1, 2023 for the applicable work period July 1, 2022 to June 30, 2023 **and** have at least \$10,000 in initial compensation during the work period July 1, 2022 to June 30, 2023 **and** the DGA-Producer Health Plan is your primary plan; OR
- ▶ You and your eligible dependents lost Earned Active or regular Carry-Over coverage as of September 30, 2023 **and** did not have sufficient earnings to requalify effective October 1, 2023 for the applicable work period July 1, 2022 to June 30, 2023 **and** have at least \$10,000 in initial compensation during the work period July 1, 2022 to June 30, 2023 **and** the DGA-Producer Health Plan is your primary plan; OR
- ▶ You and your eligible dependents will lose Earned Active or regular Carry-Over coverage as of December 31, 2023 **and** did not have sufficient earnings to requalify effective January 1, 2024 for the applicable work period October 1, 2022 to September 30, 2023 **and** have at least \$7,500 in initial compensation during the work period October 1, 2022 to September 30, 2023 **and** the DGA-Producer Health Plan is your primary plan.

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What Do You Mean My Prescription's Not Covered?!

Reading Time: 2 minutes

It's common to assume that your health insurance will cover whatever medication your doctor prescribes. But that's not always the case. In order to control ongoing prescription drug cost inflation, most insurers, including the DGA-Producer Health Plan, have a standard formulary to determine which prescription drugs are covered and under what circumstances. A formulary is a list of prescription drugs covered by an insurance plan. The Health Plan's prescription drug formulary is comprehensive, and the drugs it covers have been proven safe and effective.

The formulary used by the DGA-Producer Health Plan—called the CVS Advanced Control Formulary—is provided by CVS Caremark, the Health Plan's prescription drug benefit manager, and may be updated every January 1 and July 1. CVS Caremark directly notifies participants via letter if a medication they have taken during the previous year will be impacted by the update. You can view the current formulary at www.dgaplans.org/formulary.

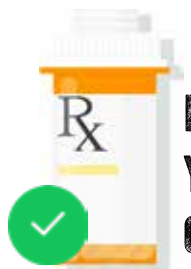
It's Best to Check Before You Head to the Pharmacy

Whenever you get a prescription for a new medication from your doctor, it's best to check it against the formulary. The formulary lists: (1) medications covered under the Health Plan; (2) medications excluded from Health Plan coverage; and (3) preferred, covered alternatives to excluded medications.

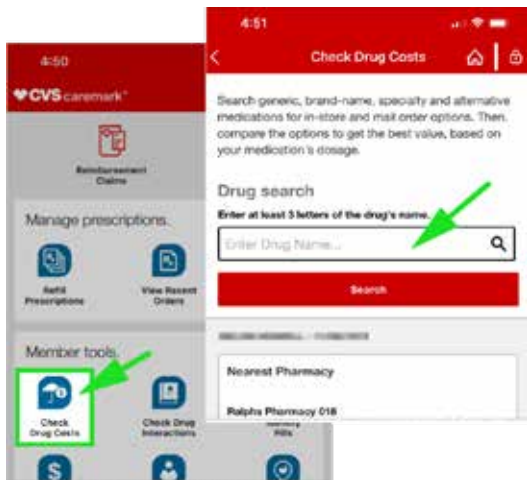
In the case of medications that are excluded from Health Plan coverage, you can ask your doctor to consider a covered formulary medication or obtain a coverage review from CVS Caremark to request an exception to the exclusion. In some cases, preferred alternatives may have their own requirements, such as prior authorization, so it's best to have your doctor check their status before you head to the pharmacy. To check if a preferred option requires prior authorization or to initiate a coverage review for an excluded medication, the prescribing physician must contact CVS Caremark at (855) 582-2026.

Alternatively, if you've created your free CVS Caremark account, you can log into the CVS Caremark website or mobile app while you are at your doctor's office to check whether your prescription will be covered, get your estimated out-of-pocket cost and learn whether the prescription has additional considerations, such as a required prior authorization or step therapy.

The next time your doctor prescribes a medication that you've never taken before, be sure to use caremark.com or the CVS Caremark mobile app to check whether the medication is covered by the Health Plan. Alternatively, visit our website at www.dgaplans.org/formulary for the list of medications covered in the formulary. It could potentially save you from any unwelcome surprises at the pharmacy. **PH**



HOW TO CHECK YOUR MEDICATION COVERAGE STATUS



To Check Coverage of a Medication on the CVS Caremark mobile app

1. Go to the CVS Caremark mobile app
2. Enter your login credentials
3. Go to Check Drug Costs
4. Type in the name of the drug
5. Press Search
6. You may also be asked for additional details about the medication such as the specific dosage and method of administering it.

Check Drug Cost and Coverage

Search generic, brand-name, specialty and alternative medications for in-store and mail order options. Then, compare the options to get the best value, based on your medication's dosage.

Drug search

Enter at least 5 letters of the drug's name.

To Check Coverage of a Medication on www.Caremark.com

1. Go to www.caremark.com
2. Enter your login credentials
3. Go to Plan & Benefits
4. Choose Check Drug Cost & Coverage
5. Type in the name of the drug
6. Press Search
7. You may also be asked for additional details about the medication such as the specific dosage and method of administering it.



Be. *Well.* A new wellness series to help you Be. a better you.

Easy Ways to Follow and Benefit from the *Mediterranean Diet*

Reading Time: 2 minutes

Intermittent fasting, the keto diet, the paleo diet—when it comes to healthy eating and lifestyle, the messages are vast, debated and at times contradictory. Is there a simple solution to healthy eating that can be sustained over time? Many health professionals believe the answer is the Mediterranean diet, a diet that is more of a lifestyle than a restrictive rulebook.

How Does the Mediterranean Diet Work?

EAT OFTEN



Herbs, Spices & Olive Oil



Nuts & Seeds



Fruits



Whole grains



Fish rich in Omega-3



Vegetables & Legumes



Eggs



Chicken & Turkey

EAT SOMETIMES



Yogurt



Red meat



Butter & Cheese

EAT RARELY

How the Diet Impacts the Body

Studies show that closely following the Mediterranean diet for years can bring great health benefits such as decreasing the risk of cardiovascular disease, diabetes and obesity.

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The Mediterranean diet is not necessarily a low-calorie diet; if consumed in excess, it can still cause weight gain.

Some also experience lower iron levels after replacing red meat with fish in their diet. To help absorb iron, you can eat foods high in vitamin C and iron like tofu and dark leafy green vegetables. The same replacement strategy can be considered if decreasing dairy. For example, calcium supplements can be recommended by a doctor.

How the Diet Impacts the Mind

Some people may experience increased attention and contentment after following the diet. It has also been suggested that the diet can reduce the risk for dementia, memory loss and depression.

Pregnant women can even pass cognitive benefits to their children. In a recent clinical trial, two-year-olds whose mothers followed the diet during pregnancy showed advanced cognitive, social and emotional development compared to those whose mothers did not.

Most people realize that eating healthy makes a difference, but it can become difficult when determining what to eat and how often. The Mediterranean diet boasts many short and long-term benefits and a simple approach to food. To learn more about the diet and how to implement it, visit <https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/mediterranean-diet/art-20047801>. **PH**



Your Business Manager Has Limited Powers: They Can Only Receive Your Plans-Related Information, Not Change It.

Reading Time: 4 minutes

Having a business manager oversee your Directors Guild of America – Producer Pension and Health Plans benefits is a common practice for busy entertainment professionals whose lives make it easy to miss a critical notice or invoice. A business manager often serves as a central hub of information for you and point of contact for the Plans office.

However, business managers are generally not allowed to make changes to your contact information on file with the Plans. Provided you have completed the required Plans authorization forms, your business manager may receive your Plans-related mail and may call the Plans office to confirm or receive general benefits information. But only you—the participant—may make changes to your contact information and address on file with the Plans. This is also the case even if your business manager receives your Plans-related mail.

The Health Insurance Portability and Accountability Act (HIPAA) and Employee Retirement Income Security Act of 1974 (ERISA)—two of a number of pieces of legislation by which the Plans are regulated—set strict guidelines on issues like information privacy and authorizations (e.g., the release and maintenance of your pension and health-related information). These laws protect not only the Plans, but you and your family as well.

Below are some actions that the Plans can only complete via direct contact with you (not your business manager) and best practices to ensure the Plans office can contact you.

Best Practice #1: Provide at least one direct personal phone number and/or email address to the Plans Office and keep it updated.

Even if you authorize your business manager to handle your Plans-related matters, you should provide at least one direct personal phone number and/or email address where the Plans can contact you directly.

For example, you may ask your business manager to update your new address with the Plans office. However, the Plans office will require your written or verbal authorization, by completing and signing a Change of Address Form. Your business manager or third-party representative can submit a Change of Address Form on your behalf, but the form must be completed and signed by you. You can also verbally update your contact information by calling the Plans' Demographics Department at (323) 866-2200, Ext. 407.

Best Practice #2: Understand that the HIPAA Authorization Form, Third-Party Authorization Form and Change of Address Form can be used to authorize a third party only to receive information from the Plans, not to change it.

- ▶ The HIPAA Authorization Form authorizes the Health Plan to release Protected Health

Information to designated individuals and institutions. It automatically expires after one year unless another date is indicated on the form.

- ▶ The Third-Party Authorization Form authorizes the Pension Plans to release confidential information to a third party. It remains in effect until revoked in writing by you.



- ▶ The Change of Address Form designates the addresses and phone numbers you would like the Plans to use for your pension and health-related business. Submitting business manager information on this form only means your mail will be sent there. It DOES NOT authorize the Plans to share information with your business manager at their request. For that, you need a Third-Party Authorization Form or HIPAA Authorization Form, depending on the type of information to be released.

The information on the Change of Address Form remains in effect until updated by you.

Best Practice #3: Always remember to update your business manager information if it changes.

Imagine your Health Plan premium invoice going to your previous business manager, putting your and your family's health coverage in jeopardy. Or that previous business manager (with whom things perhaps did not end so well) maintaining access to your pension and health benefits information. These situations can be avoided by keeping your information properly updated with the Plans office.

A good rule of thumb: Signing on the dotted line (*i.e.*, a new business management agreement, a new lease/mortgage, or a marriage certificate/divorce decree) could signal the need to update something with the Plans office.

BONUS Best Practice: Review the contact and beneficiary information on file with the Plans office at least once a year.

You can review your information by either method below:

- ▶ Log into the myPHP online benefits portal, which lists your contact information and current beneficiaries. Go to www.dgaplans.org/about-myPHP for more information or to register.
- ▶ To update or confirm your contact information, call the Demographics Department at (323) 866-2200, Ext. 407.

CONTINUED ON BACK COVER



Compounded and Counterfeit Semaglutide Can Pose Significant Health Risks

Even if the box says Ozempic, Wegovy or Semaglutide, you might not be getting the real thing.

Reading Time: 4 minutes

Ozempic, Wegovy and Rybelsus—three products containing semaglutide, the so-called wonder drug used to treat diabetes and obesity—have quickly become household names. Their overwhelming popularity has led to a worldwide shortage. Ozempic and Rybelsus are currently FDA approved only for diabetes treatment; Wegovy is approved for obesity treatment. Given their cost and limited availability, compounded and counterfeit versions of the drugs have begun flooding the country, leading the FDA to sound the alarm about the dangers of using fraudulent forms of these products.

How Can I Spot the Real from the Fake?

Providers of the drug, including many legitimate pharmacies, are having great difficulty obtaining these products and are finding that they are at risk of acquiring counterfeit semaglutide. It is also possible for counterfeit versions to make their way online, to weight loss clinics and medical spas.

Counterfeit semaglutide cannot be relied upon to contain the real product and may contain contaminants as well as insulin, which can lead to dangerous side effects such as seizures and hypoglycemia. To protect yourself and loved ones from counterfeit semaglutide, look for the key differences in the chart on the next page.

Compounded Semaglutide is Not Semaglutide

Counterfeit versions of semaglutide are not the only fakes that pose a risk to consumers. Compounded versions of semaglutide are potentially dangerous too.

The FDA defines drug compounding as “the process of combining, mixing, or altering ingredients to create a medication tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs. Compounded drugs are not FDA-approved.” When a drug is in shortage, as is the case with Ozempic and Wegovy, compounding is allowed. Still, compounded versions of semaglutide are unlikely to contain actual

semaglutide. Novo Nordisk, the company that manufactures Ozempic and Wegovy, is the sole owner of the patented semaglutide molecule and says it has not made semaglutide available to any outside entities.

According to the FDA, some compounding pharmacies claiming to sell semaglutide might be selling modified salt versions of the drug, like semaglutide sodium and semaglutide acetate, neither of which has been approved for human consumption. Four states—Louisiana, Mississippi, North Carolina and West Virginia—have even banned compounding pharmacies from compounding semaglutide using these alternative formulations, including the sodium and acetate versions.

Compounded versions of semaglutide can be distinguished by their labels, which will read simply “Semaglutide” or state they have been compounded or created at a compounding pharmacy.

Drugs like semaglutide mimic the hormone GLP-1 that is

recognized by receptors in your brain to control your appetite. According to the President of the Obesity Medicine Association, Angela Fitch, MD, there is additional risk to compounded and counterfeit versions of the medicine because semaglutide contains a chain of amino acids that crosses the blood-brain barrier.

These factors contributed to the FDA’s recent consumer warning about the dangers of compounded semaglutide drugs, which was issued after the agency received multiple reports of adverse events when people took semaglutide that came from a compounding pharmacy. Case reports showed unintentional overdoses, visits to the hospital and increased calls to poison control center hotlines related to the drug.

The risk of taking these drugs can be even higher when receiving semaglutide from medical spas or online pharmacies, that often forego the close medical supervision necessary when taking such a powerful drug.

CONTINUED ON BACK COVER



How to Distinguish the Real from the Fakes

THE REAL	THE FAKES
<p>Real Ozempic pens:</p> <ul style="list-style-type: none">✓ are red, blue or yellow✓ do NOT extend or increase in length when setting the dose✓ come in three doses: 0.25/0.5-milligram pen, 1-milligram pen or 2-milligram pen <p>Real Wegovy pens:</p> <ul style="list-style-type: none">✓ come as fixed-dose auto-injectors✓ do NOT have a push button to administer the medication✓ are available in 0.25 milligram, 0.5 milligram, 1 milligram, 1.7 milligrams and 2.4 milligrams✓ Real Ozempic and Wegovy pens should have US drug-identification numbers and ship from the US, not another country.	<ul style="list-style-type: none">✗ Illegal pharmacies may not require a prescription to order semaglutide.✗ Real Ozempic and Wegovy cost an average of \$900-\$1,350 a month out-of-pocket, unless you have a coupon from the manufacturer. Counterfeit drugs will be below the market price.✗ Fake Ozempic pens and their packaging will often look different from the real Ozempic. <div></div>



Sources: GoodRx Health and WebMD

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How to Stay CyberSafe This Holiday Season

Reading Time: 3 minutes

The holiday season is a time of year that brings many people joy, time with family and, of course, gifts. But it is also a boom time for cybercriminals waiting to take advantage of the increased shopping and travel that occurs during those months. In this installment of our recurring CyberSmart(er) series, we provide tips for staying cybersafe during the holiday season.

The Delivery Exception Scam

One of the products of the COVID-19 pandemic has been a notable shift from in-person shopping to home deliveries. Whether it be food, home essentials or gifts, most people began using delivery services more than they had before. This shift has bred a now prevalent type of imposter scam in which cybercriminals, pretending to be legitimate delivery services, target package recipients through faked emails, texts and sometimes physical delivery notices left on their doors. These faked messages typically present some issue or delay in your delivery to bait you into clicking a link or calling a number to confirm or provide information that resolves the issue. The criminals then use whatever information you provide or the unintentional access you have

granted by clicking their link to compromise your device or steal your personal information.

How Can I Avoid this Scam?

- Whether you are expecting a delivery or not, never click a link or call a number provided via text regarding an unexpected delivery issue.
- To confirm the status of an expected delivery, always contact the delivery service or the sender of the package directly using a verified number or website.
- Protect loved ones to whom you send packages by telling them the tracking number and the delivery service you used so that they can check the delivery status of the package directly through the service's website.

Keeping Cybersecure During the Travel Season

The holidays are often the busiest travel days of the year, and this includes the weeks before and after. An important reminder while traveling is to be aware of the cyber threats that exist in public spaces like airports and hotels.

According to sources like *Forbes* and the Federal Communications Commission, there are steps you can take before you leave your home, while you are away and once you have returned from your travel to keep your devices safe.

Before Travel

- Make sure you have cloud backup enabled, or back up important files and information from the devices you will travel with to a backup device at home.
- Confirm your devices’ antivirus software is up to date to protect against any potential malware.
- Turn off your devices’ auto and remote connect features to ensure they do not automatically connect to a malicious network while traveling.
- Purchase a Radio Frequency Identification (RFID) wallet to block your banking cards from criminals’ skimmer devices that can scan your credit card information by simply hovering over your wallet or pocket.
- Set up travel alerts with your banking institutions.

During Travel

- Make sure your device is always locked when not in use.
- Do not connect to public wireless networks unless it is necessary. If it is, use these methods:
 - ◊ Only use “https” or secure sites.
 - ◊ Download a VPN (a secure, private internet connection that hides online activities).
 - ◊ Do not access any sensitive data on your devices unless you know the network is secure.
- Do not access sensitive information, such as banking and medical information, from a public computer.
- Use a privacy screen or make sure people around you are not looking at your device.
- Store devices in a hotel safe when possible and secure them when in public.

After Travel

- Change passwords on any of your accounts you accessed during your travels as a precaution in case they were unknowingly compromised during your travels.
- Monitor your bank accounts and credit file for any suspicious activity.
- Remove travel alerts set up with your banking institutions.

How you use your devices can have a considerable influence on your cybersecurity, especially during the busy holiday season when ordering goods online and traveling are common. Be diligent so that you do not let cybercriminals steal your privacy and sensitive information...or your holiday spirit. **PH**

CONTINUED FROM PAGE 3
Extension of Free Major Medical Coverage

Eligible participants may include their eligible dependents for the Major Medical Plus Plan coverage.

If you were eligible for the Major Medical Plus Plan effective October 1, 2023, you are eligible for the extension through March 31, 2024, provided you elected and remain on the Major Medical Plus Plan through December 31, 2023.

Eligibility Exclusions

You will be ineligible for the strike-related Major Medical Plus Plan if any of the following conditions apply:

- ▶ You worked under an agreement other than the Basic Agreement or Freelance Live and Tape Television Agreement and have lost or are losing coverage on either June 30, 2023, September 30, 2023 or December 31, 2023; OR
- ▶ You have Earned Inactive coverage based on residual compensation; OR
- ▶ You have any form of self-pay coverage (including COBRA, Extended Self-Pay, Retiree Carry-Over or Certified Retiree); OR
- ▶ You have Medicare as your primary coverage or are eligible for Medicare as your primary coverage; OR
- ▶ You have available Carry-Over credits or Retiree Carry-Over credits or are eligible to begin Certified Retiree coverage. (You will be required to use your credits or Certified Retiree coverage.)

Eligible Participants Will Be Notified

Participants who qualify for the extended Major Medical Plus Plan will receive a letter from the Health Plan with further information.

For questions, please speak to a Participant Services Representative at (323) 866-2200, Ext. 401. **PH**

DGA-PRODUCER PENSION & HEALTH

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at your fingertips • wherever you are*



www.dgaplans.org/about-myPHP

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Your Business Manager Can Only Receive Information

- ▶ To review your beneficiary information, call the Pension Department at (323) 866-2200, Ext. 404.

TAKEAWAYS

- ▶ Immediately notify the Plans office of any changes to your contact information or business manager.
- ▶ Provide at least one direct phone number and/or email to the Plans, even if you have a third party assisting with your Plans-related business or receiving your Plans correspondence.
- ▶ Third-party and HIPAA authorizations only authorize the Plans to release information to a third party; they do not authorize the third-party to make changes to your Plans information. (Only you can make changes to your and your dependents' information.)
- ▶ Create a myPHP online benefits portal account (www.dgaplans.org/about-myPHP) to keep track of your contact information on file with the Plans office. **PH**

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Counterfeit Semaglutide Can Pose Significant Risks

Without regular exams from a licensed doctor, patients may not be following the proper schedule of graduated dosing usually called for with the drug to minimize gastrointestinal adverse reactions. Without medical supervision, patients also miss the opportunity to address dosage intolerance and side effects.

Protecting Yourself from Counterfeit Semaglutide

For some seeking weight loss, the benefits of taking compounded or even counterfeit semaglutide seem to outweigh the financial and potential health costs. However, it is important to be vigilant if you decide to take semaglutide that a medical doctor did not prescribe. The resources below provide important information for anyone considering or currently taking semaglutide or compounded semaglutide.

Additional Resources

- **Confirm that your online pharmacy is legal.** National Association of Boards of Pharmacy website: <https://safe.pharmacy>
- **Report side effects that could be related to a counterfeit product.** National Poison Control Hotline: 1-800-222-1222 or <https://www.poison.org>. **PH**

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, 2022. 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 \$93,102,729. These expenses included \$9,556,495 in administrative expenses and \$83,546,234 in benefits paid to or for participants and beneficiaries. A total of 25,483 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 \$2,024,347,976 as of December 31, 2022, compared to \$2,218,250,804 as of January 1, 2022. During the Plan year, the Plan experienced a decrease in its net assets of \$193,902,828. This decrease 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 (\$100,800,099) including employer contributions of \$61,881,672, participant contributions of \$33,831,902, rollovers of \$16,892,167, losses of \$40,354,018 from the sale of assets, losses from investments of \$173,097,281 and other income of \$45,459.

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 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 \$0.25 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 noted 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, 2022. 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 \$109,072,358 as of December 31, 2022, compared to \$107,491,711 as of January 1, 2022. During the Plan year, the Plan experienced an increase in its net assets of \$1,580,647. 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 \$153,627,352 including employer contributions of \$169,477,954, participant contributions of \$12,497,151, losses of \$246,596 from the sale of assets, losses from investments of \$28,130,905 and other income of \$29,748.

Plan expenses were \$152,046,705. These expenses included \$9,501,670 in administrative expenses and \$142,545,035 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 \$0.25 per page for any parts thereof.

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