

Spotlight ON BENEFITS

Volume 33, Number 1 | SPRING 2025

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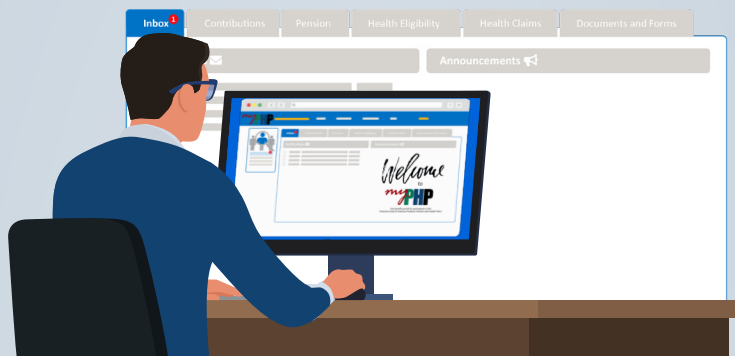
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DGA-PRODUCER
PENSION & HEALTH

Manage Your Benefits Online

with the **myPHP**

Online Benefits Portal



The myPHP online benefits portal puts everything you need for securely managing your pension and health benefits at your fingertips. 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



The myPHP online benefits portal is free to DGA members and their dependents age 18 and over. Join the more than 10,000 subscribers already enjoying the benefits of a myPHP portal account!

TO LEARN MORE ABOUT THE PORTAL OR TO REGISTER, GO TO:
www.dgaplans.org/about-myPHP

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Volume 33 | Number 1 | Spring 2025

**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.



Avoid Out-of-Pocket Costs for Labs and Tests

Reading Time: 3.5 minutes

Labs and other tests are a common part of most doctor visits, and their purposes are rarely questioned. Patients tend to assume that any test their doctor orders must be medically necessary and, therefore, will be covered by the Health Plan. However, this is not the case.

The Health Plan covers only services that it deems medically necessary, and these include testing. Before obtaining labs or other tests, you should know the steps you can take to better understand whether they will be considered medically necessary so that you avoid having to pay out-of-pocket for expensive tests deemed not medically necessary by the Health Plan.

Use a Network Lab or Imaging Center, if Possible

Just as network providers offer savings over those outside the network, the same goes for labs and imaging centers that perform the tests your doctor might order. If you have a choice, it is recommended you always use a testing/imaging facility within the Anthem Blue Cross network, as network facilities charge discounted, contracted rates. Non-network

facilities may charge what they want, which often means increased out-of-pocket costs.

Please note, however, that having a test performed at a network facility does not guarantee the test will be covered under the Health Plan. As you will read below, additional factors should also be considered.

Talk to Your Doctor

Learning the purpose of any recommended test can give you a more accurate assessment of what the Health Plan might cover and what your out-of-pocket expenses may be. The information your doctor provides

can also better guide your next steps, which might include you or your doctor contacting the Health Plan to request a predetermination as discussed in the *Talk to the Health Plan* section. You can begin the conversation with your provider using these five questions:

1. Why are these tests being ordered?

Although the answer to this question may seem obvious, medical providers order labs and tests for various reasons depending on your symptoms, medical conditions and circumstances. When discussing this question with your doctor, listen for terms like “investigational,” “new” or “experimental,” and obtain assurances that the tests are being ordered to specifically diagnose or treat your symptom or condition.

2. Have these tests been denied by insurance before for being investigational, experimental or not medically necessary?

If the doctor indicates these tests have previously been denied by insurance carriers, you should contact the Health Plan to confirm whether the tests will be covered.

CONTINUED ON NEXT PAGE

Avoid Out-of-Pocket Costs for Labs and Tests

3. Is this test the standard of care for the treatment or diagnosis of _____ (condition)?

Standard of care is an important criterion the Health Plan uses to determine whether a test is medically necessary. The term refers to the generally accepted medical practices that health care professionals use to diagnose or treat such a condition. Asking your doctor if a test is considered the standard of care for your condition can help you better understand why the test is being recommended, where in the treatment plan it fits, and if it might increase your out-of-pocket costs if it is not the standard of care. The doctor's response, coupled with research from credible medical sources, can confirm whether the test is commonly used to diagnose or treat your condition and can give you an idea of whether the Health Plan will deem the test medically necessary.

4. How will these labs or tests affect my overall treatment plan?

When trying to determine whether tests or labs may be covered by the Health Plan, consider the explanation your doctor gives for how the results will be used. Seek to understand whether the results will directly determine the next steps of your treatment plan.

5. Is this a repeat test or a genetic test?

In the case of repeated tests or genetic testing, ask your doctor to contact the Health Plan to determine coverage. Repeating tests may be a routine practice for a given provider or facility, but the Health Plan may have a limit on how often a particular test

can be performed within certain time periods to be deemed medically necessary. When it comes to genetic testing, although such tests have grown in popularity, they are used for investigational or informational purposes only, which would not be considered medically necessary.

Talk to the Health Plan

After talking with your doctor and prior to the test being administered, you can request that your provider contact the Health Plan for an assessment of whether the test is considered medically necessary. This voluntary request for information is called a predetermination and can help you to estimate coverage for the services.

A predetermination is a written analysis that informs you whether the lab or test being requested is covered and, if so, to what extent. It is not a preauthorization or guarantee of coverage, but allows you to potentially avoid unexpected out-of-pocket costs later.

To start the predetermination process, your provider should submit the applicable medical records and a letter of medical necessity, including diagnoses and procedure codes for the services being considered, to the Health Plan's Claims Department via fax at (323) 782-9287 or via email at hpclaims@dgaplans.org. After the information is reviewed by the Health Plan, you will receive a written response that determines the medical necessity of the tests. If your provider has any questions about this process, the provider should contact the Health Plan at (323) 866-2200, Ext. 401. **PH**

Your Annual Physical Exam: What You Should Do Before, During and After

Reading Time: 3.5 minutes



Each year many of us make an appointment to get our annual physical exam—whether at our doctor’s urging or on our own. A routine physical exam is an important step to ensure long term health and wellness. Your body, like any complex machine, regularly needs an expert to take a holistic look at its overall condition. The annual physical exam serves this purpose.

Before Your Physical Exam

Any doctor's appointment, including one for a physical exam, is an opportunity to update your physician on concerns that have developed since your last visit. This appointment may also serve as a follow-up for areas of your health you have been working to improve, especially if you have changed physicians recently.

When scheduling a physical exam, let your doctor know you are coming for an annual physical exam—not a wellness exam, check-up or comprehensive physical exam. See *Know What Kind of Exam You’re Getting* below for information on the key differences. This may help you receive all the recommended preventive care services which are due as part of the annual physical exam and avoid unexpected costs for tests not covered by the Health Plan.

Know What Kind of Exam You're Getting			
Exam Type	Purpose	How It's covered	What is Included?
Annual Physical Exam	Preventive care and assessment	Usually covered at 100% when performed by a network provider	No treatment or diagnosis
Wellness Exam/Visit	Lifestyle and risk assessment	Some insurers, including Medicare, may cover at 100%	No treatment or diagnosis
Check-up	General health review (Can be preventive or diagnostic)	Varies, depending on the reason for the check-up	Might include treatment
Comprehensive Physical Exam	In-depth screening, usually with a battery of tests	Usually not fully covered like an annual physical exam	Might involve diagnosis and treatment

CONTINUED ON PAGE 8

Remember These Vital Documents and Keep Them Updated as Needed

(especially as your life changes)

Reading Time: 2 minutes

With so many things competing for your attention these days, staying on top of the documents needed to maintain your pension and health benefits might get overlooked. Yet, these documents are an essential part of the Plans' ability to provide you, your dependents and beneficiaries the benefits you've earned.

Below is a list of important documents and a description of who should have them on file. Submitting them and keeping them up to date can prevent interruptions to your benefits and, with certain forms, ensure that the Plans have the proper authorization to release your information in accordance with your wishes. **PH**

Name of Form	Pension or Health related	Who should file?	Where to find It
Adult Dependent Authorization Form	Health	Dependents age 18 and over who are covered under the Health Plan and want their health-related Plans mail sent to an address other than the primary participant's.	<ul style="list-style-type: none">• dgaplans.org/forms (pdf)• myPHP benefits portal (pdf)
Beneficiary Designation Form	Pension	All participants should complete this form to ensure their pension benefits go to the beneficiaries they desire, and update it with any life changes, such as divorce and birth or adoption of a new child.	<ul style="list-style-type: none">• dgaplans.org/forms (pdf)• myPHP benefits portal (pdf and DocuSign versions)
Change of Address Form	Both	Individuals age 18 and over who would like to update the address to which their Plans-related mail gets sent.	<ul style="list-style-type: none">• dgaplans.org/forms (pdf)• myPHP benefits portal (directly change your address using the My Profile tab)
Coordination of Benefits Form	Health	Individuals covered under the Health Plan must submit this form annually or if there are any changes or termination of coverage with other insurance companies. Your claims will be denied without this form.	<ul style="list-style-type: none">• In your annual open enrollment packet• dgaplans.org/forms (pdf)• myPHP benefits portal (pdf and DocuSign versions)

Name of Form	Pension or Health related	Who should file?	Where to find It
Dependent Confirmation Form	Health	Participants covering dependents need to verify their covered dependent(s) annually by attesting they continue to meet the Health Plan's definition of an eligible dependent.	<ul style="list-style-type: none"> • In your annual open enrollment packet • by request from the Plans office
Dependent Enrollment Form	Health	Participants who want to add their dependent spouse and/or child(ren) to the Health Plan. Special enrollment rules apply to add dependents other than at open enrollment.	<ul style="list-style-type: none"> • dgaplans.org/forms (pdf) • myPHP benefits portal (pdf and DocuSign versions)
HIPAA Authorization Form	Health	Individuals age 18 and over who would like to authorize the Plans to release protected health information (PHI) to an agent to act or make decisions on their behalf in health-related matters only. This document may be used in place of a Health Care Power of Attorney.	<ul style="list-style-type: none"> • dgaplans.org/forms (pdf) • myPHP benefits portal (pdf and DocuSign versions)
Pension Deduction Authorization Form	Health	Participants who want to pay their monthly health premiums through a deduction directly from their Basic Plan monthly pension benefits.	<ul style="list-style-type: none"> • dgaplans.org/forms (pdf)
Power of Attorney (General)	Pension	Individuals age 18 and over who would like to authorize an agent to act or make decisions on their behalf in pension-related matters only. This document may be used in place of the Third-Party Authorization Form.	<ul style="list-style-type: none"> • Consult your attorney
Power of Attorney (Health Care)	Health	Individuals age 18 and over who would like to authorize the Plan to release information to an agent to act or make medical decisions on their behalf in health-related matters only. This document may be used in place of the HIPAA Authorization Form.	<ul style="list-style-type: none"> • Consult your attorney
Power of Attorney (Special)	Specified by the participant	Individuals age 18 and over who would like to authorize an agent to act or make decisions on their behalf only in matters as specified in the Special Power of Attorney.	<ul style="list-style-type: none"> • Consult your attorney
Third-Party Authorization Form	Pension	Individuals age 18 and over who would like to authorize the Plans to release information to an agent in pension-related matters only. This document may be used in place of a General Power of Attorney.	<ul style="list-style-type: none"> • dgaplans.org/forms (pdf) • myPHP benefits portal (pdf and DocuSign versions)

Your Annual Physical Exam

To prepare for the appointment, follow any recommended preparation steps given by your health care provider (e.g., wear comfortable clothing, fasting from food and beverages except for water, etc.). It may also be helpful to prepare questions for your doctor like those listed below:

1. Has my ____ (blood pressure, heart rate, etc.) changed since my last physical? If you have been working to improve a specific aspect of your health, this is the time to check on the progress you are making.
2. Which blood tests/screenings will happen today? You may also want to ask how and when the results of these tests will be communicated to you.
3. How can I better manage _____ (high cholesterol, high blood pressure, etc.)?
4. I have recently had a procedure/surgery or an immunization. Can you please add this to my records? This is particularly important if your records do not include services from other providers.
5. I have had new symptoms over the last year. Should I be concerned?
6. Do any changes need to be made to my current medications?
7. Are there any vaccines you recommend I receive over the next year?

During Your Physical Exam

Once at your appointment, your doctor and other medical staff will evaluate your current health, identify any new medical problems, and complete recommended screenings and vaccines.

Generally, nurses and doctors will perform a head-to-toe exam, checking factors that include:

- Weight
- Heart rate
- Blood pressure
- Temperature
- Physical exam (e.g., heart, lung and abdominal exam)
- Current medications
- Mental health
- Dental and eye health

You should also expect that certain tests such as blood tests and urinalysis may also be ordered, depending on your medical and family history. Doctors will use the results to disclose current abnormalities and to evaluate your risk for future illness. Regular physical exams are important to assure appropriate monitoring.

After Your Physical Exam

After your exam, be sure to obtain the results of your tests and screenings or ask when they will be made available. They may be returned within days via your electronic health record or may take longer if delivered by a more traditional method (phone call, mail, etc.). Do not assume that test results are normal if you are not informed of the results. If you have any unanswered questions about your results, you should reach out to your physician.

Once your appointment has concluded, you may also receive a bill for your visit. For those covered under the Health Plan, an annual physical exam from a network provider is covered at 100%, with no deductible under preventive care services, as mandated by the Affordable Care Act. Diagnostic tests or exams to evaluate a sign or symptom discovered during the physical appointment are not covered under preventive care benefits and may be subject to the Health Plan’s co-insurance rates and deductibles. **PH**



Do You Have High Blood Pressure?

The Next Time You Visit the Doctor, Know What the Numbers Mean.

Reading Time: 3 minutes

If you've ever visited a doctor, blood pressure is a term with which you're quite familiar—one so routinely mentioned that you may not give much thought to the impact those numbers can have on your overall health. Blood pressure, when high, is referred to as hypertension, a potentially life-threatening condition that, for most, shows no symptoms until it has been present for an extended period of time. This is why it's important to understand what your blood pressure readings mean so that you can accurately track them and adjust your habits accordingly before more drastic measures are needed.

What Do the Numbers Mean?

When blood pressure is normal, the force of your blood pumping through your arteries helps your organs

and tissues get the oxygen and nutrients they need to function properly.

When someone has hypertension, the elevated pressure of the blood causes the heart to work harder to pump. Concerningly, the added heart stress and excess pressure, though damaging to the body, often

go undetected. Symptoms, which could include headaches, chest pain, nosebleeds or dizziness, may only appear once the condition has been present for some time and has progressed.

If left untreated, hypertension can lead to stroke, heart failure, aneurysms, kidney failure, vision loss and other life-threatening conditions.

FOUR BLOOD PRESSURE CATEGORIES

Normal	less than 120/80
Elevated	120 to 129/less than 80
Stage 1 hypertension	130 to 139 for top number OR 80-89 for bottom number
Stage 2 hypertension	140+ for top number OR 90 or higher for bottom number

Seek emergency medical help if your blood pressure is higher than 180/120.

CONTINUED ON NEXT PAGE

High Blood Pressure

The DASH Diet

DIETARY APPROACHES TO STOP HYPERTENSION

Am I At Risk of Hypertension?

While some risk factors for hypertension may be inherited and/or physical, others can be related to your lifestyle or medication. Whatever the case, having any of the risk factors below means you should pay extra attention to monitoring your blood pressure regularly:

- Obesity
- Stress
- Are age 60 and older
- Lack of exercise
- Smoking
- Pregnancy
- Use of prescription drugs (e.g., birth control pills), pain relievers, recreational drugs
- Kidney disease
- Obstructive sleep apnea

Regardless of whether you have these risk factors, elevated blood pressure, or stage 1 or 2 hypertension (refer to the table, FOUR BLOOD PRESSURE CATEGORIES on the previous page), there are steps you can take to prevent and treat this condition.

Hypertension Prevention and Treatment

Preventing hypertension typically centers around healthy living habits such as the following:

- Follow DASH diet (See the graphic above.);
- Avoid excess salt in your diet;
- Get a combination of moderate and vigorous aerobic activity each week;
- Maintain a healthy weight;
- Avoid smoking and excessive alcohol consumption;
- Prioritize sleep; and
- Manage stress.

These habits (along with medication in some cases) are also used to treat the condition.

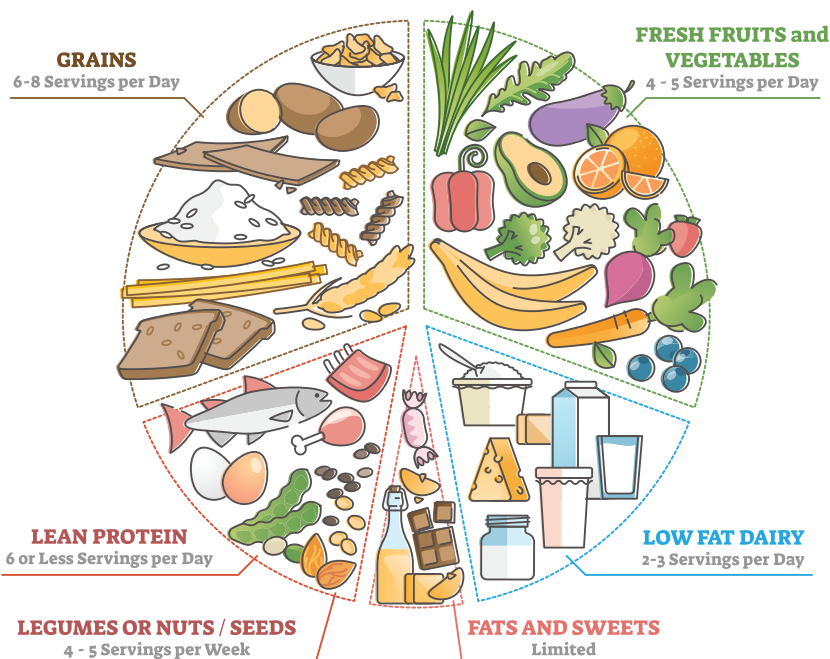
Takeaways – Hypertension Often Appears Without Warning

If you believe you may be at risk of hypertension, it's important to check your blood pressure and to seek medical advice. Hypertensive

patients may be at risk of severe complications, making it more important to practice healthy lifestyle habits and to regularly monitor your blood pressure..

You can have your blood pressure checked at a doctor's office, at pharmacies equipped with digital blood pressure readers or at home using your own pressure monitor. For tips on getting an accurate blood pressure reading, visit www.heart.org/-/media/Files/Health-Topics/High-Blood-Pressure/measuringbpathome.pdf.

The Health Plan, like most insurance companies, is required to cover blood pressure screenings for covered participants ages 18 and older at 100% of cost when provided by a network doctor as part of its Preventive Care services. **PH**





Add a myPHP Shortcut to Your Device for Easier, Faster, Secure Login

Reading Time: 1 minute



Screen, you can add it. Scroll down to the bottom of the list, tap *Edit Actions*, then tap *Add to Home Screen*.

Android


1. Launch Chrome for Android.
2. Open the myPHP login page.
3. Tap the menu button \cdots .
4. Tap *Add to Home Screen*. You will be able to enter a name for the shortcut and then Chrome will add it to your home screen. [PH](#)

The myPHP online benefits portal provides 24/7/365 access to your most important pension and health benefits information, including your current and future Health Plan eligibility, estimated pension benefits, a record of your pension and health contributions, and your medical claims information. And now, you can use your device's biometrics to access that even quicker.

For a faster login, add a myPHP shortcut to the home screen of your phone or tablet. Then, to log in, just tap the myPHP shortcut icon to access the portal similarly to your other mobile apps.

To add the myPHP shortcut, follow the instructions below:

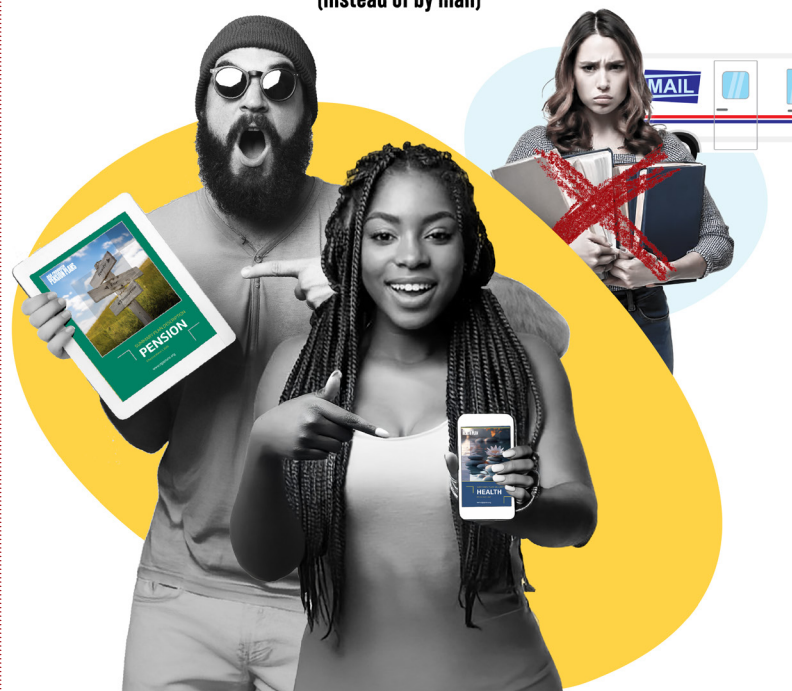
Apple

1. While viewing the myPHP website, tap the Share icon  in the menu bar.
2. Scroll down the list of options, then tap *Add to Home Screen*. If you do not see *Add to Home*

SPECIAL ANNOUNCEMENT:

New Pension and Health Booklets Arriving March 2025

Register for the myPHP online benefits portal and go paperless **by March 21, 2025** to receive yours electronically! (instead of by mail)





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*your benefits information •
at your fingertips • wherever you are*



www.dgaplans.org/about-myPHP

Women's Health and Cancer Rights Notice

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

The following notice is made on an annual basis:

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

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

Partial Distribution Application Request Deadline Change

A Partial Distribution is a withdrawal of only a portion of your Supplemental Plan Individual Account, allowing you to take out funds as needed (per Plan rules). To take out these funds, you must first request a benefit application from the Plans office.

Effective March 1, 2025, for participants who have previously received or are currently receiving distributions from the Supplemental Plan and would like to request another Supplemental Plan Distribution Additional Distribution Form, your request must be submitted at least 30 days prior to your intended Effective Date.

Download the applicable form at www.dgaplans.org/forms/pension. **PH**