

Your Benefits At a Glance....

Medicare & the DGA-Producer Health Plan

This guide provides important information for participants and dependents in the DGA-Producer Health Plan who become eligible for Medicare.

About Medicare

Medicare is a federal health insurance program for people age 65 and over and disabled persons. It is administered by the Centers for Medicare and Medicaid Services. You can find extensive information about Medicare, including how to enroll, at www.medicare.gov.

This guide covers the following:

- What is Medicare?
- How to enroll in Medicare
- When should you enroll in Medicare
- How Medicare works with Health Plan coverage
- Active vs. Inactive Coverage
- Why coverage type matters when you are Medicare-eligible
- Common questions about Medicare and Health Plan coverage

Medicare & the DGA-Producer Health Plan

Your Benefits At a Glance....

What is Medicare?

A PART A: Hospital Insurance
Covers inpatient care in Hospitals, skilled nursing facility care, Hospice care, and home health care



No premiums for most enrollees

B PART B: Medical Insurance
Covers services from doctors and other health care providers, outpatient care, home health care, Durable Medical Equipment and many preventive services



Premiums apply

C PART C: Medicare Advantage
A Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D



Premiums apply

D PART D: Medicare Prescription Drug Coverage
Covers the cost of prescription drugs (including many recommended shots or vaccines)



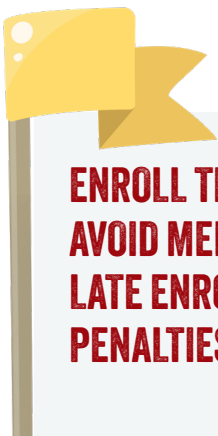
Premiums apply

When to Enroll in Medicare

Below is a summary of the different Medicare enrollment periods available to you. For more detailed descriptions of Medicare enrollment periods, visit www.medicare.gov.

| Enrollment period | Coverage begins |
|---|---|
| <ul style="list-style-type: none">● Initial Enrollment Period Generally, you should apply at least three months before your 65th birthday to avoid delays in Medicare coverage. This period ends three months after you turn age 65. TIP: When you are enrolling in Medicare, apply for Part A coverage regardless of coverage status, as generally it is not subject to a premium. | <p>When you apply one to three months before you turn age 65, your Medicare coverage starts the 1st of the month you turn age 65</p> <p>When you apply the month you turn age 65 or during the three months after, your Medicare coverage starts one month after you enroll</p> |

| Enrollment period | Coverage begins |
|---|---|
| <ul style="list-style-type: none"> ● General Enrollment Period This period is available if you did not enroll during your Initial Enrollment Period or a Special Enrollment Period. General Enrollment is from January 1 through March 31 every year. | <p>The month after you enroll</p> |
| <ul style="list-style-type: none"> ● Annual Open Enrollment Period This period allows current Medicare enrollees to make changes to their Medicare coverage if they choose to. Annual Open Enrollment is available from October 15 through December 7 every year. | <p>New coverage choices go into effect January 1. If no changes are made, your current coverage will renew as is.</p> |
| <ul style="list-style-type: none"> ● Special Enrollment Period This is an 8-month period for participants who are Medicare-eligible and whose coverage under a group health plan based on active employment is ending. You should enroll for Medicare as soon as you know the end date of your active group health plan coverage. NOTE: There are several qualifying events other than losing group health coverage that may entitle you to a Special Enrollment Period. For a full list, visit www.medicare.gov. | <p>Varies, depending on the qualifying event</p> |



**ENROLL TIMELY TO
AVOID MEDICARE
LATE ENROLLMENT
PENALTIES**

Medicare applies late enrollment penalties to your monthly premium if you fail to enroll in Parts A, B, or D when you first become eligible. A penalty may also be added if you are Medicare-eligible and don't have either Medicare Part D or other creditable prescription drug coverage. **In some scenarios, these penalties can be assessed for your lifetime. To avoid such penalties, be sure to enroll into Medicare in a timely manner as appropriate for your circumstances.**



How Medicare works with Health Plan coverage

When you are covered by both the Health Plan and Medicare, one will be your primary coverage and the other will be secondary, meaning each will be responsible for different percentages of your billed amount. The hierarchy of coverage is automatically set according to Coordination of Benefits rules.

If you have Inactive Health Plan coverage or no group health coverage, Medicare is your **primary** insurance. To receive optimum coverage and reimbursement for your Hospital and medical bills when Medicare is primary, it is important that you enroll in both Medicare Part A and Part B. **The Health Plan computes benefits as if you are enrolled in both parts and will coordinate benefits as though you received reimbursement for your medical expenses from Medicare (even if you do not enroll in Medicare).** That means you may pay more out of pocket if you do not enroll in Medicare when eligible.

This is only a summary. For more detailed information, refer to the March 2025 Health Plan Summary Plan Description and its updates available at www.dgaplans.org/health-plan-booklet.

Contact the Health Plan with Questions

Email: eligibility@dgaplans.org

Phone: (323) 866-2200, Ext. 502



* Active vs. Inactive Coverage

...and why it matters when you are Medicare-eligible

Active Coverage

Health coverage based on meeting the minimum earnings threshold with initial compensation only (not from residuals). Under Active coverage, the Health Plan is your primary insurance.

Inactive Coverage

Health coverage based on meeting the minimum earnings threshold with any amount of residual compensation, Carry-Over, COBRA/Self-Pay, or Retiree Coverage (which includes Retiree Carry-Over and Certified Retiree Coverage). The Health Plan is your secondary insurance.

It is common for participants to switch between Active and Inactive coverage.

Why coverage type matters when you are Medicare-eligible

- When you are Medicare-eligible, your coverage type determines when it is best for you to enroll for Medicare and how your medical claims are processed.
- It is very important to track changes in your coverage type when you have Medicare or are Medicare-eligible.
- Your coverage type will be indicated in the letter included in your open enrollment materials.
- When you are Medicare-eligible and covered under the Health Plan, the Health Plan will notify you by mail 90 days before your coverage type changes so you can act accordingly with regards to your Medicare enrollment.

Common Questions about Medicare and DGA-Producer Health Plan Coverage

Do I need to enroll in Medicare if I'm on Active coverage?

As no premium is due for Medicare Part A (in most cases), you should enroll in Medicare Part A when you become eligible. While on Earned Active coverage, you do not need to enroll in Medicare Part B. However, you need to ensure that your Medicare Part B coverage starts when your Earned Active coverage ends. You should sign up for Medicare Part B no later than 60 days before your Earned Active coverage is scheduled to end. For more information, refer to the March 2025 Health Plan Summary Plan Description and its updates, Section 6, Medicare and Plan Benefits, beginning on page 58.

When is Medicare primary to the Health Plan?

When you are Medicare-eligible and have a type of Inactive coverage under the Health Plan.

When is Medicare secondary to the Health Plan?

When you are Medicare-eligible and have Earned Active coverage under the Health Plan.

How does the Health Plan process claims for participants age 65, on Inactive coverage and Medicare?

Medicare is primary and the claims should be sent to Medicare first. Once Medicare pays as primary, typically 80% of the allowed amount, the Health Plan pays the remaining 20% of the allowed amount for the claim, provided it does not exceed the amount the Health Plan would have paid if it was primary. If the service or treatment is not covered by Medicare but covered by the Health Plan, the Health Plan will pay as primary.

What if I am on Inactive coverage and covered by Medicare and my spouse is on Active coverage through their employment?

If you are covered as a dependent on your spouse's Active coverage through their employment, coverage through your spouse's plan will be primary, Medicare is secondary and the Health Plan will be tertiary. In general, you do not need to enroll in Part B until your spouse's coverage ends.

What if I am on Inactive coverage and covered by Medicare and my spouse is younger than age 65?

If your spouse does not have other health insurance, the Health Plan will be your spouse's primary insurance.

Do I need to enroll in Medicare Part D if I am age 65?

You do not need to enroll in Medicare Part D as long as you are covered under the DGA-Producer Health Plan's prescription drug program. The following coverage types provide prescription drug benefits:

- Earned Active (based on meeting the minimum earnings threshold through initial compensation)
- Earned Inactive (based on any amount of residual compensation needed to meet the minimum earnings threshold or using a Carry-Over Credit)
- Certified Retiree
- Retiree Carry-Over or Regular Carry-Over
- Self-pay, with the exception of the Bronze Plan which does not include prescription benefits.

How to Enroll in Medicare



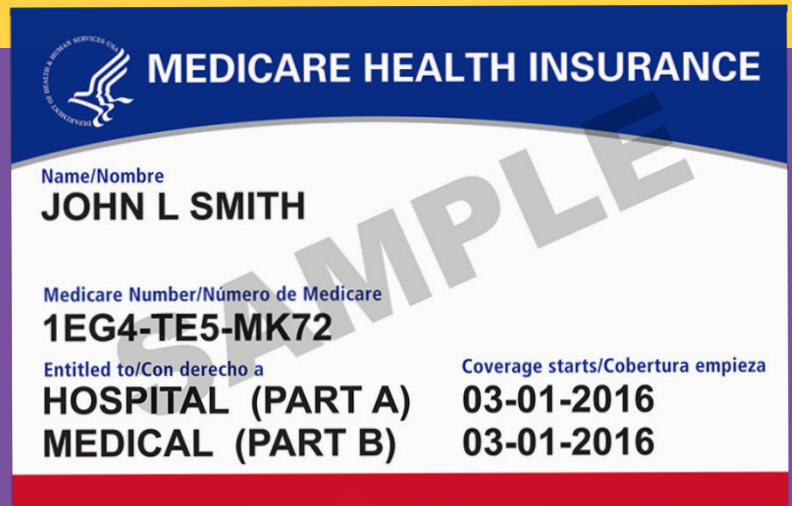
1 (800) 772-1213 or
TTY 1 (800) 325-0778



www.ssa.gov



At your local Social Security office. You will need to call first to make an appointment.



YOUR MEDICARE CARD should arrive three weeks to one month after you enroll.

Where to Find Assistance



Questions about Medicare?

Health Plan Eligibility Department

(877) 866-2200, Ext. 502
eligibility@dgaplans.org

www.medicare.gov/basics

Consult the *Medicare & You* handbook. For an electronic version of the handbook, sign-up at www.medicare.gov/medicare-and-you.

Questions about claims processing?

Participant Services

(877) 866-2200, Ext. 401
hpclaims@dgaplans.org

Entertainment Health Insurance Solutions

Entertainment Health Insurance Solutions (EHIS), a joint program of the Entertainment Community Fund and MPTF, offers the entertainment and performing arts community personalized counseling and enrollment support to ensure you understand and purchase the best plan to fit your individual and family needs.

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