DGA-PRODUCER HEALTH PLAN

Summary of Material Modifications

To: All Health Plan Participants

From: Directors Guild of America – Producer Health Plan

Date: September 18, 2026

This document is a Summary of Material Modifications (SMM) intended to notify you of changes to your benefits under the Directors Guild of America – Producer Health Plan.

The changes that follow are categorized into three types:

- Changes to eligibility thresholds and elimination of extended self-pay coverage program
- Changes to participant cost-sharing
- Changes to prescription drug tiers and copayments

All changes take effect January 1, 2027, unless otherwise noted.

You are encouraged to read this SMM carefully to understand how qualifying for Health Plan coverage and your cost-sharing under the Health Plan will change. If you have questions, please contact Participant Services at (877) 866-2200, Ext. 401.

DGA-PRODUCER HEALTH PLAN

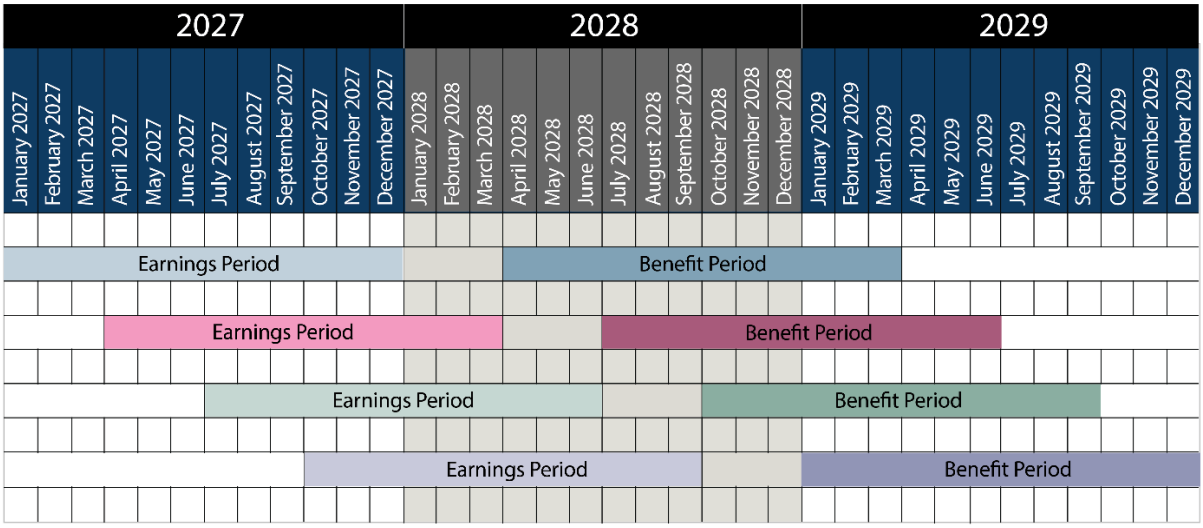
Changes to Eligibility Thresholds and Elimination of Extended Self-Pay Coverage Program

Effective January 1, 2027, the amounts you need to earn to qualify for Health Plan coverage and how reportable residual earnings will be credited toward meeting your minimum earnings and Carry-Over Credit thresholds are changing. The Health Plan is also eliminating the Extended Self-Pay Coverage program. For important details on these changes, including applicable transition periods, please read below.

- **Minimum earnings threshold to qualify for coverage is increasing to $47,500 for DGA Choice Plan and $175,000 for DGA Premier Choice Plan**

  Effective with earnings periods beginning on or after January 1, 2027, the minimum earnings required to qualify for Health Plan benefits will increase from $41,215 to $47,500 for the DGA Choice Plan and from $133,670 to $175,000 for the DGA Premier Choice Plan.

  To qualify for benefits under the Choice or Premier Choice Plans, you must earn the corresponding minimum during any 12-month Earnings Period beginning January 1, April 1, July 1 or October 1 in 2027. (Refer to the chart below for details.) Only reportable earnings covered under each Bargaining Agreement are counted toward the Health Plan's earnings threshold. Please refer to the applicable Bargaining Agreement for more information on compensation that is reportable to the Pension and Health Plans.



- **Reportable residual earnings will be credited at a rate of 50% toward meeting the minimum earnings threshold and earning Carry-Over Credit**

  Effective January 1, 2027, for reportable residual earnings paid with respect to projects aired on or after January 1, 2027, only 50% of such earnings count toward meeting the minimum earnings threshold and earning Carry-Over Credit for Covered Earnings in excess of the Carry-Over Credit threshold. This rule applies even if your Earnings Period started in 2026.

***Example*:** Assume you have earnings with respect to a project for which principal photography is completed prior to January 1, 2027. You have $70,000 in reportable residual earnings for this project when it is aired in 2026, and 100% of those reportable residual earnings ($70,000) are credited toward meeting the minimum earnings threshold and for purposes of earning Carry-Over Credit. Now, assume you have $70,000 in reportable residual earnings for the same project when it is aired on or after January 1, 2027. Only 50% of these reportable residual earnings ($35,000) are credited toward the minimum earnings threshold and for purposes of earning any Carry-Over Credit.

- **Increases to the Carry-Over Threshold and Amount of Carry-Over Credit Needed for One Year of Carry-Over Coverage**

  Effective January 1, 2027, the Carry-Over Credit threshold and amount of Carry-Over Credit needed for one year of Health Plan coverage will increase as follows:

  - Effective January 1, 2027, you will need $175,000 (increased from $160,000) in Covered Earnings to earn Carry-Over Credit in excess of the threshold. There is no maximum amount of Covered Earnings that can be credited toward Carry-Over Credit in any year, but you can't have more than $510,000 in your Carry-Over Account.
  - Effective January 1, 2027, you will need $250,000 (increased from $160,000) in Carry-Over Credit for one year of Health Plan coverage.

  The overall maximum balance of Covered Earnings permitted in an individual's Carry-Over Credit Account remains unchanged at $510,000.

  Under the Carry-Over Credit rules, you will be able to bank Covered Earnings in excess of $175,000 (up to a maximum of $510,000) as Carry-Over Credit for use during Earnings Periods in which you do not meet the minimum earnings threshold for Earned Coverage.

  ***Example*:** In 2026, assume you have $100,000 in non-residual Covered Earnings and $80,000 in reportable residual earnings with respect to projects aired before January 1, 2027. Under the current rules, $180,000 would be credited for purposes of meeting the Health Plan's minimum earnings threshold and the Carry-Over Credit threshold. You would qualify for DGA Premier Choice coverage ($133,670 minimum) and you would bank $20,000 (excess over $160,000) in Carry-Over Credit.

  Now, assume that in 2027 you have the same $100,000 in non-residual Covered Earnings and $80,000 in reportable residual earnings, but with respect to projects aired on or after January 1, 2027. Because only 50% of your reportable residual earnings ($40,000) are credited toward the Health Plan's minimum earnings threshold and Carry-Over Credit threshold, you would have $140,000 in covered earnings. You would qualify for DGA Choice coverage ($47,500 minimum) and you would not bank any Carry-Over Credits, because you would not meet the Carry-Over Credit threshold of $175,000.

- **Extended Self-Pay Coverage is eliminated**

  Effective January 1, 2027, the Extended Self-Pay Coverage option is eliminated, subject to a limited transition period for individuals enrolled in Extended Self-Pay Coverage as of December 31, 2026.

  Transition Period: If you are enrolled in Extended Self-Pay Coverage as of December 31, 2026, you may continue Extended Self-Pay Coverage through the earliest of: (1) March 31, 2027; (2) the date on which you would have exhausted your Extended Self-Pay Coverage period; or (3) non-payment of the applicable premium.

  If you fail to timely pay the premium to maintain your Extended Self-Pay Coverage, you will be treating as having exhausted your Extended Self-Pay Coverage period as of the first day of the coverage period for which you failed to timely pay the required premium.

  Participants in need of coverage should refer to the *Health Services and Assistance for Non-Covered Participants* page on the Plans' website at dgaplans.org/health-services.

- **Retiree Carry-Over Coverage is eliminated**

  Retiree Carry-Over Coverage provides participants with a small reduction to the Certified Retiree coverage premium; currently, the discount is $25/per month, or $300/per year. One Retiree Carry-Over credit provides one year of premium reductions.

  Effective January 1, 2027, the Retiree Carry-Over Coverage option is eliminated, subject to a limited transition period, as described below. As a result of this change, your accumulated Retiree Carry-Over Credits will be forfeited, and participants may no longer use or earn Retiree Carry-Over Credits to subsidize Certified Retiree coverage after eligibility for Earned Coverage ends. If you are a surviving spouse covered by Retiree Carry-Over Coverage, you will be moved to Certified Retiree Coverage on January 1, 2027.

  Transition Period: If you are covered by Retiree Carry-Over Coverage as of January 1, 2027, you may continue to use Retiree Carry-Over Credits to subsidize Certified Retiree coverage through the earliest of: (1) the exhaustion of up to three (3) Retiree Carry-Over Credits, (2) the date on which you otherwise exhaust your Retiree Carry-Over Credits, (3) the date on which you re-qualify for Earned Active or Earned Inactive Coverage, or (4) non-payment of the applicable premium.

  Accumulated, unused Retiree Carry-Over Credits will be forfeited as of the earliest of: (1) December 31, 2026, or (2) for those who qualify for the transition period described above, the end of your transition period.

- **Dependent must be enrolled under participant coverage at time of participant's death to inherit coverage**

  Effective January 1, 2027, to inherit a participant's Health Plan coverage after their death, a dependent must be covered as a dependent under that participant's Health Plan coverage at the time of the participant's death. This change clarifies Health Plan rules.

Changes to Participant Cost-Sharing (Premiums, Co-Insurance, and Deductibles)

Effective January 1, 2027, participants on Earned Active, Earned Inactive, and Carry-Over Coverage will be required to pay premiums for individual coverage (and dependent coverage, if elected).

Premiums, deductibles, co-insurance, and co-insurance maximums will increase starting January 1, 2027.

Separately, the special cost-sharing structure for the UCLA/EIMG Network will be eliminated starting January 1, 2027, which means that although you may continue seeing UCLA/EIMG providers, you will need to satisfy a deductible and coinsurance.

- **Addition of participant premiums for Earned Active and Earned Inactive Coverage, including Carry-Over Coverage**

  Effective January 1, 2027, participants on Earned Active, Earned Inactive, and Carry-Over Coverage will be required to pay a premium for individual coverage (and dependent coverage, if elected). Premiums for Participant + Dependent(s) coverage will also change starting January 1, 2027. The annual premiums are described below, which must be paid either semi-annually or annually (and are not prorated for shorter coverage periods).

Enrollment	Previous Annual Premium	Annual Premium effective January 1, 2027
Participant Only	No premium	$600
Participant + 1 Dependent	$780	$1,200
Participant + 2 or more Dependents	$1,200	$1,800

Premium changes apply to coverage provided on or after January 1, 2027. The premium changes will apply for Health Plan coverage provided on or after January 1, 2027, even if your Benefit Period started in 2026. The Health Plan will invoice you for the additional premium in January 2027 and you will need to pay the invoice within 30 days to avoid coverage cancelation.

Example: If you are covered under the Participant Only coverage for the Benefit Period starting July 1, 2026, you will need to pay a premium for the six months of Participant Only coverage from January 1, 2027 through June 30, 2027. The Health Plan will invoice you $300 for those six months of participant-only coverage (50% of the $600 annual premium that applies for Participant Only coverage). You must pay the invoice within 30 days, or your coverage will be canceled.

Coverage will not be extended until the required premium is paid. If your premium is not received by the Health Plan during the 30-day grace period, your coverage (and that of your dependents, if elected) will be canceled. If your coverage is canceled for non-payment of premium, you (and if applicable, your dependents) will not be eligible for coverage until the beginning of your next Benefit Period, unless you have a Special Enrollment Right. **To avoid coverage interruptions, participants are encouraged to set up a recurring online payment via E-Bill Express. For more information, visit dgaplans.org/payonline.**

- **Increase in the annual deductible to $500 per person/$1,500 per family**

  Effective January 1, 2027, your annual deductible will increase to $500 per person and $1,500 for family coverage. This means that, beginning January 1, 2027, you must pay out of pocket for Covered Expenses up to these amounts before the Health Plan will pay any benefits (subject to an exception for in-network ACA preventive care, which is generally covered without participant cost-sharing).

  Your annual deductible resets on January 1 of each year that you are covered.

- **Increase in co-insurance percentage and co-insurance maximum under the DGA Choice Plan**

  Effective January 1, 2027, the Health Plan's co-insurance for network services under the DGA Choice Plan will change from 90% of network Covered Expenses to 80% of network Covered Expenses. This means that, after meeting your deductible for the year, the Health Plan will pay 80% of network Covered Expenses, and you will pay the remaining 20% of network Covered Expenses, up to the Co-Insurance Maximum for network Covered Expenses.

  Non-network co-insurance under the DGA Choice Plan will remain at 60% of the Reasonable and Customary Charge, with you paying the remaining 40% of the Reasonable and Customary Charge. You will also remain responsible for paying 100% of amounts charged by Non-network providers in excess of the Reasonable and Customary Charge for the service, except for certain emergency or air ambulance services.

  Additionally, effective January 1, 2027, the co-insurance maximum under the DGA Choice Plan— the maximum amount of co-insurance for network expenses you are required to pay per calendar year—will increase to $2,500.

- **Discounted co-payment structure for UCLA Health Centers/Entertainment Industry Medical Group is terminated**

  Effective January 1, 2027, the Health Plan's agreement with the UCLA Health Centers/Entertainment Industry Medical Group (EIMG) is terminated. This means that the discounted co-payment structure through the UCLA/EIMG network for covered services provided at the centers and associated referrals will no longer be in effect.

  You can still go to the UCLA Health Centers/EIMG clinics. However, covered services at UCLA Health Centers/EIMG clinics with providers formerly participating in the UCLA/EIMG network

will be subject to the same participant cost-sharing as applies to other covered services from non-UCLA/EIMG providers, including satisfaction of the applicable deductible and coinsurance.

Example: Before January 1, 2027, if you were referred by your UCLA/EIMG primary care Physician ("PCP") to receive specialist care from a UCLA/EIMG specialist, you would have paid a $10 copay for your visit with that specialist. On or after January 1, 2027, your visit with the same specialist will be subject to Health Plan network or non-network cost-sharing (depending on whether the specialist is in-network or not), which includes meeting your deductible and paying any applicable co-insurance. You should check with Anthem Blue Cross to see whether your provider is in-network before your visit.

UCLA/EIMG providers will no longer offer free comprehensive physical exams (unless as part of an ACA in-network preventive service that is required to be provided without cost-sharing). All participants may now self-refer for care through UCLA/EIMG providers, regardless of whether you have a PCP or whether your PCP is part of the UCLA/EIMG Network.

Changes to prescription drug co-payments and prescription drug tier structure

Effective January 1, 2027, the Health Plan is adding a tier for non-preferred brand name drugs and adjusting co-payments for most prescription drugs.

- **Creation of "Preferred" and "Non-Preferred" tier structure for brand-name drugs**

  Effective January 1, 2027, brand-name drugs will be divided into preferred and non-preferred categories with different co-payments. This ensures the availability of a broad selection of brand-name medications in different categories while protecting the Health Plan from incurring the higher costs associated with certain brand-name drugs:

  - The co-payment for ***preferred*** brand-name drugs will be $25 for a 30-day supply purchased at a retail pharmacy and $50 for a 90-day supply purchased through CVS Maintenance Choice.
  - The co-payment for ***non-preferred*** brand name drugs will be $50 for a 30-day supply purchased at a retail pharmacy and $100 for a 90-day supply purchased through CVS Maintenance Choice.

- **Changes to prescription drug co-payments:** Effective January 1, 2027, the Health Plan is implementing changes to the prescription drug co-payments, as shown below:

Changes to Prescription Drug Co-Payments				
	Current		Effective January 1, 2027	
Allowable Quantity	30-day	90-day	30-day	90-day
Generic	$10	$25	$10	$20
Preferred Brand	$24	$60	$25	$50
Non-Preferred Brand	$24	$60	$50	$100
Specialty	$0 if enrolled in PrudentRx 30% coinsurance if not enrolled in PrudentRx		$0 if enrolled in PrudentRx 30% coinsurance if not enrolled in PrudentRx	
Lifestyle	Greater of $40/$60 or 50% coinsurance		Greater of $60/$100 or 50% coinsurance	

Appendix – Summary of Health Plan Benefit Changes Effective January 1, 2027

The following chart summarizes the Health Plan benefit changes effective January 1, 2027, that are described above:

Summary of Changes to Coverage Types and Eligibility Thresholds		
	Current	**Beginning January 1, 2027**
Minimum Earnings Threshold (for earnings periods beginning January 1, 2027)	Choice: $41,215 Premier Choice: $133,670	Choice: $47,500 Premier Choice: $175,000
Percentage of reportable residual earnings credited toward meeting the minimum earnings threshold and Carry-Over Credit earnings threshold	100%	50% of reportable residual earnings for projects aired on or after January 1, 2027
Carry-Over Credit earnings threshold increased	Covered Earnings in excess of $160,000 will be credited.	Covered Earnings in excess of $175,000 will be credited.
Carry-Over Credit balance needed for one year of Health Plan coverage	$160,000	$250,000
Carry-Over Credit Bank Maximum Balance	$510,000	$510,000 (no change) However, as a result of the increased Carry-Over Credit balance needed for one year of Health Plan coverage ($250,000), the maximum number of Health Plan coverage years is reduced from three years to two years
Extended Self-Pay Coverage Eligibility	Allows 42 months of additional self-pay coverage upon completing 18 months of COBRA continuation coverage if you have at least 10 Earned Coverage Years (ECYs)	Extended Self-Pay Coverage is eliminated. If you are enrolled in Extended Self-Pay Coverage as of December 31, 2026, you may continue Extended Self-Pay coverage through the earliest of: (1) March 31, 2027; (2) the date on which you would have otherwise exhausted your Extended Self-Pay Coverage period; or (3) non-payment of the applicable premium.
Retiree Carry-Over (RCO) Coverage	For retirees with 20 ECYs who are at least age 65, one earned RCO Credit can be used to reduce Health Plan monthly premiums for one 12-month Benefit Period.	Retiree Carry-Over Coverage is eliminated. If you are covered by RCO Coverage as of January 1, 2027, you may continue using RCO Credits through the earliest of: (1) exhaustion of three RCO Credits; (2) the date on which you would have otherwise exhausted your RCO Credits, (3) the date you re-qualify for Earned Active/Earned Inactive coverage, or (4) non-payment of the applicable premium.

Summary of Changes to Coverage Types and Eligibility Thresholds		
	Current	**Beginning January 1, 2027**
Survivor Inheritance of Participant Coverage	Dependents inherit a participant's coverage at the time of the participant's death.	To inherit a participant's coverage upon their death, dependents must be covered by the participant as a dependent under the Health Plan at the time of the participant's death.

Changes to Participant Cost Sharing		
	Current	**Beginning January 1, 2027**
Premiums for Earned Coverage, including Carry-Over Coverage	$0 for Participant only $780 per year for Participant + 1 $1,200 per year for Participant + 2 or more Dependents *Premiums may be paid semi-annually or annually and are not prorated for shorter period of coverage.	$600 per year for Participant only $1,200 per year for Participant + 1 $1,800 per year for Participant + 2 or more Dependents *Premiums may be paid semi-annually or annually and are not prorated for shorter period of coverage.
Calendar Year Deductible	$325 per calendar year per person $975 per calendar year for a family of 3 or more	$500 per calendar year per person $1,500 per calendar year for a family of 3 or more
Co-Insurance (DGA Gold and Silver Choice)	--Choice Plan-- Network: 90% of Covered Expenses Non-Network: 60% of Reasonable and Customary Allowed Amount for Covered Expenses	--Choice Plan-- Network: 80% of Covered Expenses Non-Network: 60% of Reasonable and Customary Allowed Amount for Covered Expenses
Network Co-Insurance Maximum (DGA Gold and Silver Choice)	Premier Choice: $1,000 Choice: $1,000	Premier Choice: $1,000 Choice: $2,500
All Inclusive Network Out-of-Pocket Limit	$10,600 per person $21,200 per family	$12,000 per person $24,000 per family
UCLA Health Centers/ EIMG Network Clinics	Participants receive special pricing for eligible services through UCLA Health Centers/Entertainment Industry Medical Group (EIMG) Clinics.	The special pricing with UCLA Health Centers/EIMG Clinics is discontinued; services with UCLA/EIMG providers are subject to applicable network or non-network rates.

Changes to Prescription Drug Co-Payments				
	Current		Beginning January 1, 2027	
Allowable Quantity	30-day	90-day	30-day	90-day
Generic	$10	$25	$10	$20
Preferred Brand	$24	$60	$25	$50
Non-Preferred Brand	$24	$60	$50	$100
Specialty	$0 if enrolled in PrudentRx 30% coinsurance if not enrolled in PrudentRx		$0 if enrolled in PrudentRx 30% coinsurance if not enrolled in PrudentRx	
Lifestyle	Greater of $40/$60 or 50% coinsurance		Greater of $60/$100 or 50% coinsurance	

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This summary is intended to satisfy the requirement for issuance of an SMM. You should take the time to read this SMM carefully and keep it with your Summary Plan Description ("SPD") for the Health Plan. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the SPD will control.

If you need another copy of the SPD or if you have any questions regarding these changes to the Health Plan, please contact the Health Plan Office during normal business hours at: (323) 866-2200 or toll-free at (877) 866-2200, Ext. 401. As a reminder, benefits in the Health Plan are not vested, and the Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Health Plan or any benefits provided under the Health Plan (or qualification for such benefits), in whole or in part, at any time and for any reason (including, but not limited to, with respect to retirees).