Spotlight ON BENEFITS

Volume 34, Number 2 | SUMMER 2026

Important Tips to Prevent Coverage Delays and Interruptions

Reading Time: 1.5 minutes

When enrolling, re-enrolling or making changes to your Health Plan coverage, prevent delays or interruptions to your coverage by following these two critical tips.

1| Pay Your Premium on Time

All Health Plan premium payments are due on the first of the month; however, it's recommended that you submit the payment as soon as you receive your invoice to ensure continuous coverage and prevent coverage delays.

To avoid delays, it is recommended that you set up recurring, automatic online payments.

All Health Plan premium payments are due on the 1st of the month.

For more information about online and other payment options, visit www.dgaplans.org/paymypremium.

2| Submit All Requested Documentation by the Due Date

Failure to submit any required forms or documentation to the Health Plan by the requested due date can result in immediate delays or interruption to your coverage.

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DGA-PRODUCER PENSION & HEALTH

MAILING ADDRESS
5055 Wilshire Boulevard, Suite 600
Los Angeles, CA 90036

MAIN OFFICE NUMBERS
(323) 866-2200
(877) 866-2200 - Toll Free

OFFICE HOURS
Monday-Friday, 8:30 a.m. to 5:00 p.m.

DEPARTMENT DIRECTORY

Participant Services
(323) 866-2200, Ext. 401

myPHP Support
myPHP-support@dgaplans.org
(323) 866-2200, Ext. 409

Health Plan Eligibility
eligibility@dgaplans.org
(323) 866-2200, Ext. 502

Pension
pension@dgaplans.org
(323) 866-2200, Ext. 404

Demographics
demographics@dgaplans.org
(323) 866-2200, Ext. 407

Contributions and Compliance
(323) 866-2200, Ext. 567

COMMUNICATIONS STAFF
DeLon Howell, Communications Editor
Alicia Gordon, Staff Editor
communications@dgaplans.org

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.

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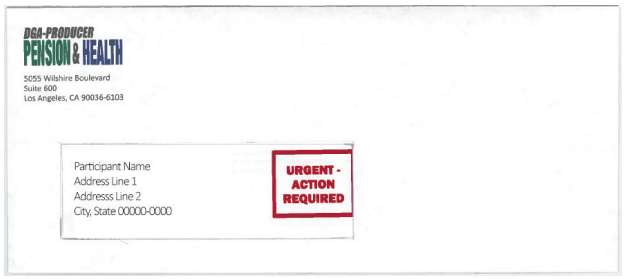
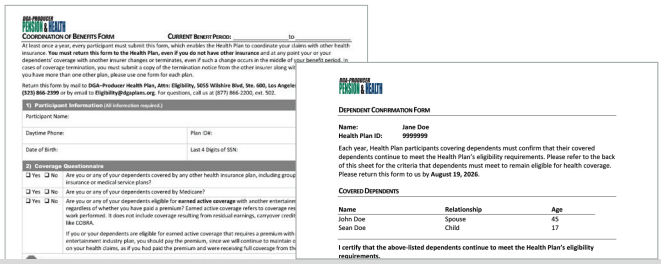
Tips to Prevent Coverage Delays and Interruptions



Pay close attention to mailings marked IMPORTANT or URGENT ACTION REQUIRED.

Be sure to pay close attention to mailings from the Health Plan office marked IMPORTANT or URGENT ACTION REQUIRED, including open enrollment packets, as these are especially critical to maintaining continuous coverage. The following forms, as applicable, are typically required during each open enrollment period, regardless of whether your information has changed:

- ☑ a new or updated Coordination of Benefits (COB) form
- ☑ a Dependent Confirmation Form
- ☑ Joint Documentation (*e.g.*, a copy of a joint insurance policy, household bill, etc.). The joint document must show both the participant's and spouse's names, address and the date, which must be within the last six months. **PH**



Certain forms are typically REQUIRED during each open enrollment period REGARDLESS of whether your information has changed.

A Reminder About Your Health Coverage When Traveling Outside the U.S.

Reading Time: 1.5 minutes

If you plan to travel internationally for work or vacation, it's important to understand how your Health Plan coverage works when traveling outside the U.S.

The Health Plan's benefits are global, but before you travel, it may be helpful to call and confirm your benefits and coverage details. Here is some helpful information should you require medical services while traveling abroad.

All Inpatient Admissions Outside the U.S. Require Pre-Authorization

Pre-authorization is required for all inpatient admissions when receiving services outside the United States. However, pre-authorization is not required for short-term observation in an emergency room, even when it extends into the next day. To obtain pre-authorization or to inquire about whether pre-authorization

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Your Health Coverage When Traveling Outside the U.S.

is necessary, you or your providers should call Blue Cross Blue Shield Global Core at (800) 810-2583.

It is your and your provider's responsibility to secure the necessary authorization prior to submitting your claim. Generally, the hospital will require you to pay upfront prior to discharge. If you have received the necessary authorization, your claim will be processed and paid subject to the Health Plan rules for out-of-network benefits. If you are unable to obtain pre-authorization due to emergency circumstances, you and your provider can request a post-service utilization management review with Blue Cross Blue Shield Global Core.

Submitting Claims for Services Received Outside the U.S.

When receiving medical services outside the United States, you will need to submit a medical claim that includes the following three items:

1. a completed international claim form available at dgaplans.org/forms/health;
2. an itemized bill that includes your name and date of birth, provider name and address, description of service and diagnosis code(s) (provided by the doctor), and the billed amount for each service; and
3. your proof of payment.

The above information must then be submitted directly to Blue Cross Blue Shield Global Core as described below. Please ensure that all claims information is clear and legible to prevent delays in processing. It is recommended that you submit your claim by email, mobile app or online to have proof of your submission.

- **Email:**
  claims@bcbsglobalcore.com **(RECOMMENDED)**
- **Mobile Phone:**
  Download the Blue Cross Blue Shield Global Core mobile app from your applicable app store **(RECOMMENDED)**
- **Online:**
  www.bcbsglobalcore.com **(RECOMMENDED)**
- **Mail:**
  Blue Cross Blue Shield Global Core
  Service Center
  P.O. Box 2048
  Southeastern, PA 19399

Do not submit your claims to the Health Plan office. If you have questions about your claim submission, please contact Blue Cross Blue Shield Global Core at (800) 810-2583 or collect at (804) 673-1177. If you encounter any issues with Blue Cross Blue Shield Global Core, please contact the Health Plan for assistance at (323) 866-2200, Ext. 401. **PH**

Before Your Trip

To help make accessing your international coverage smoother, before your trip, consider taking the following steps:

Obtain a current physical and digital copy of your Health Plan ID card.

For instructions, visit www.dgaplans.org/how-to-get-your-benefits-cards/.

Download the Blue Cross Blue Shield Global Core mobile app.

Save the Blue Cross Blue Shield Global Core Service Center number (1-800-810-2583) in your phone.

How Much Sun Is Too Much: Your Skin Has the Answer

Reading Time: 2.5 minutes

Takeaways

- Your skin may show signs of too much sun right after sun exposure or later in life.
- Signs can include sunburn, dryness, swelling, and new skin spots like moles and freckles.
- After sun damage, protect your vulnerable areas and perform skin self-exams regularly.

Summer is celebrated for its longer days and outdoor fun in the sun. But the increased sun exposure, although positive for its mood boosting vitamin D levels, can also damage your skin over time. When damage occurs, your skin signals when it's had too much sun in ways ranging from the obvious (like sunburn) to more subtle changes that may surface down the line.

Signs You've Had Too Much Sun

Tans and sunburn are two of the first ways your skin may tell you it's had too much sun. Both indicate your skin has been damaged by the sun, and every single instance of each increases your lifelong risk of skin cancer.

Aside from these changes, your skin might show signs such as:

- being hot or painful to touch,
- redness,
- dryness or cracks, and
- swelling.

As your body tries to remove the damaged skin cells later, you might also experience blisters and peeling.

Sun Damage Over Time

When evaluating your sun exposure, it's important to consider that damage to your skin is cumulative and can begin at a very young age. Childhood signs of sun exposure may be the appearance of new spots, moles and even freckles. With additional sun exposure, these growths may change, bleed or itch—signs you're getting too much sun without proper protection.

And as you age, a lifetime of sun damage may appear as:

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How Much Sun is Too Much

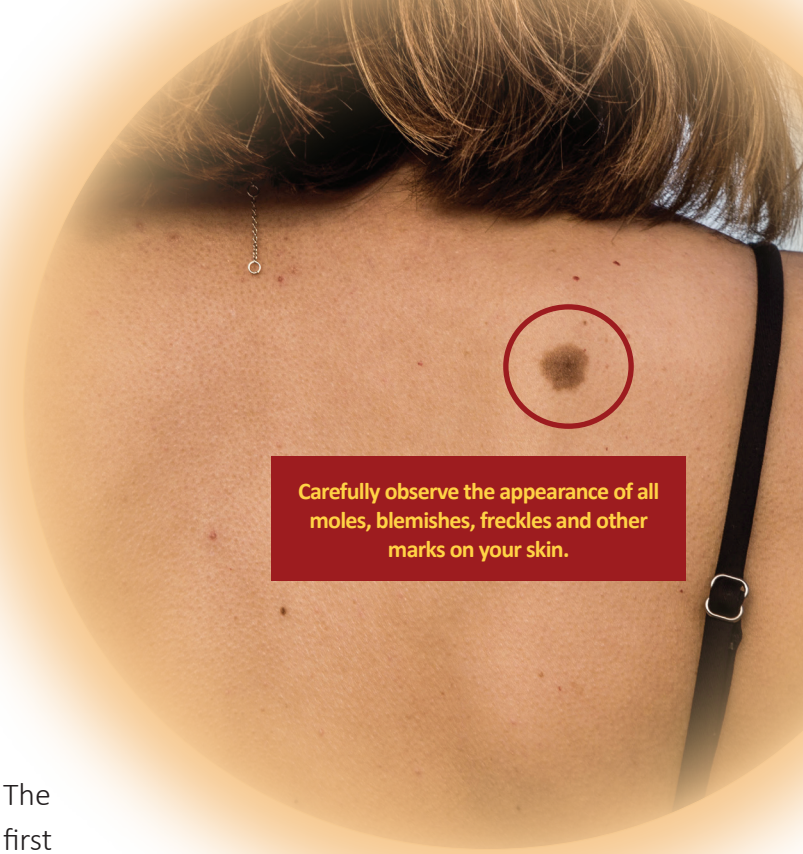
- leathery/premature wrinkled skin
- red, spidery veins around your nose and cheeks
- blotchy or mottled skin, with dark and light patches

Steps to Take After Damage

After short-term sun damage, your body will try to repair itself but can use your help. For sunburn, cool the skin and reduce inflammation by using a cool compress and increase your hydration. Take extra care to protect your healing skin from further sun damage by wearing UV-resistant clothing and sunglasses, avoiding the sun during peak UV index times (10 a.m. – 4 p.m.), and applying sunscreen frequently. In fact, a new bemotrizinol sunscreen is coming to the U.S. soon that many dermatologists consider to be more effective at blocking both UVA and UVB rays and to be better at offering protection throughout the day.

If your skin can't repair itself, damage over time may lead to cancerous cells that produce growths, so it's recommended you perform skin self-exams regularly.

It's recommended you perform skin self-exams regularly.



Carefully observe the appearance of all moles, blemishes, freckles and other marks on your skin.

The first time you perform an exam, make sure to carefully observe the appearance of all moles, blemishes, freckles, and other marks on your skin so that you can recognize future changes.

According to the American Cancer Society, things to note may be:

- A spot on your skin that's new or changing in size, shape or color
- A sore that bleeds and/or doesn't heal after several weeks
- A skin patch that is rough, scaly, red, crusts or bleeds
- A wart-like growth
- A mole with an odd shape, irregular borders or areas of different colors

For specific steps on how to perform a skin self-exam, visit www.dgaplans.org/skin-exams. If you notice any concerning areas, you should see a doctor, who may refer you to a dermatologist. The Health Plan's network and non-network schedule of benefits will apply to these visits. PH

CVS Updates Its List of Covered Medications Effective July 1, 2026

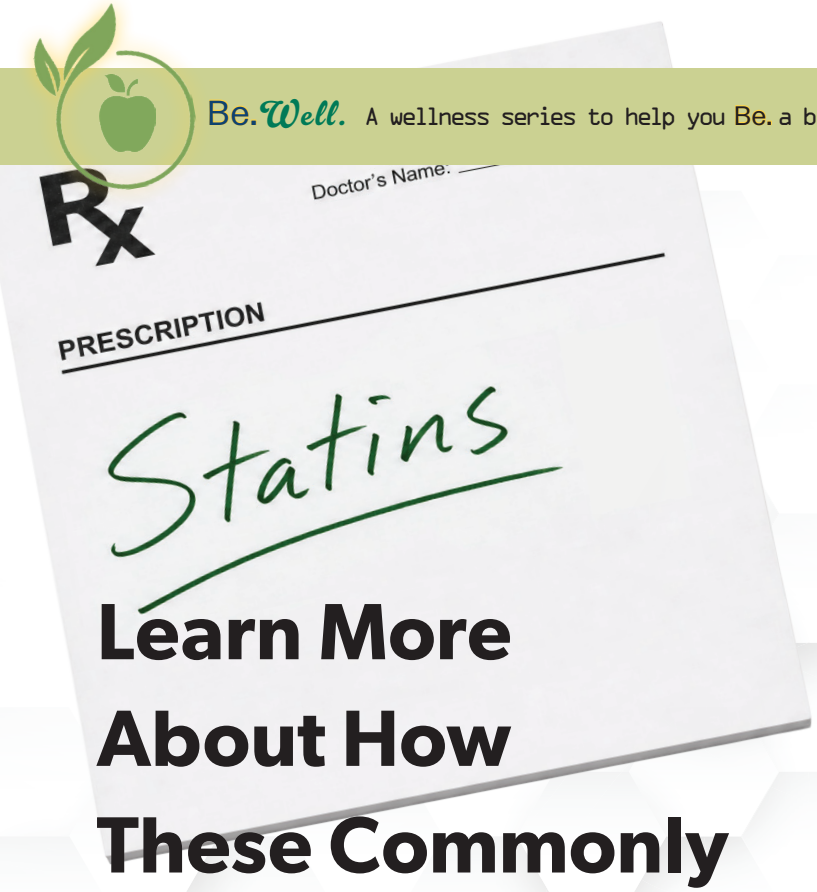
Reading Time: 1 minute

Effective July 1, 2026, CVS Caremark updated its list of covered medications, referred to as its formulary. The formulary determines which medications the Health Plan will cover and each medication's classification tier, which will impact your out-of-pocket costs for prescription medications.

If you are currently taking a medication that is excluded from the updated formulary, CVS Caremark should have already mailed you a letter with information on alternatives. Be sure to review the updated CVS Caremark formulary for any status changes or exclusions to your current medications.

The complete list of covered, excluded and preferred alternative medications is available at www.dgaplans.org/formulary. **PH**

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



Learn More About How These Commonly Prescribed Drugs Work to Lower Cholesterol.

Reading Time: 3 minutes

Statins are one of the most common prescriptions in the United States with millions of adults using them to lower their cholesterol and risk of heart disease. Patients with heart disease risk factors, coronary disease, very high cholesterol levels and/or diabetes may be prescribed statins to lower their chances of heart attack or stroke. Learn how statins work, their side effects and more about the four groups of people who benefit most from the drugs.

How statins work

The term cholesterol is used often when discussing your health status. Lowering cholesterol is a worthy goal, and statins help accomplish it...but how?

Our bodies make nearly 75% of our cholesterol with the other 25% coming from the foods we eat. High-density lipoprotein (HDL), or good cholesterol moves cholesterol to the liver for excretion. On the other hand, low-density lipoprotein (LDL), called "bad" cholesterol because it builds up in the arteries, can cause arterial narrowing and make it harder for blood

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to move through the body. Statins work to decrease the LDL cholesterol in your body and help your liver get rid of more cholesterol altogether.

The test used to measure your total cholesterol and help your doctor determine whether a statin is right for you is called a lipid panel and is typically ordered during a routine office visit. Although adults at low risk of heart disease may get a lipid panel only once every five years, your doctor may recommend more frequent tests depending on your age and if you have concerning cholesterol levels or other risk factors for heart disease, diabetes, stroke, etc. After you and your doctor receive your lipid panel results, you should have a discussion regarding the goals for your cholesterol levels and what changes you can make to achieve them.

Most people without coronary disease or major risk factors should aim to keep LDL levels under 100 mg/dL. For patients with significant risk factors or evidence of coronary disease, the goal is usually an LDL under 70mg/dL. Higher LDLs increase the likelihood of blocked arteries (coronary disease) that can lead to a heart attack or stroke. Statins have been proven to reduce the odds of having a heart attack or stroke by 20-30%.

Who do statins most benefit?

Doctors consider more than your LDL level to determine whether you should begin taking a statin. To determine if statins are best for you, many factors are considered, including your:

- risk of a heart attack or stroke
- family history of heart disease
- age
- weight
- health conditions (*e.g.*, diabetes)
- fitness level
- diet

In fact, it could be other factors that best determine your suitability for a statin. The four main groups who may be helped by statins are:

- People who have one or more heart disease risk factors and are at risk of a heart attack
- People who have coronary disease
- People who have very high LDL cholesterol levels
- People who have diabetes

If you think statins might be a good fit for you, you should consult your health care provider.

Statins side effects are rare

Statins help millions to lower their cholesterol and avoid serious conditions. Like most medications, there are possible side effects and a potential lifetime commitment to the drug. However, it is generally acknowledged that the potential benefit of these drugs far outweighs the risk of side effects.

Most serious side effects are rare, and side effects that are most reported include headaches, nausea, achy

muscles and joints, and a mild increase in sugar levels. These effects often go away once a patient's body adjusts to the medication. As with any medication, when deciding whether to begin statins, you should consider your doctor's recommendation and the drug's potential benefits and drawbacks.

How the Health Plan Covers Cholesterol Tests and Statins

The Health Plan covers cholesterol screenings at 100% with no cost-sharing when administered for ACA preventive care by a network provider, assuming you meet the age, risk or frequency requirement for the service to be treated as ACA preventive care. In all other medically necessary circumstances, Health Plan rules apply, such as deductible and co-insurance.

Statins that are prescribed by your treating provider are covered under the Health Plan's prescription drug benefit with the corresponding co-payment depending on whether the drug is generic or brand. To learn more, visit the March 2025 Health Plan Summary Plan Description and its updates. **PH**

Advance Care Planning - Part 3

Reading Time: 4 minutes

This is the third and final installment of the Spotlight on Benefits' series on advance care planning — the process of discussing and documenting your wishes for medical treatment or care in the event your doctor is unable to determine what your medical wishes may be.

So far, this series discussed the first three steps of the advance care planning process:

1. Understand your current health status
2. Reflect and prioritize your care goals
3. Designate a health care agent

To read all the articles in this series, visit www.dgaplans.org/advancecareplanning.

This article discusses the final steps: create your advance directives, communicate your wishes to your health care agent and medical providers, and maintain your advance directives to ensure they reflect your current wishes and circumstances.

Create Your Advance Directives

Once you've determined your health care goals and designated your advocate, it's best to formalize your wishes and choice of health care agent on legal documents called advance directives.

Advance directives include a variety of planning documents, each with its own purpose. Whether a specific directive is legally recognized, however, varies by state. The most often used advance directive forms are listed on the next page:

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Advance Care Planning - Part 3

Living will – documents the medical treatments/procedures you would like to receive or refuse. In most states, it will apply only if you meet specific medical criteria and are unable to make decisions.

Health care power of attorney – designates your health care agent and any alternate agents in case your first agent is unavailable. This form also lists your agent(s)' contact information.

Do Not Resuscitate (DNR) order – communicates that you do not want treatment to restore cardiac activity and respirations in the event your heart stops or you stop breathing. However, unless your DNR order is valid and visible during an emergency, Emergency Medical Service (EMS) teams are still required to attempt resuscitation. Authorized vendors (*e.g.*, MedicAlert) sell DNR bracelets and necklaces that alert responders and give them instant virtual access to your directive.

Physician Orders for Life-Sustaining Treatment (POLST) – a form intended for those of advanced age or for those who have serious, progressive illnesses that put them at risk of dying. This form gives more detailed information about your wishes for medical treatment in the event of an emergency.

Advance directives differ from state to state. If you spend a lot of time somewhere other than your state of residency, it may be useful to obtain legal advice to determine whether or not your advance directives will apply in each state.

Qualifying Health Plan participants and dependents can receive advance care planning assistance through the Motion Picture and Television Fund's (MPTF) Palliative Care program, which supports individuals with serious, chronic and life threatening conditions. Visit www.dgaplans.org/palliative-care for more information.

NOTE: Once you complete your portion of the documents, you may need to acquire witness signatures and notarization to make the documents legal.

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Share Your Advance Directives

It may feel natural to keep your advance directives in a safe or safety deposit box along with other important documents; however, if that's the only place you've stored them, no one will have access to them in the event you're unable to open the safe or provide access instructions.

Instead, keep your original documents in a safe place, and give a copy of your forms to all your health care providers and to any health care institutions where you are receiving care. You should also provide physical and digital copies to any health care agent you named along with select loved ones to prevent potential misplacement of your wishes or interpersonal conflict down the line.

For emergencies, you can also keep a card in your wallet that has your health care agents' names and contact information.

Maintain Your Advance Directives

Once completed, your advance directives may need to be revised as your life circumstances may change. To make changes to your advance directives or agent designation, consult your state's specific requirements and follow your state's guidelines to ensure your new directives supersede the old versions.

It's good practice to re-evaluate your directives every 10 years and if:

- ☑ your choice of agent(s) changes
- ☑ you get divorced
- ☑ you have a new, serious diagnosis
- ☑ your health declines
- ☑ you move or someone moves in with you

Conclusion

Advance care planning can be an intimidating task. Yet, with an honest and thorough reflection on your health, you'll be in the position to make important decisions about your medical wishes and prepare someone you trust to execute them.

These proactive steps – though time-consuming – may bring you, your loved ones, your health care agent and medical providers invaluable peace when time matters most. PH

More on Advance Care Planning

Help Your Health Care Agent Be the Best They Can Be

It's recommended that you maintain communication with your health care agent(s) even after you've provided them with your completed legal directives. In fact, you can further help your advocate by communicating periodically with them in the ways below:

- Tell them where you keep your original directives in case they are requested in an emergency.
- Let them know of any changes to your wishes, health or goals.
- Provide any new or updated directive copies (print and digital) to your agent(s), and ask them to destroy any old copies.
- Introduce them as your health care agent to hospital or nursing home providers if you become sick.
- Explain or ask your doctor to explain to your agent(s) your medical condition and course of treatment. Provide them with an opportunity to ask the provider questions.
- Keep loved ones informed of your health status and the instructions you've given your agents, so that agents have a supportive network if they need it. PH

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SAVE THE DATE...

2026 Health Fairs and Flu Shot Clinics

OCT 17 — **New York City** at the DGA Theater

OCT 24 — **Los Angeles** at DGA Headquarters

- Free flu shots
- Free neck and shoulder massages
- Raffles and giveaways
- Meet Plans staff and representatives from its benefits partners

MORE DETAILS COMING SOON