

Spotlight ON BENEFITS

Volume 32, Number 4 | WINTER 2024

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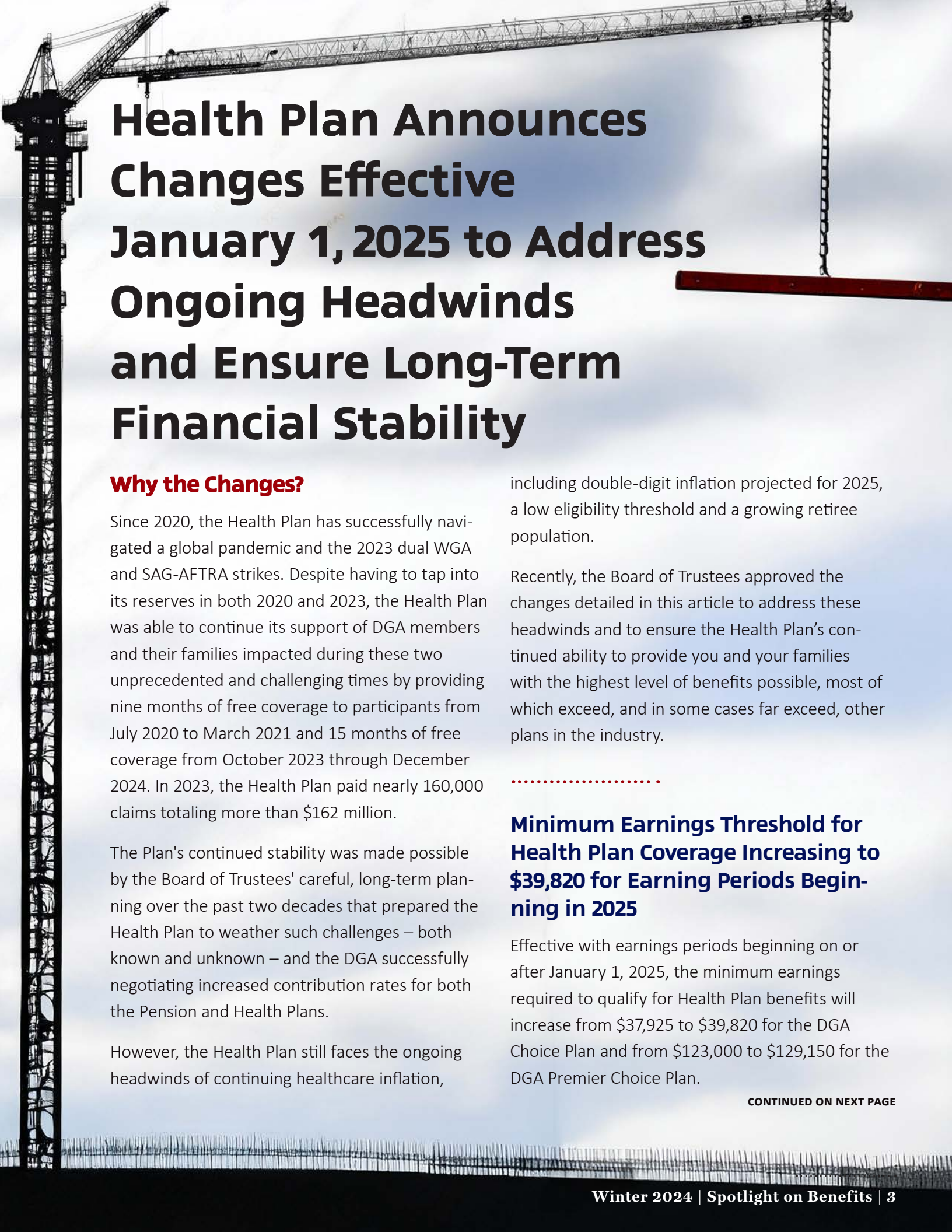
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ABOUT THE PLANS

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.



Health Plan Announces Changes Effective January 1, 2025 to Address Ongoing Headwinds and Ensure Long-Term Financial Stability

Why the Changes?

Since 2020, the Health Plan has successfully navigated a global pandemic and the 2023 dual WGA and SAG-AFTRA strikes. Despite having to tap into its reserves in both 2020 and 2023, the Health Plan was able to continue its support of DGA members and their families impacted during these two unprecedented and challenging times by providing nine months of free coverage to participants from July 2020 to March 2021 and 15 months of free coverage from October 2023 through December 2024. In 2023, the Health Plan paid nearly 160,000 claims totaling more than \$162 million.

The Plan's continued stability was made possible by the Board of Trustees' careful, long-term planning over the past two decades that prepared the Health Plan to weather such challenges – both known and unknown – and the DGA successfully negotiating increased contribution rates for both the Pension and Health Plans.

However, the Health Plan still faces the ongoing headwinds of continuing healthcare inflation,

including double-digit inflation projected for 2025, a low eligibility threshold and a growing retiree population.

Recently, the Board of Trustees approved the changes detailed in this article to address these headwinds and to ensure the Health Plan's continued ability to provide you and your families with the highest level of benefits possible, most of which exceed, and in some cases far exceed, other plans in the industry.

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Minimum Earnings Threshold for Health Plan Coverage Increasing to \$39,820 for Earning Periods Beginning in 2025

Effective with earnings periods beginning on or after January 1, 2025, the minimum earnings required to qualify for Health Plan benefits will increase from \$37,925 to \$39,820 for the DGA Choice Plan and from \$123,000 to \$129,150 for the DGA Premier Choice Plan.

CONTINUED ON NEXT PAGE

Health Plan Changes effective January 1, 2025

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 2025. (Refer to the chart below for details.) Not all earnings are reportable for Pension and Health purposes. Only allowable earnings covered under each Bargaining Agreement are counted toward the Health Plan’s earnings threshold.

These adjustments align the Health Plan’s minimum earnings threshold for coverage with the wage increases negotiated by the DGA in its Collective Bargaining Agreements.

EARNINGS AND BENEFIT PERIODS 2025-2027

The chart below details the 2025 earnings periods and their corresponding benefit periods.

2025												2026												2027											
Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Jun 2027	Jul 2027	Aug 2027	Sep 2027	Oct 2027	Nov 2027	Dec 2027
Earnings Period												Benefit Period																							
												Earnings Period												Benefit Period											
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Regular Carry-Over Earnings Threshold Increasing to \$160,000

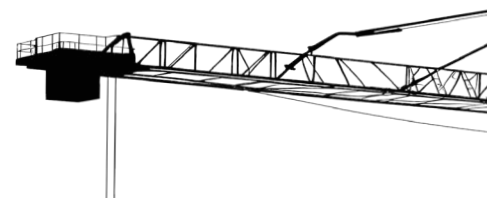
Effective with benefit periods beginning on or after January 1, 2025, the carry-over threshold and the amount of banked earnings required for a year of Carry-Over Coverage increases from \$150,000 to \$160,000. The carry-over bank amount maximum remains unchanged at \$510,000.

Under these new carry-over amounts, you will be able to bank covered earnings in excess of \$160,000 (up to a maximum of \$510,000) for use during periods

in which you do not meet the minimum earnings threshold for Earned Coverage. During such periods, \$160,000 in Carry-Over Credit is needed to grant one year of Health Plan coverage.

For more information regarding Carry-Over Coverage, please refer to the March 2020 Health Plan Summary Plan Description, Section 2(a) Carry-Over Credit, on pages 10-11.

If you have questions regarding this information, contact Participant Services at (323) 866-2200, Ext. 401.



Retiree Carry-Over Credit Eligibility Modified Effective January 1, 2025

Retiree Carry-Over Credit is a benefit for those on Medicare. Effective January 1, 2025, the number of Earned Coverage years needed for a participant to use Retiree Carry-Over Credits will increase from 10 years to 20 years.

A Retiree Carry-Over Credit is earned if a participant generates at least \$375,000 in covered earnings during an earnings period. One credit entitles you to self-pay for 12 months of retiree health coverage at a reduced rate.

Retiree Carry-Over Credits can only be used by participants who:

- ✓ Have at least 20 years of Earned Coverage;
- ✓ Are at least age 65; and
- ✓ Have retired from either the DGA-Producer Basic Pension or Supplemental Pension Plan.

The Plan will grandfather current retirees who have started receiving Retiree Carry-Over Coverage until the later of January 1, 2026 or up to 12 months of Retiree Carry-Over Coverage. After this date, participants will need 20 years of Earned Coverage to use Retiree Carry-Over Credits.

For more information about Retiree Carry-Over Coverage, visit www.dgaplans.org/self-paying-for-coverage.

Non-Network Out-of-Pocket Limit Increases Effective January 1, 2025

The Non-Network Out-of-Pocket Limit sets a maximum amount you will pay out of pocket per calendar year for non-network benefits under the Health Plan, excluding deductibles and co-payments. If you reach the limit, the Health Plan will pay 100% of covered non-network expenses.

Effective January 1, 2025, the Non-Network Out-of-Pocket Limit will increase across all coverage plans as follows:

PREMIER CHOICE PLAN

From \$3,550 to \$12,500

CHOICE PLAN

From \$8,900 to \$20,000

BRONZE PLAN

From \$12,500 to No limit **PH**

CVS Updates Its List of Covered Medications Effective January 1, 2025

Effective January 1, 2025, CVS Caremark is updating its list of covered medications, referred to as its formulary. Changes to the formulary affect which medications are covered by the Health Plan and how much you pay out of pocket for prescriptions.

If you are currently taking a medication that will be excluded from the updated formulary, CVS Caremark should have already mailed you a letter with information on alternatives. If you are taking a maintenance medication, be sure to review the new list in case the status of your medication has changed.

The complete 2025 list of excluded medications along with preferred alternatives is available at www.dgaplans.org/formulary. **PH**

All-Inclusive Out-of-Pocket Limit Decreases Effective January 1, 2025

The All-Inclusive Network Out-of-Pocket Limit sets the maximum amount you pay out of pocket per calendar year for network benefits under the Health Plan, including deductibles, co-insurance and co-payments (including prescription drug co-payments, the \$50 emergency room co-payment and the \$10 co-payment for visits to the UCLA/MPTF health centers).

The Health Plan evaluates this limit annually to ensure it remains appropriate for the current economic climate and is in line with the amount established each year under the Affordable Care Act.

Accordingly, beginning January 1, 2025, the Health Plan's All-Inclusive Network Out-of-Pocket Limit will decrease from \$9,450 individual/\$18,900 family to \$9,200 individual/\$18,400 family for all coverage plans. If you reach the limit, the Health Plan will pay 100% of covered network expenses. **PH**

Delta Dental DMO Plan Eliminated Effective January 1, 2025

Due to very low enrollment, the DGA Health Plan will no longer offer a dental HMO (DMO) plan (previously available for California participants only) through Delta Dental effective January 1, 2025. All dental benefits will be available through Delta Dental's PPO network.

~~DeltaCare[®] USA~~

The Delta Dental HMO option, also known as DeltaCare USA, will no longer be available through the DGA-Producer Health Plan, effective January 1, 2025.

Impacted participants who are currently enrolled in the DMO plan will be automatically enrolled in the Health Plan's Delta Dental PPO plan on January 1, 2025. For an overview of the benefits provided under Delta Dental's PPO option, visit www.dgaplans.org/dental. **PH**

MOVING?

Don't miss out on important benefits information. Remember to update both the DGA Plans & DGA.



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The DGA-Producer Pension and Health Plans (the Plans) and the Directors Guild of America (the DGA) are separate entities. Updating your personal and contact information with the DGA does not result in your information being updated at the Plans office. To ensure your pension and health benefits information is mailed to the proper address, please contact the Plans' Demographics Department at (323) 866-2200, Ext. 407 or demographics@dgaplans.org.



FDA Warns GLP-1 Patients of Aspiration Risks While Under Anesthesia

The FDA issued a new warning label for all GLP-1 drugs, alerting patients of rare, potential aspiration risks when undergoing elective surgical procedures.

What Exactly is the Risk?

GLP-1s slow the movement of food through the stomach, creating the “full stomach” feeling that results in significant weight loss. This delayed stomach emptying could put patients at risk of pulmonary aspiration, which is when stomach contents are vomited and enter the airway or lungs while under anesthesia or deep sedation.

This has prompted the FDA warning label on GLP-1 drugs and new recommendations from the American Society of Anesthesiologists for GLP-1 users undergoing surgery.

Updated Recommendations

It is very important to inform your surgeon, anesthesiologist and other healthcare providers of your GLP-1 use. Depending on your risk for pulmonary aspiration, your surgical team may recommend preventive actions like following a liquid-only diet for 24 hours or more before surgery. If you are determined to be at high risk for delayed stomach emptying (e.g., you are in the escalation phase of GLP-1 drugs), your surgery may have to be postponed until the risk decreases.

To see the FDA’s warning label for a specific GLP-1, search the drug’s name at <https://www.accessdata.fda.gov/scripts/cder/safelylabelingchanges/>. **PH**





**Stop Leaving
Money on the
Pharmacy
Counter.
Try These Tools
to See How
Much You
Can Save
(...even compared
with insurance)**

Prescription drugs can be expensive, and prices can fluctuate from day to day and pharmacy to pharmacy. Sure, prescription drug coverage offers savings for insured patients, but for many medications, especially those that insurance doesn't cover, you can decrease the amount you pay out of pocket and see significant savings using these prescription drug discount tools.



www.goodrx.com

Offers discounted prices (in the form of coupons) across various pharmacies for a specific medication.

Whether you're left to pay the full price of a medication, have a high co-pay or want to make sure your co-pay is the lowest price available, check GoodRx for coupons up to 80% off the retail price of numerous medications. You'll be able to compare coupon prices across various pharmacies and choose a coupon card to print, email, text or present at the pharmacy counter.

For those who have prescription drug coverage with the DGA Health Plan and who fill prescriptions at a CVS Caremark or Navarro pharmacy, CVS' Cost Saver Program automatically compares your co-pay with the GoodRx rate for covered medications. The pharmacist will charge you the lower price of the two.

NOTE: The pharmacy listed on the coupon card is contractually obligated to honor the discounted price. Call 1-844-818-9042 for assistance with using GoodRx coupons.



Manufacturer Savings Cards and Programs

Savings directly from the medication's manufacturer

Drug manufacturers commonly offer savings cards and programs to decrease the cost of their medication for patients. Patients can search the drug company's website directly for savings offers before going to the pharmacy.

For example, Novo Nordisk, the manufacturer of diabetes and weight loss drug Ozempic, offers the Ozempic Savings Card for those with commercial or private insurance. With the card, patients can pay as little as \$25 for a one to three month supply of Ozempic.

<https://mat.org/Patient-Resources/Savings-Cards>
List of savings cards for the uninsured

PHRMA's Medicine Assistance Tool is an online search engine that connects uninsured patients with prescription assistance programs that offer free discount cards on various medications. Eligibility requirements vary for each program.



<https://cvs.rxcompare.com>

Compares discount card prices available at CVS and Navarro pharmacies

CVS' RxCompare marketplace is an online price comparison tool that allows you to search for a medication and compare available prescription discount cards with the lowest price to be used at your local CVS pharmacy. Discounted prices are sometimes lower than co-pays and cannot be combined with insurance or other savings programs.

RxSavingsPlus®

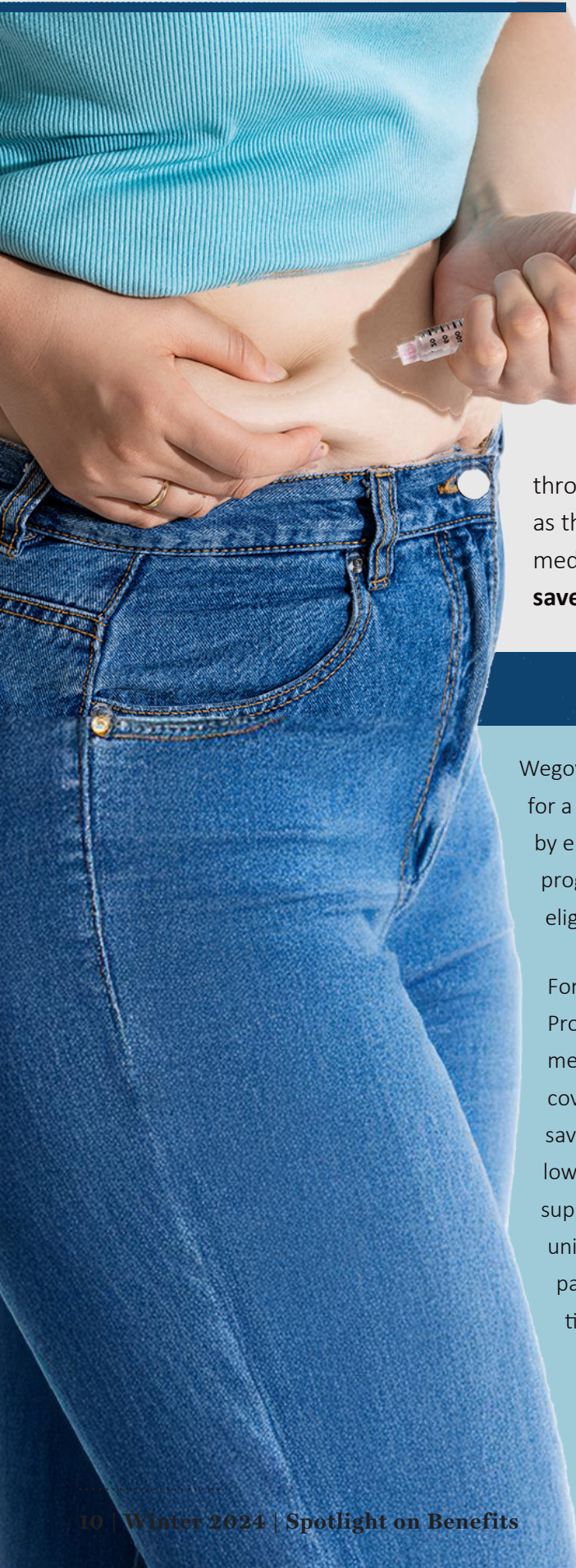
www.dgaplans.org/rxsavingspluscard

Offers discounts on brand-name and generic prescription drugs not covered by insurance

This free discount card from CVS lowers the price of many brand-name and generic prescription drugs, select over-the-counter products with a doctor's written prescription, diabetes supplies and certain pet medications that are also used to treat human conditions.

The card is only accepted at participating pharmacies and is easy to download. Just visit www.dgaplans.org/rxsavingspluscard and scan the QR code.

Tools to Help You Save on Prescription Drugs



Save Money on Prescription Weight Loss Medications

www.dgaplans.org/saveonweightloss

The DGA-Producer Health Plan is the only plan in the entertainment industry to cover weight loss drugs for adult participants enrolled with its weight management benefit provider, Flyte.

Discounts on these weight loss medications are available through prescription drug cards and manufacturer programs such as the examples below. For a full list of ways you can save on GLP-1 medications and other weight loss drugs, visit www.dgaplans.org/saveonweightloss.

Savings cards for Wegovy, Zepbound and more!

Wegovy's savings program offers \$0 for a 28-day supply for up to 13 refills by enrolling in their WeGoTogether program. Several restrictions and eligibility criteria apply.

ONCE-WEEKLY
wegovy

www.wegovy.com/coverage-and-savings/save-on-wegovy.html

ONCE-WEEKLY
zepbound

<https://zepbound.lilly.com/coverage-savings>

For those covered by the DGA-Producer Health Plan or other commercial insurance – if your insurance covers the medication– Zepbound's savings program allows you to pay as low as \$25 for a one or three month supply through its savings card. If uninsured or on Medicare, you can pay \$399 for a one-month prescription of the Zepbound 2.5-mg vial or \$549 for a one-month prescription of the Zepbound 5-mg vial. Additional taxes and fees may apply. **PH**





Get an In-Depth Look at Your Calorie Burn with the TDEE Calculator



DISCLAIMER: The information provided by the TDEE calculator is based on averages and estimated figures. It is not a substitute for diagnosis or treatment. For medical questions or concerns, please talk to your healthcare provider.

Whether your goal is to maintain weight, change your sedentary lifestyle or gain muscle, it's easy to drown in the deep pool of messages available about healthy living. Ultimately, healthy living looks different for everyone, so figuring out how to achieve your health goals might be as simple as getting to know yourself better.

Many consider the Total Daily Energy Expenditure (TDEE) calculator a helpful tool to accomplish this. Unlike other health-related calculators, the TDEE calculator measures how many calories you burn per day, which can help you adjust the number of calories you consume to meet your health goals.

Learn How Many Calories You Burn Every Day

Use the TDEE calculator to learn your *Total Daily Energy Expenditure*, a measure of how many calories you burn per day. This calorie calculator will also display your *BMI*, *BMR*, *Macros* & many other useful statistics!

Imperial Metric

Gender Male Female

Age

Weight lbs

Height 5ft 9in

Activity Sedentary (office job)

Body Fat % (optional) 15 %

Using the TDEE calculator is simple. Just follow the steps below.

1. Visit <https://tdeecalculator.net>;
2. Select Male or Female;
3. Add your age, weight, height and activity level;
4. Enter your body fat percentage (optional); and
5. Press Calculate!

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CONTINUED FROM PREVIOUS PAGE

Look at Your Calorie Burn with the TDEE Calculator

Understanding the Results

Maintenance Calories

The TDEE calculator will first calculate your basal metabolic rate (BMR), which is your body's basic caloric energy requirements per day. It uses your BMR to estimate your maintenance calories or recommended caloric intake per day/week for maintaining your weight based on the activity level you select.

Results will also display what your maintenance calories would be if your exercise level changed.

BMI Score and Ideal Weight

Many people are familiar with body mass index (BMI) calculators that estimate a person's body fat based on weight and height. Along with maintenance calories, the TDEE calculator results include your estimated BMI score and weight classification (underweight, normal

weight, overweight or obese). It also estimates ideal body weight averages based on various formulas.

Macronutrients

Additionally, this calculator provides a breakdown of recommended calorie amounts for maintaining, cutting or increasing weight and the corresponding macronutrients. Macronutrients are the nutrients you need to provide energy and maintain the body's systems and structures.

These nutrient values will reflect the amount of recommended protein, fats and carbs for each type of diet.

Conclusion

Countless weight-related tools exist from food and fitness tracking apps to smart scales. A simple one to try is the TDEE calculator to get an in-depth look at the calories you burn and the recommended amount to consume. **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, 2023. 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 \$126,052,576. These expenses included \$9,730,634 in administrative expenses and \$116,321,942 in benefits paid to or for participants and beneficiaries. A total of 25,514 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 \$2,143,366,815 as of December 31, 2023, compared to \$2,024,347,976 as of January 1, 2023. During the plan year, the plan experienced an increase in its net assets of \$119,018,839. This increase 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 \$245,071,415 including employer contributions of \$40,021,068, participant contributions of \$22,676,859, rollovers of \$11,982,668, gains of \$5,853,357 from the sale of assets, earnings from investments of \$164,503,566 and other income of \$33,897.

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, 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 given 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, 2023. 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 \$96,191,002 as of December 31, 2023, compared to \$109,072,358 as of January 1, 2023. During the plan year, the plan experienced a decrease in its net assets of \$12,881,356. This decrease 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 \$149,720,081 including employer contributions of \$116,549,346, participant contributions of \$12,620,340, gains of \$1,371,325 from the sale of assets, earnings from investments of \$18,927,695 and other income of \$251,375.

Plan expenses were \$162,601,437. These expenses included \$8,985,788 in administrative expenses and \$153,615,649 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.

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 a 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 given above do not include charges for the copying of these portions of the reports because these portions are furnished without charge.

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Directors Guild of America-Producer Pension Plans Announce Change to Earnings Required for Credited Service Month Effective January 1, 2025

The purpose of this notice is to advise you of important changes to certain benefits you receive as a collectively bargained Participant in the Directors Guild of America-Producer Pension Plans Basic and Supplemental Benefit Plans (collectively, the "Pension Plans"). Capitalized terms in this Notice have the same meaning as in the Pension Plans' Summary Plan Description and its updates.

As explained further below, effective January 1, 2025, the following change will be made to the Basic Plan to help ensure its continued financial strength and healthy funding status and is in line with recently negotiated wage increases in the Collective Bargaining Agreements.

Credited Service Month (CSM) Earnings Requirement

Under current provisions, the earnings requirement to earn one CSM in the Basic Plan is \$3,900.

Effective January 1, 2025, the new earnings requirement to earn one CSM in the Basic Plan will increase from \$3,900 to \$4,100. As a result, \$49,200 or more in covered earnings will be required during the 2025 calendar year to earn the maximum 12 CSMs for that year. There will be no changes to your CSMs earned as of December 31, 2024.

The following are examples of how the change in the earnings requirement may affect you. Each example assumes that the Participant is working under a DGA collective bargaining agreement.

EXAMPLE 1

Participant A is paid a total of \$46,800 in covered earnings during the calendar year 2025. Participant A receives 11 CSMs for 2025 under the Basic Plan ($\$46,800 / \$4,100 = 11$ CSMs with no rounding). Under the prior Basic Plan provisions, Participant A would have earned 12 CSMs for 2024 ($\$46,800 / \$3,900 = 12$ CSMs with no rounding).

EXAMPLE 2

Participant B is paid a total of \$55,000 in covered earnings during the calendar year 2025. Participant B receives 12 CSMs for 2025 under the Basic Plan ($\$55,000 / \$4,100 = 13$ CSMs with no rounding but capped at 12 CSMs/year). Under the prior Basic Plan provisions, Participant B would also have earned 12 CSMs ($\$55,000 / \$3,900 = 14$ CSMs with no rounding but capped at 12 CSMs/year).

It is important to note that your Pension benefits accrued to date are protected by law and cannot be decreased.

If you have any questions regarding these changes to the Plan, please contact the Pension Department at **(877) 866-2200, extension 404**.

Dated: December 13, 2024

This notice is being provided to you in accordance with section 204(h) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and section 4980F of the Internal Revenue Code of 1986, as amended, and is provided to all affected plan participants and alternate payees and employee organizations. This notice also constitutes your summary of material modifications as required by section 104(b) of ERISA and should be kept with your copy of the Plan's summary plan description and other important plan documents.