



## BENEFITS BREAKDOWN: HEALTHCARE COVERAGE FAQs

### WGA, DGA, and SAG-AFTRA

WGA, DGA, and SAG-AFTRA all have established multi-employer-sponsored health plans, which are bargained for with employers and administered by boards of trustees composed of an equal number of representatives from each union and employers, including the AMPTP's Member Companies. The boards make decisions regarding their respective health plan benefit structures. These health plans offer top-tier benefits, including zero or low participant premiums, minimal cost-sharing, low dependent costs, comprehensive prescription coverage, and early retiree eligibility. Amid rising healthcare costs (driven by inflation, among other factors), AMPTP Member Companies remain committed to partnering with the Guilds to ensure their health plans are properly structured and funded.

To place the different aspects of these health plans in context, this industry information sheet compares their costs and features with those of other employer-sponsored health plans of similar size and scope. Leading global research firms – Mercer, Milliman, and Anthem – provide this benchmarking through annual surveys that analyze national data, offering employers insights into market norms to navigate a complex and evolving healthcare landscape.

### What healthcare coverage options do WGA, DGA, and SAG-AFTRA plan participants have?

Plan participants can choose their healthcare options and providers, as all three unions offer PPO plans that do not require a referral from a primary care provider for covered doctor visits.

### How much does it cost the plans to provide coverage per participant?

In multi-employer-sponsored health plans, the average annual cost is calculated by taking the total benefit expenses (i.e., what is paid to doctors, hospitals, etc.) divided by the total number of participants, regardless of the type of coverage. While the **national average for a single PPO plan in 2024 was \$13,501<sup>1</sup>**, the **average annual cost to provide health insurance coverage per participant in WGA, DGA, and SAG-AFTRA plans in 2024 was:**

**WGA: \$22,251 | DGA: \$19,218 | SAG-AFTRA: \$19,277**

### How are plan benefits funded?

Under applicable collective bargaining agreements, employers are required to contribute to the plans. These contributions are a percentage of the employee's gross compensation, subject to caps, which are paid by employers into the plans. **Current employer contribution rates** per plan participant are:

**WGA: 13.00% | DGA: 11.25% | SAG-AFTRA: 9.31%**

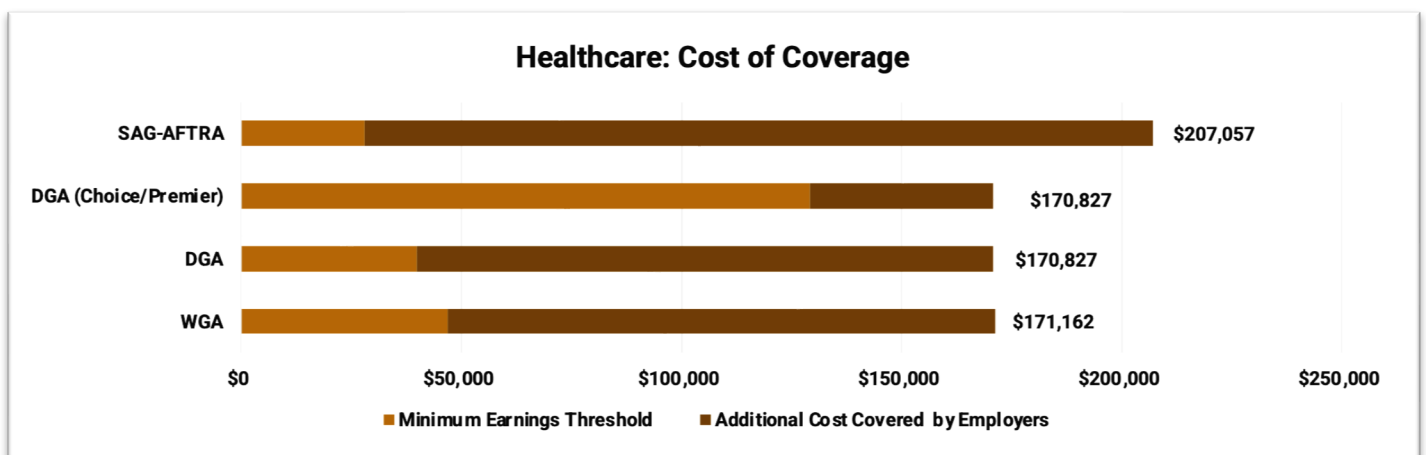
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<sup>1</sup> According to Milliman's *Multiemployer Health and Welfare Fund Statistics*, which provides [data](#) on plan income and expenses per participant for plans with between 5,000 and 19,999 participants.

## Who is eligible for healthcare coverage, and what are the annual earnings required for employer contributions to cover the actual cost of coverage?

Anyone who works under the WGA, SAG-AFTRA, and DGA's collective bargaining agreements and earns over certain thresholds is eligible for healthcare benefits. However, based on current employer contribution rates, an employee must earn significantly more than the minimum qualifying amount for their employer's contributions to fully cover the cost of their health benefits. While the gap between contributions made on individual employees and the actual cost of benefits for those employees is partially subsidized by employer contributions on both high-earners and employees that don't reach eligibility thresholds to qualify for benefits, the current size of the average gap per employee is placing pressure on the overall funding of the plans and cannot be sustained over the long term.

- The minimum earnings threshold for a **WGA** plan participant to qualify for healthcare benefits is \$46,759 (equal to the WGA minimum for a one-hour network prime-time story and teleplay). *But to cover the full cost of their health benefits (\$22,251), they would need to earn \$171,162.*
- The minimum earnings threshold for a **DGA** plan participant to qualify for healthcare benefits (effective 1/1/26) is \$41,215 (\$133,670 for Premier Choice Plan). *But to cover the full cost of their health benefits (\$19,218), they would need to earn \$170,827.*
- The minimum earnings threshold for a **SAG-AFTRA** plan participant to qualify for healthcare benefits is \$28,090 (or 108 days worked). *But to cover the full cost of their health benefits (\$19,277), they would need to earn \$207,057.*

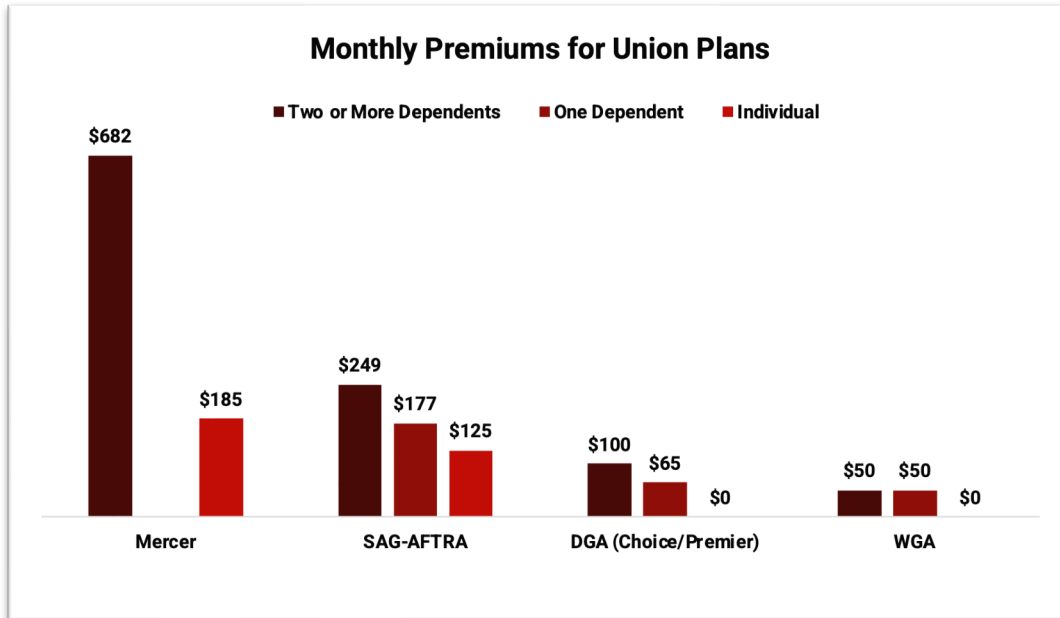


## What are the current premiums plan participants pay in each union's health plan, and how do they compare to single-employer plans?

Throughout the healthcare marketplace, employees typically pay premiums as a condition of participation in their health benefit plan. Premiums are a "price of admission"

to participate in a plan, separate and apart from out-of-pocket expenses like copays or deductibles that are payable within the benefits structure.

Premiums for participants in entertainment industry plans are **substantially lower** than those paid by employees in single-employer corporate plans: WGA and DGA plan participants receive individual coverage with no premiums, while SAG-AFTRA plan participants contribute \$125 per month toward their coverage.



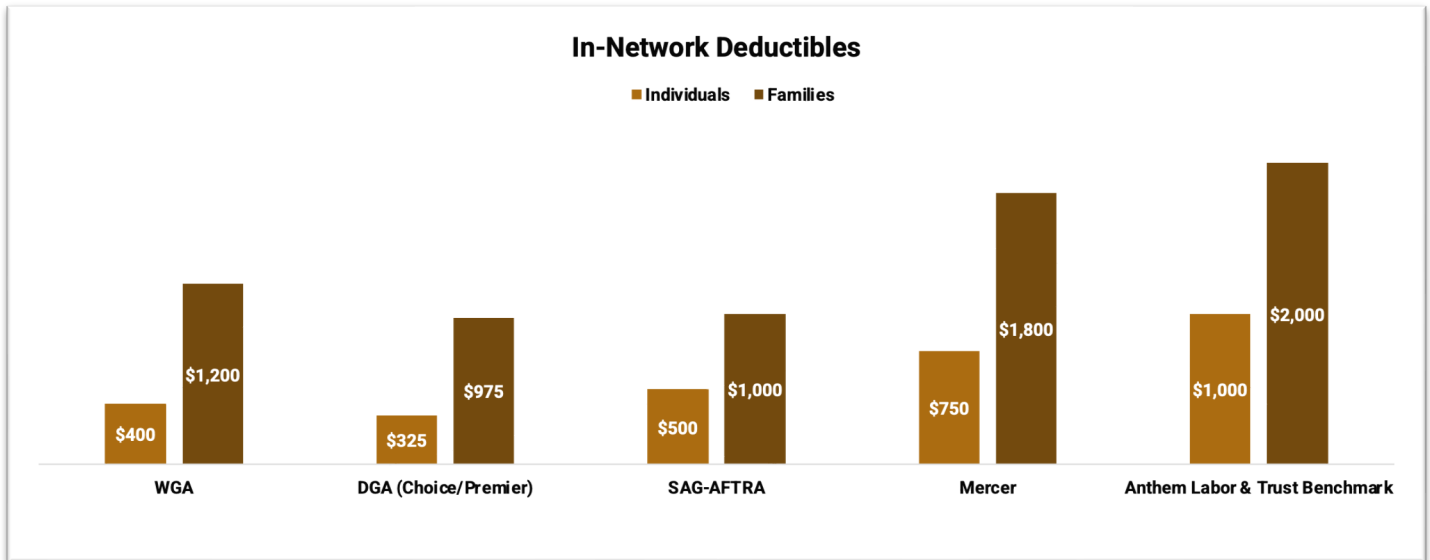
*\*Union data for 2025. Mercer data from Mercer's National Survey of Employer-Sponsored Health Plans (2024) (the "Mercer Benchmark"). Full report available for [purchase](#). Mercer data unavailable for One Dependent; Mercer "family" metric as Two or More Dependents includes four people (employee, spouse, and two children).*

### **What are the current deductible rates for each union's health plan, and how do they compare to similar large employer plans? What about annual deductible rates for family members and dependents?**

Deductibles are the annual amount paid for out-of-pocket expenses for covered healthcare services before insurance starts sharing the costs. After a deductible is met, the insurer typically pays a larger portion, if not all, of the expenses. A dependent is a person, such as a child or spouse, who is covered under a health insurance plan in addition to the policyholder (i.e., employee beneficiary) and relies on it for their healthcare benefits.

WGA, DGA, and SAG-AFTRA plan participants not only enjoy **substantially lower deductibles** than participants in single-employer plans, but their deductibles also compare very favorably against other union plans across all industries.

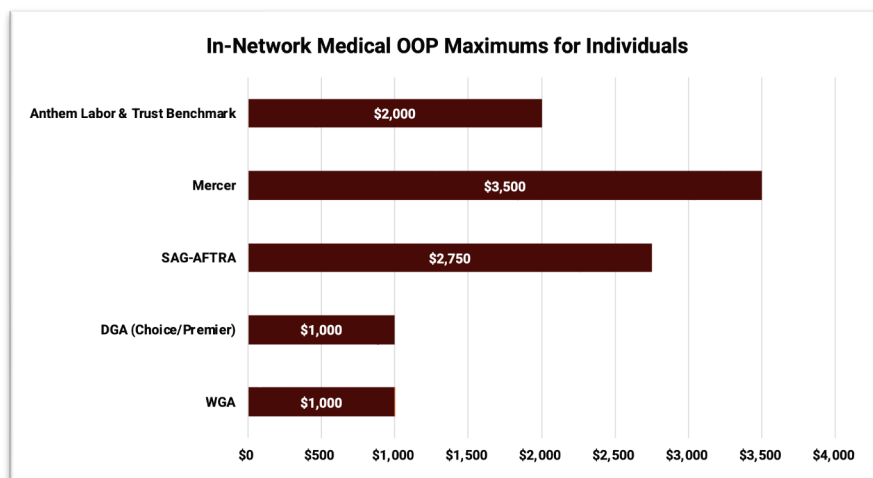
In the chart below, the Mercer Benchmark reflects deductible levels in single-employer plans, while the Anthem Labor & Trust Benchmark illustrates the average participant deductibles in other multi-employer union-sponsored health plans nationwide.



\*Union data for 2025. Mercer data from Mercer’s National Survey of Employer-Sponsored Health Plans (2024) (the “Mercer Benchmark”). Full report available for [purchase](#). Anthem data from [Anthem Labor & Trust Benchmark](#) is not publicly available. Effective January 1, 2027, for all DGA coverage levels other than the Bronze Plan, in-network deductibles will increase to \$400 per individual and \$1,200 per family.

**What are the current medical out-of-pocket maximums for individuals’ in-network costs, and how do they compare to similar large employer plans?**

A medical out-of-pocket maximum is the most one will pay during a plan year for covered services; once reached, insurance pays 100% of eligible expenses. In 2025, compared to the Mercer Benchmark, SAG-AFTRA, DGA, and WGA plan participants **face lower maximums** than participants in single-employer corporate plans. Further, the Anthem Labor & Trust Benchmark shows that only the SAG-AFTRA Plan has a maximum that aligns with or exceeds averages among multi-employer union-sponsored plans.





### **What is extended eligibility? Do any union plans offer it?**

Extended eligibility refers to healthcare coverage that can be accrued by plan participants who meet certain annual earnings thresholds, allowing them to retain benefits beyond the standard eligibility period. This provides continued coverage, in addition to statutory COBRA benefits, during lower-earning periods when earnings are insufficient to qualify.

<b>WGA:</b> 5 years maximum extended eligibility	<b>DGA:</b> 3 years maximum extended eligibility	<b>SAG-AFTRA:</b> No extended eligibility
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### **How does retiree coverage compare to similar large employer plans?**

Some large employers offer health insurance coverage to eligible retirees. Even employees who have this option available may experience a gap in coverage or find it challenging to obtain coverage if they retire before reaching Medicare eligibility at age 65. Only 17% of employers with 500 or more employees offer health coverage to pre-Medicare-eligible retirees, while 13% offer health coverage to Medicare-eligible retirees, according to the Mercer Benchmark. The DGA and WGA Plans both offer coverage to pre- and Medicare-eligible retirees, while SAG-AFTRA maintains a Health Reimbursement Account (HRA) to pay for plan participants' eligible expenses that are not covered by any other plan (i.e., when Medicare is their primary form of insurance).