

FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants Volume 19, No. 2 Fall 2009

MPI HEALTH PLAN IS HERE TO HELP

This issue of For Your Benefit is designed as a resource guide to help you get the information you need to manage your health benefits, whether in relation to the recent coverage modifications implemented in August or to anything else associated with your health plan.

Our goal is to help you get answers to your questions and provide feedback to your concerns efficiently and effectively. We have multiple options – online around the clock, on the phone and in person – to help you understand how to best access your health care and to use your benefits in the most cost-effective manner.

WEB SITE UPGRADES IMPROVE ACCESS TO HEALTH PLAN INFORMATION

The MPI Health Plan access on the MPIPHP Web site is now faster, the registration process is easier and services have been expanded to help you, the Participant, to accomplish more of what you need online. It's one-stop, self-service support at your convenience, 24 hours a day, seven days a week.

To see for yourself, visit www.mpiphp.org. For your own security, you will have to register if you are accessing personal information, but other information is available without logging in. The new login process is quick and easy and you'll be on your way.

One-stop, Self-service Support at www.mpiphp.org

Many of the forms you need to manage your health benefits can be downloaded and printed from our Web site, as can past issues of *For Your Benefit* and your *Summary Plan Descriptions*. You can even send an e-mail to an MPI Health Plan department, offer feedback about the site or link up to necessary resources, including the health plan providers and other health benefit sites.

Secure Access to Personal Information

Your privacy is a primary concern to the MPI Health Plan, so if you are accessing your personal health information, you will be required to log in using your Social Security Number. Registration is now as easy as 1 - 2 - 3 - 4!

If you haven't already registered, select the sign-up button and follow the guide. If you have already

signed up, you will need to re-register, but the sign-up process will take only about five minutes.

When you have successfully logged in, the Welcome screen will appear, greeting you by name and offering you confidential access to personal information in some or all of the following categories.

1. Dependent Information
2. Recent Contributions
3. Eligibility History
4. Personal Information
5. Medical/Dental Enrollment
6. Request Replacement Health Benefit Card
7. View Claims Information - *New!*
8. Web Profile - *New!*

Eligible Health Plan dependents age 18 and over now have online access to their health information by registering using their own Social Security Numbers (SSNs). Participants and their spouses are also able to view any information pertaining to their dependent children under the age of 18. Participants, however, are the only ones who may request additional benefit cards.

Web Site Health Content is Expanded

A number of improvements have been made throughout the Web site, but particularly important are the additions in the area of Claims Information

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Dates to Remember

The Plan Offices will be closed in observance of the following holidays:
September 7, 2009
Labor Day
November 26 & 27, 2009
Thanksgiving

Participants Please Take Note:

As a result of unique agreements associated with mergers of various Locals throughout the years, not all of the benefits reflected in this newsletter apply to all Participants. Please refer to your *Summary Plan Description* for more information, or call the West Coast Plan Office at 818 or 310. 769.0007, ext. 244. From outside Southern California, call toll-free at 888.369.2007, ext. 244.

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for those Participants covered under the MPIHP/Blue Shield plan:

- Participants and their eligible dependents age 18 and older can now view their own medical claims online 24 hours a day. Access is available for *any claims submitted over the last seven years!* Participants and their spouses

have the same access to a summary of claims made for their eligible minor dependent children.

- Explanations of benefits (EOBs) for claims processed during the past year are now available 24/7 online by clicking on the Claim ID number. This will allow you to *view the EOB as it was originally processed.*

Download Adobe Acrobat Reader Free

You'll need Adobe Acrobat Reader to view, download, search and print forms and other communications at www.mpiphp.org. Download the program at no cost at: <http://get.adobe.com/reader/otherversions/>



BENEFITS COVERAGE THAT BEARS REMEMBERING

Medco By Mail is Required for Maintenance Medications

Participants who take medication(s) to stabilize an illness or symptoms of illness on a regular basis must use Medco By Mail in order to qualify for prescription drug coverage. Effective August 1, 2009, each maintenance medication can be filled and covered at a retail pharmacy only twice. **Thereafter, it must be refilled through Medco By Mail or the Participant will be responsible for 100 percent of the cost of the medication.**

To get started using Medco's mail order service, go to www.mpiphp.org/forms/claims/claims.asp and click on "Medco By Mail Order Form." Complete the forms and submit them to Medco as described, attaching your *original* prescription. If you'd like to have the forms mailed to you, call extension 251 at the West Coast Plan Office.

Contact Medco Directly

For more information, visit Medco online at www.medco.com. If you're a first-time

visitor to the Web site, take a moment to register. Have your member ID number (SSN) and a recent prescription number handy. As a registered member, you can order refills, check the status of your order and use **My Rx Choices**[®], an exclusive online tool, to find other cost-saving medication options to discuss with your doctor. You can also call Medco Member Services toll-free at 1.800.987.5247.

Prescription Benefits Must be Coordinated

The MPI Health Plan launched a prescription drug plan coordination of benefits policy effective August 1, 2009. If a dependent has other prescription drug benefits available to them, the other "non-MPI Health Plan" coverage will be considered their primary plan for coordination purposes. (This does not apply to dual-coverage couples, where each has Medco coverage through the MPI Health Plan.)

For those who do have additional coverage, the other (primary) insurance plan's instructions for purchasing medications must be followed. After that purchase, **YOU** must submit the receipt, along with a completed Medco Prescription Drug Reimbursement form, to Medco at the address on the form.

If the primary prescription plan benefits paid more than Medco would have paid toward that prescription (if Medco had been the primary plan), no additional payment will be made by Medco. (There will be no reimbursement to the Participant or eligible dependent.) If the primary plan paid less than the Medco plan would allow, you may receive a check for the difference, minus the MPIHP co-pay.

THE HELP YOU NEED IS JUST A PHONE CALL AWAY

A New, Quick-Response Call-back

Everyone can relate to waiting on hold with no end in sight. At the MPI Health Plan, that is not an issue. The new automated phone system at 818 or 310.769.0007, puts you in a queue, but it tells you your place in line and allows you to hold or request a return call from a live person.

If you don't want to wait, simply key in your telephone number and then leave a short message that includes your name, any phone extension and your Participant ID number (SSN). **The system maintains your place in the queue, so calls are returned in the order they are received.** That means you'll hear back from a Participant Services representative very quickly.

The Automated Telephone System May Be All You Need

The MPI Health Plan's automated telephone system offers convenient and easy-to-use information service around the clock.

Simply call the West Coast Plan Office at 818 or 310.769.0007. Press 7 when you hear the welcome message. All you need is the Participant's Social Security Number and the date of birth of the covered eligible. Then you'll have access to a host of information, including:

1. Participant eligibility, hours reported, bank of hours, medical plan, dental plan
2. Dependent eligibility, medical plan, dental plan
3. Phone numbers for the various medical/dental plan offices
4. COBRA information
5. Eligibility Department's voice mail



You can obtain a Medco Prescription Drug Reimbursement form from the Plans' website at www.mpiphp.org/forms/claims/claims.asp, or call extension 251 at the West Coast Plan Office.

COBRA Premium Rates Decrease

COBRA is a government program that allows workers and their families who lose their health benefits the right to choose continuation of group health benefits provided by their group health plan for limited periods of time. For MPI Health Plan Participants, in general, COBRA

rates are set once a year on January 1st to reflect the expected cost (premium) of the Plan for the coming year.

This year, as a result of collective bargaining, some benefit levels changed due to the August 1, 2009, benefit modifications, and that warranted a *reduction* in the COBRA rates for Participants. This is a one-time, off-calendar rate change that will impact COBRA rates through the end of the calendar year. The rates will be reviewed and set again to be effective January 1,

2010, and adjusted as appropriate for the expected costs and anticipated utilization in calendar year 2010. As in the past, they will then be set annually on each January 1 thereafter.

For more information about COBRA, see page 16 of the *Active Health Summary Plan Description*, or page 10 of the *Retiree Health Summary Plan Description*. A copy of the current rate chart is available at www.mpiphp.org/forms/eligibility/COBRA_RATES_2009_1.pdf

GETTING THE MOST FROM YOUR MPIHP BENEFITS

Choose Your Health Coverage Wisely

As a Plan Participant, you have choices when it comes to your health benefits. Services covered and out-of-pocket costs vary depending on the plan you select, so it's important for you to give serious and calculated consideration to all your options.

Your Health Plan Options

- Southern California/West Coast residents:
 - The MPIHP/Blue Shield plan, which includes the six MPTF Health Centers
 - Health Net and Kaiser, health maintenance organizations (HMOs)
- East Coast residents:
 - The MPIHP/Blue Shield plan
 - The Oxford point of service (POS) plan

Reviewing Your Options

The choice of a health plan is a very personal decision, based on your unique health care needs as well as those of your dependents, your individual preferences, and your financial situation.

The MPI Health Plan Directors make no recommendation regarding these health plan options, but make them available to give Participants choices to more closely align with their individual needs. Open enrollment for Health Net, Kaiser and Oxford is held each year during the month of July, but Participants may choose to enroll in the MPIHP/Blue Shield plan at any time throughout the year.

To review the details of these various health plans, reference the 2007 Active and Retiree Health Summary Plan

Descriptions in combination with information contained in the Summer 2009 *Plan Update* that explains recent benefit changes. They are all available on the Plans' Website at www.mpiphp.org.

Stay Within Your Network To Save

Your provider decisions can make a significant difference to you when it comes to how much you will pay out of your own pocket. With the HMO options, you must stay within their network of providers to maintain your coverage. With the MPIHP/Blue Shield and Oxford plans, you have a choice, but your costs will be

substantially lower if you choose to use contracted network providers.

The same is true for use of your behavioral health, chiropractic, dental, vision and prescription drug benefits. Stay within the networks to keep your out-of-pocket expenses low. If you go outside the networks, you will shoulder more of the financial responsibility, and in some cases, all of it.

Always be safe. Check with your plan to ensure your provider is in their network and that the services you're requesting are covered. (See network provider references below.)

Network Information Resources

Health Plan Networks

Blue Shield of California	www.blueshieldca.com	888.568.3560
Health Net	www.healthnet.com	800.522.0088
Kaiser Permanente	www.kaiserpermanente.com	800.464.4000
MPTF Health Centers	www.mptvfund.org	800.876.8320
Oxford Health Plans	www.oxfordhealth.com	800.444.6222

Chiropractic Network

American Specialty Health (ASH Network)	www.ashcompanies.com	800.678.9133
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Dental Plan Options

Delta Dental PPO	www.deltadentalca.org	888.335.8227
DeltaCare USA	www.deltadentalca.org	800.422.4234

Medco Prescription Drug Network

	www.medco.com	800.987.5247
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OptumHealth Behavioral Solutions

(formerly PacifiCare Behavioral Health)	www.PBHI.com	888.661.9141
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Vision Service Plan (VSP)

	www.vsp.com	800.877.7195
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PLAN UPDATE

Update to Your Summary Plan Description

Fall 2009

This Plan Update contains important information about your rights under the Motion Picture Industry Pension and Health Plans and under ERISA. Please keep it with your *Summary Plan Description* for future reference.

MPIHP/BLUE SHIELD HEALTH PLAN OUT-OF-POCKET COSTS AT-A-GLANCE

Effective August 1, 2009

STAY WITHIN THE NETWORK

The MPI Health Plan is committed to helping Participants use their health benefits cost-effectively to save you unnecessary out-of-pocket expense. For those who choose the MPIHP/Blue Shield plan, there is a choice of providers. However, the use of in-network providers is the key to keeping your health coverage more affordable.

This At-a-Glance reference sheet will help you understand your financial responsibilities based on using network versus non-network physicians and other health professionals. In-network providers include the expansive national Blue Shield network, and in the Los Angeles area, the Motion Picture and Television Fund (MPTF) health centers and their large network of referral providers. (This information does not apply to Health Net, Kaiser or Oxford Participants unless otherwise stated.)

Co-insurance Responsibilities

Co-insurance represents the share of costs that the Plan covers for various health services. The Participant pays the balance of charges up to an annual out-of-pocket maximum. (See *Out-of-Pocket Limits below*.)

Co-insurance Levels Paid by MPIHP

Effective August 1, 2009

Hospital in-network	90%
Hospital out-of-network	50%
Professional in-network	90% of Blue Shield allowed
Professional out-of-network	50% of the 70th percentile of the allowable amount

Note: In-network means either Blue Shield or MPTF providers.

Out-of-Pocket Limits

The out-of-pocket limit represents the maximum annual financial exposure for an individual, whether Participant or dependent, excluding co-pays for covered services.

Annual Out-of-Pocket Limits for Participants

Effective August 1, 2009

Hospital & Professional in-network	\$1,000
Professional out-of-network	No Limit
Hospital out-of-network	No Limit

Note: In-network means either Blue Shield or MPTF providers.

Co-pays

A Co-pay is the pre-determined flat fee a Participant or eligible dependent must pay prior to any payment of benefits by the MPI Health Plan.

Office Visit Participant Co-pays

Effective August 1, 2009

In MPTF Service Area, using MPTF providers	\$5 co-pay
In MPTF Service Area, using Blue Shield Providers	\$30 co-pay
In MPTF Service Area, using non-Blue Shield Providers	\$30 co-pay
Outside MPTF Service Area, using Blue Shield providers	\$15 co-pay
Outside MPTF Service Area, using non-Blue Shield Providers	\$15 co-pay

Note: Office visit co-pays apply to all doctor, physical therapy and acupuncture visits, and to the annual physical exam benefit.

Please take note: As a result of unique agreements associated with mergers of various Locals throughout the years, not all of the benefits reflected in this newsletter apply to all Participants. Please refer to your *Summary Plan Description* for more information, or call the West Coast Plan Office at 818 or 310.769.0007, extension. 244. From outside Southern California, call toll-free at 888.369.2007, extension. 244.

Additional Health Plan Co-pays

- Emergency Room co-pay: \$100 (waived if admitted to the hospital from the emergency room)
- Hospital admission co-pay: \$100 (excluding outpatient surgeries and including at least one overnight stay)

Prescription Drug Plan Modifications

Affects All Plan Participants who have the benefit, including Health Net, Kaiser and Oxford Participants

- **Coverage Exclusions/Limitations:** The prescription drug benefit does not cover Proton Pump Inhibitors (PPIs) and Non-sedating Antihistamines (NSAs). PPIs are for the treatment of heartburn/acid reflux, such as Nexium and Prevacid, and NSAs are drugs such as Clarinex. Participants must use the over-the-counter options.

- **Brand vs. Generic:** If a patient wants a brand name drug when an approved generic is available, he or she must pay the generic co-pay plus the cost difference between the generic and the brand.
- **Maintenance Medications:** Two fills are allowed by a retail pharmacy for each maintenance medication. Mandatory mail-order through Medco By Mail is required for all refills thereafter.

Prescription Drug Plan Co-pays

The chart below shows the prescription drug co-pay levels that apply to all Participants who have the MPI Health Plan prescription drug benefit administered by Medco.

Prescription Drug Co-pays		
Effective August 1, 2009		
<i>Co-pays are listed in order for generic, preferred brand and brand name drugs</i>		
Participant Type	Category	Co-pay
Active	Retail Pharmacy (up to a 30-day supply)	\$10 / \$25 / \$40
	Mail Order (up to a 90-day supply)	\$25 / \$65 / \$100
Retiree	Retail Pharmacy (up to a 30-day supply)	\$5 / \$20 / \$30
	Mail Order (up to a 90-day supply)	\$12 / \$50 / \$75

Note: The MPI Health Plan has a coordination of benefit policy for prescription drug coverage that impacts Participants who have additional coverage. Dual-coverage couples, where each has coverage through the MPI Health Plan, will not be impacted.

Network Information Resources for MPIHP/Blue Shield Plan Participants		
MPTF Health Centers Customer Service	www.mptvfund.org	800.876.8320
Blue Shield of California	www.blueshieldca.com	888.568.3560
Chiropractic Network		
American Specialty Health	www.ashcompanies.com	800.678.9133
Dental Plan Options		
Delta Dental PPO	www.deltadentalca.org	888.335.8227
DeltaCare USA	www.deltadentalca.org	800.422.4234
Medco Prescription Drug Network	www.medco.com	800.987.5247
OptumHealth Behavioral Solutions (formerly <i>PacifiCare Behavioral Health</i>)	www.pbhi.com	888.661.9141
Vision Service Plan (VSP)	www.vsp.com	800.877.7195

West Coast Plan Office (Main Office)

11365 Ventura Boulevard
P.O. Box 1999

Studio City, CA 91614-0999

Main Phone: 818 or 310.769.0007

Outside So. California: 888.369.2007

Main Fax: 818.508.4714

New York Office

145 Hudson Street
Suite 6A

New York, NY 10013-2103

Main Phone: 212.634.5252

Toll Free: 888.758.5200

Main Fax: 212.634.4952



MPIPHP Department Resources

West Coast Office:
818 or 310.769.0007

Outside of Southern California:
888.369.2007

Participant Services

Extension 244 7 a.m. to 5 p.m.
Benefits Changes Inquiries
Case Management
Claims Inquiries
Health Benefits

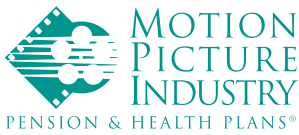
Eligibility Department

Extension 263 8 a.m. to 5 p.m.
Address Changes
Adding Dependents
Plan Enrollments

Pension Department

Extension 627 8 a.m. to 5 p.m.
Benefit Estimate Statements
Death Benefit
Pension History Print-outs
Refund of Employee Contributions
Retirement

Check out our website at
www.mpiphp.org



P.O. Box 1999, Studio City, CA 91614-0999

Electronic Service Requested



WE THOUGHT YOU'D LIKE TO KNOW...

This newsletter contains important information about your rights under the Motion Picture Industry Pension and Health Plans and under ERISA. Please keep it with your *Summary Plan Description* for future reference.

West Coast Plan Office (Main Office)

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Website www.mpiphp.org

For Your Benefit and the *Plan Update* are published 4 times a year for Motion Picture Industry Pension and Health Plans Participants.

Please send your comments and suggestions to:
MPIP&HP
Attn: *For Your Benefit*
P.O. Box 1999
Studio City, CA 91614-0999

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9/09

Qualifying Periods for Monthly Eligibility

Eligibility for six-month benefit periods is determined on a monthly basis according to the schedule below. Continuing eligible Participants who work at least 300 Qualified Hours in a Qualifying Period will receive benefits in the next Eligibility Period. (Example: 300 hours in the Qualifying Period 12/21/08 - 6/20/09 confirms benefits coverage in Eligibility Period 9/1/09 - 2/28/10.) Additional qualification requirements apply for new Participants to qualify for Initial Eligibility. See your Summary Plan Description for details.

Qualifying Periods	Eligibility Periods
12/21/08 – 6/20/09	9/1/09 – 2/28/10
1/25/09 – 7/25/09	10/1/09 – 3/31/10
2/22/09 – 8/22/09	11/1/09 – 4/30/10
3/22/09 – 9/19/09	12/1/09 – 5/31/10
4/26/09 – 10/24/09	1/1/10 – 6/30/10
5/24/09 – 11/21/09	2/1/10 – 7/31/10
6/21/09 – 12/26/09	3/1/10 – 8/31/10
7/26/09 – 1/23/10	4/1/10 – 9/30/10
8/23/09 – 2/20/10	5/1/10 – 10/31/10
9/20/09 – 3/20/10	6/1/10 – 11/30/10
10/25/09 – 4/24/10	7/1/10 – 12/31/10
11/22/09 – 5/22/10	8/1/10 – 1/31/11
12/27/09 – 6/19/10	9/1/10 – 2/28/11