

# FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Volume 15, No. 3

Fall 2005

## DISEASE MANAGEMENT BENEFIT WILL FOCUS ON DIABETES INITIALLY

Diabetes is a disease with major consequences if it is not managed carefully. Serious complications can include heart disease and stroke, blindness, kidney disease, nervous system disease, amputations and premature death. The good news is that it can be controlled and the risk of those complications significantly lowered.

**T**hat's why diabetes management will be the initial focus of the new MPI Health Plan Disease Management program scheduled for introduction in January 2006. The program will ultimately be expanded, with support for other chronic diseases phased in over time.

### A NURSE WILL HELP PATIENTS MANAGE DIABETES

Once diagnosed by a physician, patients learn what needs to be done in order to control chronic disease. In the case of diabetes, that "what" involves a great deal of self-management. It also requires self-motivation and behavioral change, and that's what presents the real challenge. How does a diabetic adapt? What steps must be taken? How do you change your bad habits?

It may be self-management, but that doesn't mean doing it alone. The MPI Health Plan has enlisted the help of the Motion Picture & Television Fund (MPTF) to offer these Participants and eligible dependents the support of a personal health "coach." This coach is a specially-trained registered nurse who will work closely with them over the telephone to follow doctor's orders for their disease in order to achieve their individual goals. The RN health coach will also support communication with the Participant's physician.

For individuals who are diabetic, this support can range from practical approaches to regulating blood sugar and blood pressure to tips on motivating oneself to exercise daily. In the role of coach, the registered nurse is a motivator and instructor, a professional willing to listen and address questions and concerns.

## GET INVOLVED IN CHRONIC DISEASE MANAGEMENT

The Disease Management benefit will be available to diabetics beginning in January 2006. There is no charge to MPI Health Plan Participants who enroll in this program.

### For further information:

Motion Picture & Television Fund  
Disease Management Coordinator  
Toll Free

866.959.9212

### SAYING IS EASY — DOING IS HARDER

Any health improvement effort includes healthy eating and regular exercise. But how to modify behavior and incorporate those lifestyle changes is challenging. The Disease Management nurse can provide some practical tips to arrange your world for success. He or she will help with step-by-step procedures that simplify change and ease healthy practices into your lifestyle.

### GETTING INVOLVED IS EASY

*Within the next few months, Participants who have been identified as diabetics will receive notification of their eligibility to participate. The letter will be followed by a call from MPTF to schedule a phone appointment for initial assessment of their diabetes self-management.*

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## Dates to Remember

The Plan Offices will be closed in observance of the following holidays:

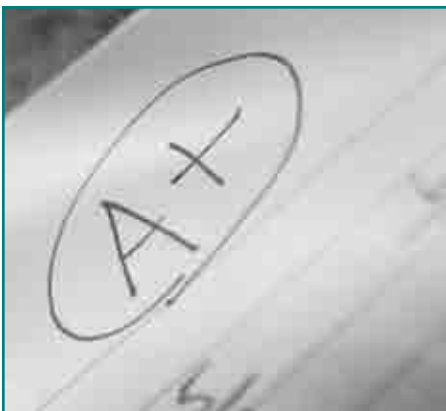
**Christmas**  
December 26, 2005

**New Years**  
January 2, 2006

**President's Day**  
February 20, 2006

## Participants Please Take Note:

As a result of unique agreements associated with mergers of various Locals throughout the years, not all 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: 888.369.2007, ext. 244.



## MPTF RANKS AMONG THE TOP THREE IN CALIFORNIA

Rave reviews in the 2005 California Consumer Assessment Survey have ranked Motion Picture & Television Fund (MPTF) and its Industry Health Network higher than any other health care provider in Southern California, and as one of the three top-rated medical groups statewide. MPTF is one of the MPI Health Plan Participants' top-choice providers.

Over 50,000 responses assessing 159 medical groups in California were tallied to rate consumer confidence in six areas:

1. Overall care
2. Personal doctor or nurse
3. Specialist most often seen
4. Timeliness of care and service
5. Ease of access
6. Doctor-patient communication

"The hard-working people who dedicate their careers to the entertainment industry have many choices when it comes to health care," said David Tillman, M.D., MPTF President and CEO. "This endorsement by the very people we serve demonstrates that, not only are MPTF physicians and staff delivering the highest level of care and service, but also we are succeeding in our mission to take care of our own."

## FOR MEDICARE-ELIGIBLE PARTICIPANTS: DON'T LET MEDICARE PART D OVERWHELM YOU!

If you are Medicare-eligible, your mailbox has no-doubt been overflowing this fall with prescription drug coverage information from Medicare and other health plans offering some version of the new Medicare Part D benefit. Your television, radio and newspaper have been equally aggressive in calling your attention to the topic.

*If you're a Participant eligible for the MPI Health Plan prescription drug benefit, you've also received comprehensive information from us explaining that you do not need to join Medicare Part D.*

Sorting through all the information can be overwhelming and confusing. But it doesn't need to be. If you are covered by the MPI Health Plan, your prescription drug benefit is, in the vast majority of cases, significantly better than that available through any of the Medicare Part D plans. Because of that, you do not need to sign-up for any of the Part D plans being offered.

You can set all that paper aside and know your prescription drug costs will continue to be covered through the MPI Health Plan. Your decision not to enroll in Part D does not impact your Medicare Part A or B coverage. You do not need to respond to Medicare or any of the health plans regarding signing up for Part D, and you do not need to respond to the MPI Health Plan.

The one piece of paper to pull from the others and store in a safe place is the *Notice of Creditable Coverage* mailed to all Medicare-eligible Participants from the MPI Health Plan in late October/early November. That document will protect you from any Medicare late sign-up penalties should you for any reason choose to enroll in Medicare Part D at a later date. Because Medicare recognizes that you currently have coverage that is equal to or better than that offered through Medicare Part D, they waive the penalty assessed to others who sign



up after the initial November 15, 2005, to May 15, 2006, enrollment period.

It is important to remember that if you enroll in Medicare Part D, you will automatically lose your MPI Health Plan prescription drug benefits once the Medicare coverage becomes effective. You will not lose any of your other MPI Health Plan benefits.

If you sign up for any Medicare prescription drug coverage, mistakenly or otherwise, you may disenroll at any time. Once the Plan receives an official Medicare disenrollment notice, you will once again be covered by MPI Health Plan, if you are still eligible for the prescription drug benefit.

If you have any questions or are having difficulty making your decision, you may contact the Plan or Medicare.

For questions about your MPI Health Plan benefits, please call us at 818 or 310.769.0007, ext. 244, or outside Southern California, call toll free 888.369.2007, ext. 244. Visit our website at [www.mpiphp.org](http://www.mpiphp.org).

For questions about the Medicare prescription drug benefit, call Medicare at 1.800.633.4227 (1.877.486.2048 if you're hearing impaired) or visit the Medicare website at [www.medicare.gov](http://www.medicare.gov).

# GENERIC VERSUS BRAND NAME:

## *Why Pay More When You Don't Need to?*

When people hear the word “generic” they sometimes think “inferior,” but that is simply not the case when the term is used in conjunction with prescription medication.

Generic prescription medications are less expensive for a variety of reasons, but the Food and Drug Administration (FDA) requires that they be therapeutically equivalent to brand name products. Generic drugs must:

- Have the same active ingredients
- Be identical in dosage strength and method of administration

- Be used for the same medical conditions
- Be manufactured under the same strict standards as the brand name drugs they mimic

So, why then do generic drugs look different and cost less? In the United States, trademark laws do not allow a generic drug to use the same brand name or to look exactly like the original drug. To achieve that differentiation, colors, flavors and certain other inactive ingredients vary.

As to cost, brand name drugs are the “innovators.” The development, testing and marketing expense

associated with getting these new medications on the market is very high. For their investment, the developer receives a 17-year patent that precludes any other company from producing the same product, so they are able to charge more to recoup their costs. Once the patent expires, however, others are able to mass produce a generic version of the drug priced much lower.

Currently, only about 40 percent of all prescription drugs dispensed in the United States are generic, even though the costs are considerably lower. Certainly there are more brand name drugs being introduced than ever before. But advertising, coupled with the ill-informed negative perception associated with generics, play a major role as well.

At a time when prescription drug costs are increasing at a rate of approximately 15 percent per year – five times the rate of inflation – it’s important to understand the value of generics and to consider them an option whenever possible. They are a cost-effective alternative that provides equivalent clinical results and considerable savings for your pocketbook *and* for the Plan. The co-payment for generic drugs is always the lowest.

Next time you fill a prescription, be sure to ask about the generic alternative. Why pay more when you don’t need to?

### Brand Name Drugs Slated for First Time Generic Introduction

The brand name drugs listed below are among the top 25 prescription medications used by MPI Health Plan Participants.

Brand Name	Generic Name	Treatment Purpose	Anticipated Introduction Date
Zocor®	Simvastatin	High Cholesterol	2006
Zoloft®	Sertraline	Depression	2006
Ambien®	Zolpidem	Insomnia	2006
Allegra®	Fexofenadine*	Allergies	September, 2005
Mobic®	Meloxicam	Arthritis	2006
Lexapro®	Escitalopram	Depression	2006
Pravachol®	Pravastatin	High Cholesterol	2006
Zithromax®	Azithromycin	Bacterial Infections	2005-2006

\* Already introduced in September, 2005

## INITIAL DISEASE MANAGEMENT BENEFIT WILL FOCUS ON DIABETES

*continued from page 1*

### CLOSELY GUARDING PARTICIPANT PRIVACY

Privacy of each individual’s personal medical information is closely protected. No information provided to the disease management clinical program provider will be communicated back to employers, unions or any other organization. The data is strictly confidential and will be used only to determine whether the program may be able to support the individual in the management of his/her disease or condition.

### MANAGING EFFORTS TO MEET YOUR NEEDS

*Cheryl Evans-Cobb, R.N., Disease Management Program Manager*

Cheryl Evans-Cobb’s love of patient teaching is the perfect fit in her new position as manager of the Disease Management program at the Motion Picture & Television Fund. A graduate of the Los Angeles County-USC Medical Center School of Nursing, Cheryl has 25 years of extensive emergency medicine, ambulatory care and critical care experience. She has a unique understanding of the entertainment industry lifestyle, as she is married to an editor and has a background that includes live music and television production.

## Direct Deposit Saves Retirees in Wake of Hurricanes

They say “neither rain, nor sleet, nor dark of night shall stay this courier from his appointed rounds.” Of course, dedicated or not, the U.S. Post Office didn’t count on Hurricanes Katrina, Rita or Wilma, or any of the other natural disasters that can prevent mail delivery.

At a time when access to your money is most important, a delay in delivery of a pension check can be devastating, as was the case for some of our Participants. Although the Plan worked closely with those Participants to help resolve the problems as quickly as possible, the simple answer for the future is Direct Deposit.

Currently, more than 80 percent of retirees are taking advantage of the option of having their monthly pension checks electronically deposited into their checking or savings accounts. (Unfortunately, payments cannot be deposited into a trust account.)

Direct Deposit is a safe and convenient method of delivery of pension payments. The electronic deposit cannot be lost or stolen, as is possible with a check that is mailed. For the most part, it can’t even be delayed. As a matter of fact, the money is available to the Participant no later than the first day of each month, and earlier if the first falls on a weekend or holiday.

To be prepared for what tomorrow might bring, be sure to sign up for Direct Deposit today.

### Sign Up for Direct Deposit Today

#### The process is simple:

- Call us at 818 or 310.769.0007 ext. 627, to receive a Direct Deposit Authorization form. If you are calling from outside Southern California, call us toll free at 888.369.2007, ext. 627.
- Complete the form as indicated and mail it to the Plan Office in the business reply envelope provided.
- Your pension payment electronic deposits will begin within 30-60 days.

# HAVE YOU BEEN A VICTIM OF BILLING ERRORS?

Most doctors, health care providers, laboratories and pharmacies bill the MPI Health Plan accurately. However, billing errors do occur, and the MPI Health Plan may be charged for services you never received.

The Plan is constantly reviewing claims for appropriateness and accuracy, but you can help identify errors. Be sure to closely examine all explanation of benefits forms (EOB’s) you receive when they arrive. A few questions to ask yourself when reviewing the statement:

- Is it a provider you know has been involved in your care? (There are certain providers you may never have met, but who will bill separately, such as radiologists and pathologists.)
- Is the service date correct?

**Please Note:** If you have chosen a Health Maintenance Organization (HMO) or Point of Service (POS) plan for your health plan coverage, you will *not* receive explanation of benefit forms.

#### If you suspect billing errors, we ask that you:

- **Call your health care provider and confirm the accuracy of the billing.**  
For privacy purposes, your EOB will not include detail about the services you received, so you must get that information from your provider.
- **Send a copy of your EOB, along with a letter explaining the discrepancy, to:**  
**MPI Health Plan Claims Department**  
**P.O. Box 1999**  
**Studio City, CA 91614-0999**

Your cooperation and vigilance will help the MPI Health Plan maintain your high quality benefits.

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## Do Your Homework.

### *Don’t Let Surgery Costs Catch You by Surprise!*

Surgery is often a necessary part of health care treatment and is an MPI Health Plan covered benefit in most situations. If your surgery is elective, be sure you’ve done your homework to ensure that the treatment and the providers meet Plan requirements for maximum coverage.

Don’t wait until after surgery to find out you’re liable for a large portion of the costs.

Even when you’ve received Plan preauthorization indicating that the surgery is a covered benefit, there could be significant out-of-pocket costs. In order to limit your personal expense, confirm with your surgeon’s office that all the contracted professionals (surgeons, anesthesiologists, etc.) and the facilities (hospital and/or surgical suite) are part of the Blue Cross network.

Remember, the surgical suite to which you are referred may be in a

freestanding surgical center or may be an operating room within the doctor’s office. Even if your physician is a Blue Cross-contracted professional, the surgical facility may not be. In that situation, the Plan’s payment for the facility will cover only a portion of the charge, leaving you with a potentially major out-of-pocket expense.

For further details about your Plan coverage, see your 2004 Active or Retiree Summary Plan Description. To confirm your coverage and the extent of that coverage prior to surgery, contact:

- Your Surgeon’s office
- The MPI Health Plan, 818 or 310.769.0007. Toll free outside of So. California, 888.369.2007. Ask for Participant Services, ext. 244 or Medical Review, ext. 286.

# SUMMARY ANNUAL REPORTS 2004

## FOR THE MOTION PICTURE INDUSTRY PENSION, INDIVIDUAL ACCOUNT AND HEALTH PLANS

This is a summary of the annual reports for the Motion Picture Industry Pension Plan, E.I.N. 95-1810805, (Plan No. 001), for the Motion Picture Industry Individual Account Plan, E.I.N. 95-0030749, Plan No. 002, and the Motion Picture Industry Health Plan, E.I.N. 95-6042583, Plan No. 501, for the year ended December 31, 2004.

These annual reports have 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 Pension Plan Financial Statement**

Benefits under the Plan are provided through insurance and through a trust fund. Plan expenses were \$154,819,422. These expenses included \$14,374,899 in administrative expenses and \$140,444,523 in benefits paid to or for Participants and beneficiaries. A total of 60,821 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 \$2,105,918,510 as of December 31, 2004, compared to \$1,861,485,472 as of January 1, 2004. During the Plan Year the Plan experienced an increase in its net assets of \$244,433,038. 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 \$399,252,460 including employer contributions of \$77,160,581, realized gains of \$29,238,056 from the sale of assets, earnings from investments of \$203,133,339, transfers from other plans of \$87,955,854, and other income of \$1,764,630.

### **Basic Individual Account Plan Financial Statement**

Benefits under the Plan are provided through insurance and through a trust fund. Plan expenses were \$56,517,956. These expenses included \$8,954,118 in administrative expenses and \$47,563,838 in benefits paid to or for Participants and beneficiaries. A total of 50,185 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 \$1,471,386,650 as of December 31, 2004, compared to \$1,237,756,675 as of January 1, 2004. During the Plan Year the Plan experienced an increase in its net assets of \$233,629,975.

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 \$290,147,931 including employer contributions of \$101,016,821, realized gains of \$17,462,145 from the sale of assets, earnings from investments of \$134,243,897, transfers from other plans of \$36,750,000, and other income of \$675,068.

### **Minimum Pension and Individual Account Plans Funding Standards**

An actuary's statement shows that enough money was contributed to the Plans to keep them funded in accordance with the minimum funding standards of ERISA.

### **Health Plan Insurance Information**

The Plan has contracts with The Union Labor Life Insurance Company, Private Medical Care, Kaiser Permanente, CIGNA Life Insurance Co. of New York, PacificCare Behavioral Health, Oxford Health Plans, and Health Net to provide certain Medical, dental, vision and life insurance benefits incurred under the terms of the Plan. The total premiums paid for the Plan Year ended December 31, 2004 was \$40,715,196.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the Plan Year



ended December 31, 2004, the premiums paid under such “experience-rated” contracts were \$2,308,410 and the total of all benefit claims paid under these experience-rated contracts during the Plan Year was \$1,421,180.

### Basic Health Plan Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$190,579,922 as of December 31, 2004, compared to \$123,809,487 as of January 1, 2004.

During the Plan Year, the Plan experienced an increase in its net assets of \$66,770,435. 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. During the Plan Year, the Plan had total income of \$516,570,493 including employer contributions of \$460,209,122, Participant contributions of \$6,390,695, realized gains of \$3,788,446 from the sale of assets, earnings from investments of \$24,826,052, transfers from other plans of \$19,498,431, and other income of \$1,857,747.

Plan expenses were \$449,800,058. These expenses included \$22,978,323 in administrative expenses and \$426,821,735 in benefits paid to or for Participants and beneficiaries.

### Your Rights To Additional Information

You have the right to receive a copy of the full annual reports, or any part thereof, on request. The items listed below are included in the reports:

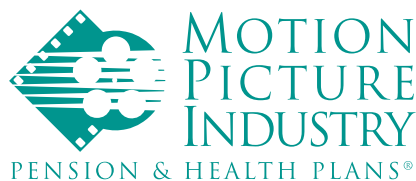
1. An independent auditors’ report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Loans or other obligations in default or classified as uncollectible (Pension and IAP only);
5. Transactions in excess of 5% of the Plan assets;

6. Insurance information, including sales commissions paid by insurance carriers;
7. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the Plan participates (Pension and IAP only); and
8. Actuarial information regarding the funding of the Plan (Pension only).

To obtain a copy of the full annual report(s), or any part thereof, write or call the office of Tom Zimmerman, who is the Plan’s executive administrative director, 11365 Ventura Boulevard, Studio City, CA 91604-3148, (818) 769-0007. The charge to cover copying costs will be \$15.00 for the full annual report, or 25 cents per page for any part 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 Plans and accompanying notes, or a statement of income and expenses of the Plans and accompanying notes, or both. If you request a copy of the full annual report(s) from the Plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report(s) 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 (11365 Ventura Boulevard, Studio City, CA 91604-3148) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy 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.



#### West Coast Plan Office (Main Office)

11365 Ventura Blvd.  
P.O. Box 1999  
Studio City, CA 91614-0999

Main Phone: 818 or 310.769.0007  
Toll Free Outside So. California: 888.369.2007  
Main Fax: 818.508.4714

#### New York Office

355 W. 52nd St.  
5th Floor  
New York, NY 10019-6239

Main Phone: 212.634.5252  
Toll Free: 888.758.5200  
Main Fax: 212.634.4952

Website: [www.mpiphp.org](http://www.mpiphp.org)





# EATING HEALTHY

*It's not just what you eat, but how much*

By Timothy M. Lefevre, M.D.,  
MPIPHP Medical Director



Everywhere you look, food portions seem to be growing. You can “super-size,” “king-size,” “double,” go “biggie” or “venti.” But how much more are you really consuming? Are you getting more for your money or too much for your own good? Comparing today’s average numbers to those from 20 years ago tells the story!

- Today’s designer coffee has 350 calories - 257 more than a small coffee and cream back then
- Spaghetti and meat balls has 1,025 calories - 525 added calories because of portion size
- French fries have 610 calories – more fries and 400 added calories

The United States Surgeon General recently reported that 60 percent of Americans are overweight or obese, and 14 percent of that number are adolescents. The concern over our nation’s expanding waistline is not just about weight gain, but also about the increased health risks that come along with obesity – serious threats such as diabetes, heart disease and stroke.

Although the cause of our nation’s increased weight is multi-faceted and complex, increased calorie consumption has played a major role. But why are Americans eating so many more calories?

The National Institutes of Health (NIH) recently released reports focusing on two causes: 1) increased consumption of fast food by young adults and 2) increased portion size. The NIH study on fast food showed that those who consumed it more than twice a week gained an average of 10 pounds more than those who ate it less than once a week. In addition, those who ate fast food even more frequently consumed more fat, sugar and calories, and were at a higher risk for developing diabetes.

But that’s not all. The NIH looked at the amount of food Americans are consuming. Research has shown that food portions have dramatically increased over the past 20-years. Many food servings now provide enough to feed at least two people. The increase in portion size has led to a dramatic increase in calorie consumption. The average cheeseburger 20-years ago had about 333 calories, whereas today it has 590 calories. One would have to lift weights for well over an hour to burn the excess calories.

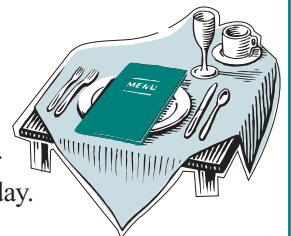
The reality is that our bodies do not need all these extra calories. The USDA recommends that the average person consume about 2,500 calories a day. But, given the explosion of increased portions, it is very easy to underestimate the number of calories consumed during the day.

So, what is the answer? Leading a healthy lifestyle can begin with choosing sensible portions and the right types of food in addition to getting ample exercise. Making a few changes to your eating habits can go a long way in your overall health and weight management. And when they ask if you want it super-sized, just say no!

## Tips for Portion Control:

### When eating out:

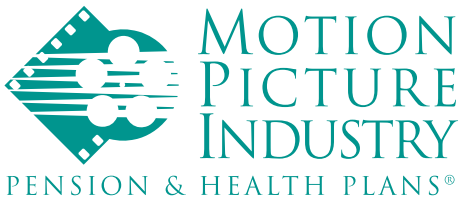
- Share a main course with a friend when you eat at a restaurant.
- Ask for substitutes like fruit instead of fries.
- Order a small soda; it has about 150 fewer calories than a large. Better yet, order a diet soda or water.
- Order dressing on the side.
- Eat only half your meal and save the rest for lunch the next day.



### When eating at home:

- Use smaller dishes.
- Put snacks like chips into a bowl and don’t eat from the bag.
- Switch to low-fat or reduced-fat items.
- Don’t leave food in bowls on the table during dinner.
- Opt for fruit for dessert.





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

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 Los Angeles, CA

Address Service Requested

Check out our website at  
[www.mpiphp.org](http://www.mpiphp.org)

## 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)

11365 Ventura Blvd., P.O. Box 1999  
 Studio City, CA 91614-0999  
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**Website:** [www.mpiphp.org](http://www.mpiphp.org)

*For Your Benefit* is 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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## 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 11/20/05 - 5/20/06 confirms benefits coverage in Eligibility Period 8/1/06 - 1/31/07.) Additional qualification requirements apply for new Participants to qualify for Initial Eligibility. See your Summary Plan Description for details.

Qualifying Periods		Eligibility Periods	
11/21/04	- 5/21/05	8/1/05	- 1/31/06
12/26/04	- 6/25/05	9/1/05	- 2/28/06
1/23/05	- 7/23/05	10/1/05	- 3/31/06
2/20/05	- 8/20/05	11/1/05	- 4/30/06
3/27/05	- 9/24/05	12/1/05	- 5/31/06
4/24/05	- 10/22/05	1/1/06	- 6/30/06
5/22/05	- 11/19/05	2/1/06	- 7/31/06
6/26/05	- 12/24/05	3/1/06	- 8/31/06
7/24/05	- 1/21/06	4/1/06	- 9/30/06
8/21/05	- 2/18/06	5/1/06	- 10/31/06
9/25/05	- 3/25/06	6/1/06	- 11/30/06
10/23/05	- 4/22/06	7/1/06	- 12/31/06
11/20/05	- 5/20/06	8/1/06	- 1/31/07
12/25/05	- 6/24/06	9/1/06	- 2/28/07
1/22/06	- 7/22/06	10/1/06	- 3/31/07