



# FOR YOUR BENEFIT...

Volume 11, No. 3

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Fall 2001



## There's been a Change to your Vision Benefit

**W**e would like you to know about a minor change in your Vision Service Plan benefit regarding astigmatism and contact lenses.

Effective October 1st, VSP will no longer consider astigmatism as criterion for providing "medically necessary" contact lenses.

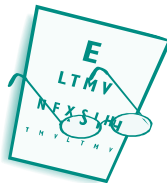
Contact lenses are provided as a benefit for conditions that cannot be adequately corrected with glasses, and for medical conditions that require contact lenses for treatment. Astigmatism is a visual condition and not a medical condition, and therefore will not be used to qualify for medically necessary contact lenses.

### Your VSP Benefit

All Active and Retired Health Plan Participants and their eligible dependents have a vision benefit through VSP. **Your annual deductible is \$20 per individual.**

#### Your vision benefit includes:


1. Standard Eye Examination, and
2. Spectacle Lenses, and
3. Frames,



and is covered **once each 12-month period** from your last date of service. Also, Plan Participants and their eligible dependents may obtain additional pairs of prescription glasses at a 20% discount of the VSP member doctor's usual and customary fee. (This discount is available for 12 months following the patient's last covered eye examination from the VSP member doctor who provided the examination.)

Elective or medically necessary contact lenses may be chosen instead of frames and lenses. The eye exam will be paid in full, and an allowance of \$105 will be provided toward the evaluation, fitting costs and materials for frames and/or lenses.

**Remember to ask your eye doctor how much your new lenses will cost, because any costs exceeding the allowance will be the responsibility of the Participant.**

We encourage you to take full advantage of your vision benefit by having your eyes checked regularly. 

*If you have questions regarding this change or your vision benefit, please contact the West Coast Plan Office at extension 244.*



## Look for a Survey Inside This Issue

### We want your opinion...

In order to serve you better, we ask that you complete and return the enclosed survey by Monday, October 1, 2001.

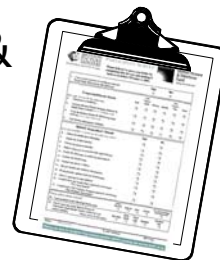
Your responses will help us tailor our services to meet your specific needs.

**We thank you for your participation.**

*This is a joint project of:*

MOTION PICTURE INDUSTRY  
PENSION & HEALTH PLANS

Motion Picture &  
Television Fund



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## What is Third-Party Subrogation?

When we talk about the Plans' third party subrogation policy, what we're saying is that the Motion Picture Industry Health Plan ("the Plan") must be made whole if it pays claims on behalf of a Participant or eligible dependent who later collects from a third-party found to be responsible for the accident or injury suffered.<sup>1</sup>

If you or your dependent's injury or illness was in any way caused by a third-party who may be legally responsible, no benefits will be paid under any coverage of the Plan *unless* you agree, in writing, to do all of the following:

1. Provide the Plan with a written notice of any claim made against the third party or an insurer, as a result of the injury or illness.

<sup>1</sup> See also page 54, April 2000 Active Health Plan Summary Plan Description; and page 43, April 2000 Retiree Summary Plan Description for more information.

2. Agree to reimburse the Plan for benefits paid by the Plan if a recovery<sup>2</sup> is obtained from or on behalf of the third party or an insurer, in an amount up to, but not exceeding the recovery; and
3. Execute a lien in favor of the Plan for the amount to which the Plan is entitled.

If you or your dependent fails to comply with these requirements, no benefits related to the injury or illness will be paid by the Plan. 📌

*For complete information about this policy, please see your Summary Plan Description, or call the West Coast Plan Office. 818 or 310.769.0007, Ext. 355*

<sup>2</sup> The term "recovery" includes any amount received by way of a court judgment, arbitration award, settlement or any other arrangement, including amounts received from uninsured motorist coverage.

## The Pension Plan and Individual Account Plan Annual Statements Have Been Sent

The 2000 Annual Pension and Individual Account Plan (IAP) Statements were mailed out mid-August.

Annual statements for former Local 644/600, and 666 participants will be mailed out in a few weeks.

Your Pension statement reflects the hours reported by your Employer(s) for the year 2000, and your IAP statement shows the activity in your account for the same year.

If you did not receive your statements, please contact the Plan Office.

*To request another copy,*

- ➔ E-mail: [pension\\_iap@mpiphp.org](mailto:pension_iap@mpiphp.org)
- ➔ Fax: 323.877.2223, or
- ➔ Phone: 818 or 310.769.0007 Ext. 771

Please be sure to include your current address, so we can verify our records.

If you have questions regarding your statements, please refer to the Question and Answer page that was enclosed with your statements. 📌



### Main Office:

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

818 or 310.769.0007  
Main FAX: 818.508.4714

Outside Southern  
California:  
888.369.2007

### New York Office:

80 Eighth Ave., 14th Fl.  
New York, NY  
10011-5151

212.627.7232  
FAX: 212.647.7317

### Web Page:

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

### Holidays

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

**Labor Day**  
September 3, 2001

**Thanksgiving**  
November 22 & 23, 2001


"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:

**M.P.I.P. & H.P.**  
Attn: "For Your Benefit"  
P.O. Box 1999  
Studio City, CA  
91614-0999

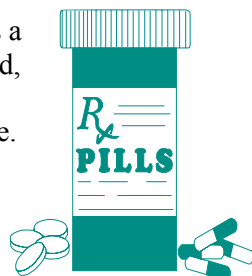
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# A **R**eminder About Your Prescription Drug Benefit

 **AdvancePCS**  
1.800.966.5772

The maximum allowable supply for your prescriptions through a retail walk-in pharmacy affiliated with AdvancePCS, Inc., is a **60-day supply**. The \$5 and \$10 co-pays (Active Health) and the \$2 and \$4 co-pays (Retiree Health) apply.

The maximum allowable supply for your maintenance medication prescriptions through the AdvancePCS mail service program is a **90-day supply, at no cost to you**. And, your medication is delivered to the address you specify at no extra charge.



## To start using the mail order program,

- 1 Ask your doctor to write a **new** prescription for a 90-day supply of your maintenance medication with up to 3 refills. (Prescription copies and refills transferred from another pharmacy are not acceptable.)
- 2 Complete an AdvanceRx.com Order Form. To request the form, you may either call one of the Health Plan Offices, call AdvancePCS, or download the form from the Plan's web site at [www.mpiphp.org](http://www.mpiphp.org).
- 3 Send your completed form with the original of your new prescription to:

**AdvancePCS Mail Service**  
**P.O. Box 961066**  
**Fort Worth, TX 76161-9854**

### ❖ **IMPORTANT ANNUAL NOTICE** ❖

#### **Reconstructive Surgery and The Women's Health and Cancer Rights Act**

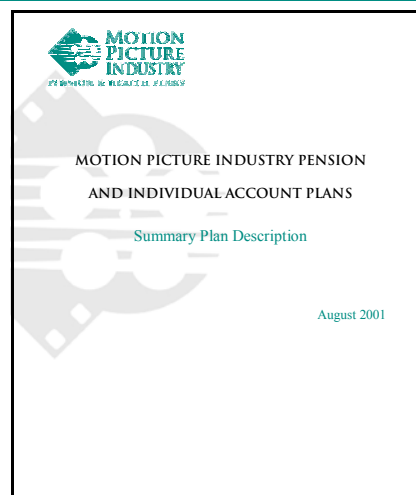
Under federal law, group health plans, insurers, and HMOs which provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgeries. In the case of a Participant or beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, federal law requires coverage in a manner determined in consultation with the attending physician and the patient, for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; *and*
- Protheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

As before, for non-HMO Participants and their eligible dependents, the Health Plan will pay 85% of the allowable charges for covered services through non-Blue Cross providers; 90% for professional medical services rendered by Blue Cross providers.

HMO Enrollees should contact their HMO for coverage information. 📍

***If you have any questions about mastectomy or reconstructive surgery benefits, please call the West Coast Plan Office, Extension 286.***



#### **The New Pension & IAP Summary Plan Descriptions Were Distributed Mid-August**

We strongly urge you to read it very carefully in order to understand your rights and obligations as a Plan Participant.

If you are a Plan Participant and did not receive your copy, call:

**818 or 310.769.0007, Ext 771**

***(Separate Summary Plan Descriptions are available to former Local 644/600 and 666 Pensioners who retired prior to the 1999 Merger with the Plans.) 📍***

Has your address changed?  
Did you get married or divorced?  
Call the Plan Office at  
818 or 310.769.0007, Ext. 263  
for a "Change of Address," or  
"Beneficiary Designation" forms.

## Assistant Surgeons

### ❖ IMPORTANT NOTICE ❖

**An assistant surgeon is not covered for all surgical procedures.** Some examples of the procedures for which an assistant surgeon is not covered are: Arthroscopic or Endoscopic procedures, surgery for the eyes and surgery for the feet.

If you or your dependent are planning to undergo surgery, ask your surgeon if s/he plans to use an assistant surgeon.

You or your surgeon may inquire of the Medical Review Department, in advance, to determine if an assistant surgeon will be a covered benefit for your operation. **Your physician's office must provide the CPT Code (surgical procedure code) to be used in billing for your surgery.**

If an assistant surgeon is covered, the maximum allowable is 20% of the allowance for the surgical procedure.

**Communications on these issues must be made in writing. Exact fees will not be quoted over the telephone.** Contact the Medical Review Department at:

**Mailing Address:** PO Box 1999  
Studio City, CA 91614-0999

**FAX:** 818.766.6532

*For more information, please refer to your current Summary Plan Description.*

## Qualifying Periods for Monthly Eligibility

Qualifying Periods	Eligibility Periods
5/21/00 — 11/25/00	2/1/01 — 7/31/01
6/25/00 — 12/23/00	3/1/01 — 8/31/01
<b>6/25/00 — 1/20/01<sup>1</sup></b>	4/1/01 — 9/30/01
8/27/00 — 2/17/01	5/1/01 — 10/31/01
9/24/00 — 3/24/01	6/1/01 — 11/30/01
10/22/00 — 4/21/01	7/1/01 — 12/31/01
11/26/00 — 5/26/01	8/1/01 — 1/31/02
12/24/00 — 6/23/01	9/1/01 — 2/28/02
1/21/01 — 7/21/01	10/1/01 — 3/31/02
2/18/01 — 8/25/01	11/1/01 — 4/30/02
3/25/01 — 9/22/01	12/2/01 — 5/31/02
4/22/01 — 10/20/01	1/1/02 — 6/30/02
5/27/01 — 11/24/01	2/1/02 — 7/31/02
6/24/01 — 12/22/01	3/1/02 — 8/31/02
7/22/01 — 1/26/02	4/1/02 — 9/30/02

1. An extended Qualifying Period.

Please help us to serve you better by completing this survey and mailing it back to us before October 1, 2001.



	<b>YES</b>	<b>NO</b>
1. I own or have access to a computer that has World Wide Web access (the Internet):	<input type="checkbox"/>	<input type="checkbox"/>

<b>COMPUTER/ONLINE USAGE</b>	Daily	Few Times a Week	Weekly	Monthly	Few Times a Year	Never
<i>How often do you do the following:</i>						
2. Use/access a computer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visit the Motion Picture Industry Pension & Health Plans website ( <a href="http://www.mpiphp.org">www.mpiphp.org</a> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visit the Motion Picture & Television Fund website ( <a href="http://www.mptvfund.org">www.mptvfund.org</a> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Visit health information websites:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SERVICE AVAILABILITY ONLINE</b>	<b>YES</b>	<b>NO</b>
<i>If it were available, I would do the following online:</i>		
6. Check my health plan eligibility:	<input type="checkbox"/>	<input type="checkbox"/>
7. Check my health benefits:	<input type="checkbox"/>	<input type="checkbox"/>
8. Check my pension benefits:	<input type="checkbox"/>	<input type="checkbox"/>
9. Make a physician/health provider appointment:	<input type="checkbox"/>	<input type="checkbox"/>
10. Notify the pharmacy to refill my prescription:	<input type="checkbox"/>	<input type="checkbox"/>
11. Contact the Pension & Health Plans Office:	<input type="checkbox"/>	<input type="checkbox"/>
12. Contact my doctor's office:	<input type="checkbox"/>	<input type="checkbox"/>
13. Review health and wellness information:	<input type="checkbox"/>	<input type="checkbox"/>
14. Read periodic updates from my health plan:	<input type="checkbox"/>	<input type="checkbox"/>
15. I have a personal E-mail address:	<input type="checkbox"/>	<input type="checkbox"/>
16. I read/review the Health Plan's quarterly newsletter "For Your Benefit"	<input type="checkbox"/>	<input type="checkbox"/>
17. If conveniently located, would you use an MPTF Health Center? If yes, <b>where</b> would you like it to be located?	<input type="checkbox"/>	<input type="checkbox"/>
		_____ (Name of City)

<i>Please tell us about yourself:</i>						
18. I am enrolled in the following health plan:	MPIHP/ Blue Cross	Health Net	Kaiser	Maxicare	The Industry Advantage/ CaliforniaCare HMO	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. I have used one of the Motion Picture & Television Fund Health Centers within the last twelve months: <i>(Please Check All That Apply)</i>	Bob Hope	Santa Clarita	Toluca Lake	Westside	Woodland Hills	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: *(Please print)*

E-mail Address:

ZIP Code:

**Please be sure to complete this bottom portion before sending the survey back to us.**