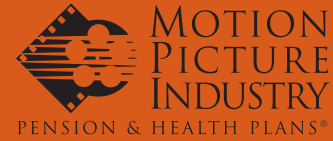


plan update



Summer, 2014

Changes to Plan Benefits

The Board of Directors of the Motion Picture Industry Pension & Health Plans approved the following:

Short-Term Disability

The requirements for a Short-Term Disability extension of your healthcare benefits have changed. The onset of your disability must now occur within 180 days of your last reported hours to qualify for the benefit, rather than 90 days, as had been the case in the past. (For more detailed information, see the Revised Short-Term Disability Qualification Requirements to the right.)

Shingles Vaccine

- Effective July 1, 2013, the Shingles vaccine is covered when received at a pharmacy.
- Effective January 1, 2014, the Shingles vaccine is covered for those age 50 and older.

Flu Vaccine

- Effective July 1, 2014, the flu vaccine is covered when received at a pharmacy.

Note: If you incurred claims for the flu or Shingles vaccines between the effective dates and September 1, 2014, you will need to submit paper claims to Express Scripts.

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

Revisions to the October 2013 Active MPI Health Plan Summary Plan Description

The following changes constitute a legal revision and material modification of the language found in the *October 2013 Active MPI Health Plan Summary Plan Description (SPD)*.

Reference to MPTF (Throughout the SPD)

- Replace “MPTF” with “UCLA-MPTF”.
- Replace “MPTF-Health Center(s)” with “UCLA-MPTF Health Center(s)”.
- Replace “MPTF provider” with “a UCLA Health provider at a UCLA-MPTF facility”.

Improperly Reported Hours (Page 4)

If it is determined that hours have been reported improperly on your behalf, your eligibility may be terminated, and you may be held liable for any benefits paid, as well as for other damages. In most cases you will receive 30 days advance notice before your coverage is terminated. However, your coverage may be terminated retroactively if there is fraud or intentional misrepresentation or in the case of certain administrative delays in record-keeping. Also, if an employee contribution is due with respect to coverage and the contribution is not paid on time, coverage may be terminated retroactively to the end of the last period for which contributions were received on time.

Short-Term Disability Extension Qualification Requirements (Page 16)

In order to qualify for a Short-Term Disability extension, your disability must meet all of the following requirements:

Prior to February 28, 2013:

- Your disability must be properly certified by a doctor.
- The Claim effective date must occur within 90 days of your last reported hours. If there is a break in your period of disability, only time during the second period of disability will be counted, and the commencement of the second period must occur within 90 days of your last reported hours.
- Your disability must last for at least seven days.
- If the state in which you reside maintains a state disability system, you must apply for and receive state disability to qualify for this extension.

continues on page 2

Patient Protection and the Affordable Care Act

Grandfathered Status of the Active Health Plan

The Motion Picture Industry Health Plan is considered a “grandfathered” health plan under the Patient Protection and Affordable Care Act (the Act).

A grandfathered health plan can preserve certain basic health coverage that was already in effect when the ACA was enacted. Being a grandfathered health plan means that your plan does not have to comply with certain provisions of the Act that apply to other plans (for example, the requirement for the provision of preventive health services without any cost sharing). However, grandfathered health plans must comply with certain other provisions in the Affordable Care Act (for example, the elimination of lifetime limits on benefits).

Questions regarding which provisions apply and which do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status should be directed to the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or visit www.dol.gov/ebsa/healthreform. This website has a table summarizing the provisions and identifies those that do not apply to grandfathered health plans. You may also contact the MPI Participant Services Center at (855) ASK-4MPI.

Revisions to the October 2013 Active MPI Health Plan Summary Plan Description

continued from page 1

Short-Term Disability Extension Qualification Requirements (Page 16)

After March 1, 2013:

- Your disability must be properly certified by a doctor.
- The onset of your disability must occur within 180 days of your last reported hours.
- The onset of your disability must occur while you are eligible for Active Health Plan benefits based on active work hours and/or your Bank of Hours.
- If there is a break in your period of disability, only days during the second period of disability (for the same disability) will be counted as hours worked and the commencement of the second period of disability must occur within 180 days of your last reported hours.
- Your disability must last for at least seven days.
- You must have a minimum of 400 hours (this can be a combination of disability hours and hours worked) during the Qualifying Period in which you failed to work the minimum hours.
- If the state in which you reside maintains a state disability system, you must collect State Disability (SDI) benefits. You must provide other proof of disability if there is no SDI in your state of residence.
- You must provide a copy of your determination letter from your state awarding you state disability benefits to the MPI office within 60 days from the date of your award letter.

Please note if you were not covered under the Active Health Plan during the period in which the onset of your disability occurred, you cannot use your disability hours to requalify for health coverage.

Chart of Disability Extensions (Page 16)

CHART OF DISABILITY EXTENSIONS

SHORT-TERM

- Onset of disability must occur while you are eligible for Active Health Plan benefits
- Must collect (SDI) benefits or provide other proof if there is no SDI in your state. Documentation must be provided to MPI within 60 days from the date of your award letter
- Granted eight hours for each weekday (excluding holidays and weekends) of paid SDI benefits, applied to actual dates of disability, can be combined with work hours to equal 400
- Cannot have two consecutive Short-Term Disability extensions
- Cannot have more than one extension based on the same disability
- If you were not eligible for Active Health Plan benefits you cannot use disability hours to requalify

Physical Exam for MPIHP/Anthem Blue Cross
(Page 36)

MPIHP/Anthem Blue Cross
<ul style="list-style-type: none"> • For adults: applicable Co-Pay and Coinsurance apply <ul style="list-style-type: none"> – Reside in LA County: Must use a UCLA-MPTF provider – Out of LA County: Annual exam covered • For children (i.e., below 18): applicable Co-Pays and Coinsurance apply

Covered Services
(Page 42, 2nd column)

If there is a dispute as to whether the Plan has correctly denied a Claim in whole or in part on the basis that the service was not reasonable and necessary, the Participant or the Provider of service may request in writing a reevaluation of the Plan’s decision through the Claims Appeals Procedures described on page 66 of this *Summary Plan Description*. **Decisions made by the Benefits/Appeals Committee are final and binding upon all parties, including Provider(s) of service.** Covered services include physician fees for office, home or hospital care, including the attending physician, consulting Specialist, surgeon, Assistant Surgeon and anesthesiologist.

Adult Immunizations
(Page 59, 1st column)

If the immunization is associated with an office visit, then the visit Co-Payment will apply. Shingles and influenza vaccines can also be received at a network pharmacy. The prescription Co-Payment applies to shingles and influenza vaccines obtained at a pharmacy.

Preauthorization
(Page 65, 1st column)

Payment for MPI Health Plan benefits is based on, among other things, medical necessity of the service or procedure. In an effort to eliminate any possible delay or prevent any of our Participants from obtaining the medical services that they require, the MPI/Anthem Blue Cross PPO Health Plan does not require Preauthorization for any covered benefit, other than transplants. The other contracted networks offered under the Plan (for example, Kaiser, Health Net, Oxford, Delta, etc.) have their own Preauthorization guidelines. Please refer to the Evidence of Coverage or Schedule of Benefits/Coverage provided by the carrier or contact them directly to obtain more detailed information.

Chart of Oxford Health Plan Services
(Page 93)

Plan Services	Oxford Health Plan Members Pay	
	In Network**	Out-of-Network***
Health Care Benefits		
Diagnostic X-rays, CT Scans, (Magnetic Resonance Imaging), PET Scans and Laboratory Tests	No charge at participating laboratories	Deductible plus 30% Coinsurance

Other Covered/Not Covered Items
(Pages 115 - 116)

Covered

- The following items, which do not require a prescription by law, are covered when they are prescribed in writing for diabetes:
 - Insulin
 - Blood glucose testing strips/supplies (except blood glucose monitors, GlucoWatch products, and insulin pumps)
 - Regular or disposable insulin syringes/needles

- Disposable lancets
- Shingles vaccine for patients 50 and older
- Influenza vaccine
- Compound-drugs containing at least one legend ingredient
- Prescription drugs derived from vitamins, when they require a physician prescription by government regulation. This does not include over-the-counter vitamins, even if they are prescribed.**

We Thought You'd Like to Know...

This *Plan Update* contains important information about your rights under the Motion Picture Industry Pension & Health Plans and under ERISA.

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Summer, 2014

Other Covered/Not Covered Items (Pages 115 - 116)

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- Prescription drugs derived from vitamins, when they require a physician prescription by government regulation. This does not include over-the-counter vitamins, even if they are prescribed.**
- Any other drug which, under applicable state law, may only be dispensed upon the written prescription of a physician or other lawful prescriber.
 - All erectile dysfunction drugs are covered benefits for male Participants and their eligible male Dependents. Up to six pills per consecutive 30-day period are covered when accompanied by an appropriate prescription from an accredited physician who prescribed the drug for the treatment of impotence. Up to 18 pills per consecutive 90-day period are covered. (See “*Express Scripts Mail-Order Pharmacy*,” below for ordering information.)

- Birth control pills and devices.
- Zyban 180-day supply per lifetime.
- Chantix 180-day supply per lifetime.

Comprehensive Physical Exams (MPIHP/Anthem Blue Cross PPO Only) (Page 121)

Participants and their eligible Dependents ages 18 and older who live in Los Angeles County and wish to use this benefit must use one of the UCLA-MPTF Health Centers listed on page 70. No voucher is necessary. Simply call the Health Center of your choice and make an appointment. UCLA-MPTF Primary Care Physicians are experts in preventive care and will discuss general health issues and ways you can lead a healthier life. (Please see page 69 for information applicable to PPO Participants living outside Los Angeles County.)

Toll-free Participant Services Center
(855) ASK-4MPI (275-4674)

Email: service@mpiphp.org
Office Hours: 8 a.m. to 5 p.m. (Pacific Standard Time)