

# FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans® Participants

Volume 15, No. 2

Summer 2005

## PENSION AND IAP INFORMATION: MORE USER-FRIENDLY FOR PARTICIPANTS

Although we all know it's important to our future, eyes often glaze over at the complexity of retirement benefit details. That's why Motion Picture Industry Pension and Individual Account Plans have made a concerted effort to de-mystify the "legalese" so often associated with pension plans. New Participant materials strive to reduce the jargon and explain these benefits in understandable terms.

### A Facelift for the SPD

A new, more user-friendly version of the *Summary Plan Description (SPD)* was mailed to Participants this month. Designed to make the information more accessible and understandable for Participants, the new format is also intended to provide a faster "flip-to" resource tool to help MPI Pension and IAP staff answer your questions.

The *Summary Plan Description*, which includes information on both the MPI Pension and Individual Account Plans, will serve as your main resource guide to the Plans and how your benefits are calculated. Special features to help you locate specific information easily include a general table of contents, detailed contents by book section, and an index of topics. A glossary at the back of the book, as well as term definitions located in key areas throughout the book, help make retirement jargon more understandable.

So far, the feedback on the new format has been excellent. However, your input will help make this tool even more useful. Please e-mail your comments to [communications@mpiphp.org](mailto:communications@mpiphp.org) or call us at 818 or 310.769.0007, ext. 316. Participants outside Southern California, call toll-free at 888.369.2007, ext. 316.

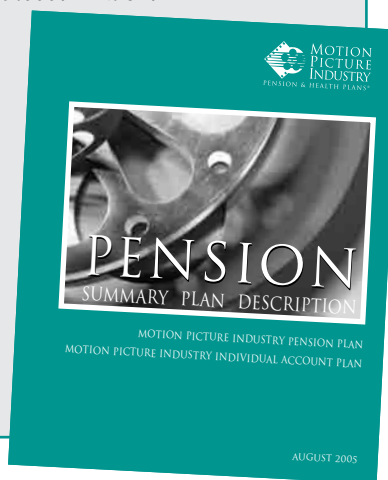
*See page 5 for information on Pension Statements*

### Call Us for a Copy

If you haven't received your 2005 *Pension and IAP Summary Plan Description*, please call us or visit our website at [www.mpiphp.org/benefits/pension\\_iap/pensioniap.htm](http://www.mpiphp.org/benefits/pension_iap/pensioniap.htm).

Participants in Southern California:  
**818 or 310.769.0007 Ext. 627**

All other  
Participants:  
**888.369.2007  
Ext. 627**



## DISEASE MANAGEMENT: A NEW BENEFIT TO HELP MANAGE CHRONIC DISEASE



The MPI Health Plan is in the process of developing a new benefit that will support the unique needs of those Participants suffering from chronic disease. The Disease Management benefit, to be introduced in January 2006, will be phased in by disease category, beginning with only one or two yet-to-be determined chronic diseases. Details will be provided to Participants in the near future.

### Taking Care: Why Disease Management?

In the past 50 years, chronic diseases, as compared to acute illness, have become the number one cause of poor health and mortality in

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### Dates to Remember

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

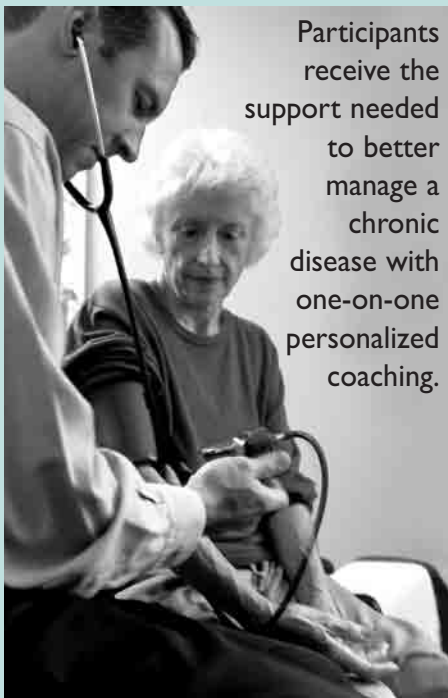
#### Labor Day

**Monday, September 5**

### 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: 888.369.2007, ext. 244.

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Participants receive the support needed to better manage a chronic disease with one-on-one personalized coaching.

our society. Although people with chronic disease make up less than 20 percent of the population, they account for 40 - 60 percent of total health care costs. Those statistics are consistent with MPI Health Plan's experience.

Part of the reason for the high numbers is that an estimated 50 percent of those who suffer from chronic disease do not follow their treatment plans. Because the Plan's mission is to promote the optimal health of our Participants, Disease Management is an obvious and positive step toward achieving that goal cost-effectively. Ultimately, it should have a dramatic positive impact on quality of life for our Participants.

## **Taking Responsibility: Who is in Charge?**

Disease Management is a multi-disciplinary approach to health care that proactively identifies Participants who already have or who are at risk for developing a chronic medical condition. Just a few examples of chronic conditions include diabetes, high blood pressure, asthma, low back pain and heart conditions.

This new program will support the physician/patient relationship and promote healthy behaviors in an effort to reduce the chance of acute episodes, progression of the disease and potential complications from the underlying condition. The program empowers Participants by teaching and encouraging self-care and compliance with their doctor's advice.

Those participating in the Disease Management program become personally responsible for managing their disease. They receive the support needed to accomplish that, with one-on-one personalized coaching from qualified nurses. Education about the medical condition, its consequences and treatment, are an important part of what is provided. Also supported are recommended changes in lifestyle, scheduled physician contact, and regular testing and monitoring of measurable target goals. Examples might include reducing blood glucose levels in diabetics or lowering blood pressure ranges in hypertensives.

## **Taking Control: What is the Process?**

Disease management will be available to Participants initially after a specific diagnosis has been made by the treating physician, usually the primary doctor.

Participants who are eligible will be contacted by phone or by mail by the Disease Management nurse. At that point, they will be provided with the information necessary to take better control of their medical condition, or they may elect not to participate.

Once enrolled in the program, the Participant will work regularly with a personal nurse to identify and address any changes in his/her condition. Through this closer management of the disease, the Participant is likely to improve his/her quality of life, reduce the risk of disease progression and prevent unnecessary medical events, such as emergency room visits and hospitalizations. The professional Disease Management staff will use evidence-based clinical guidelines, in close coordination with the direction of the treating doctor, to determine the specific goals for each Participant.

## **Closely Guarding Participant Privacy**

Privacy of each Participant'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 Participants in the management of their disease or condition.

## **More Information to Come**

Details of who will be eligible to participate initially and who will be contracted to provide the care will be available soon and will be communicated in the fall edition of *For Your Benefit*.

## **Did You Know...**

### *It's critical to notify the Plans of any address change?*

If you've moved, don't forget to notify the Plans of any change of address to assure that all claims will be processed appropriately and the Plans can get important information to you in a timely manner.

Notification is as easy as going to [www.mpiphp.org](http://www.mpiphp.org) to get the needed form. Simply click on "Eligibility" under "Your Forms" on the site index located on the left side of the home page. Then click on "Change of Address," fill out the form, print it out, sign it and mail it to our main office: MPIP, 11365 Ventura Blvd., P.O. Box 1999, Studio City, CA 91614-0999. If you don't have internet access, we'll be happy to send you the form. Call us at 818 or 310.769.0007, ext. 251. Outside Southern California call, toll-free 888.369.2007, ext. 251.

While you're at it, be sure to complete change of address forms with the Post Office, your Local if you are a union member, Contract Services Administration Trust Fund, and any employers and/or payroll companies you've worked for in the past 16 months. Don't assume reporting to one will cover the rest.

# PLAN UPDATE

Update to Your Summary Plan Description

Special Medicare Part D Notice

August 2005

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.

## MAKING AN INFORMED DECISION: *MPIHP Prescription Drug Coverage or Medicare Part D*

**O**n January 1, 2006, a new Medicare prescription drug benefit will go into effect as a result of the Medicare Prescription Drug Improvement and Modernization Act signed into law December 8, 2003. This new program was established to benefit those Medicare-eligible individuals who are not currently insured for prescription drug costs and/or have large out-of-pocket expenses associated with their medications. It will be particularly helpful to low-income seniors.

In the case of MPI Health Plan Participants who are Medicare-eligible, in the vast majority of cases, it would *not* be to your advantage to sign up for Medicare Part D\* because your current coverage is better than the Medicare plan. If you do not elect to take Medicare Part D, you will continue to be eligible for MPIHP prescription drug coverage as an eligible Participant or Dependent. Your MPI Health Plan coverage is comprehensive, and your out-of-pocket costs are lower than they would be with Medicare Part D because you pay no premium and no deductible, and your co-pays are small.

### **Am I required to sign up for Medicare Part D? If so, when?**

Medicare-eligible individuals are *not* required to sign up for Medicare Part D. You have a choice to stay with your comprehensive Motion Picture Industry Health Plan prescription drug coverage (administered by Medco), or to enroll in Medicare Part D. However, you must choose one plan or the other. Your choice does not impact your Medicare Part A or B coverage at all.

The initial enrollment period for Medicare Part D begins November 15, 2005, and ends May 15, 2006. Please note that if you choose to stay with your comprehensive Motion Picture Industry Health Plan prescription drug coverage and ever lose coverage, or if the Motion Picture Industry Health Plan

were changed and you wanted to change your decision, you would have an opportunity to enroll in Medicare Part D during their annual open enrollment.

### **Can I choose *both* Medicare Part D and MPI Prescription Drug Coverage?**

No. MPI *will not* coordinate benefits with any Medicare prescription drug plan, so it is important that you compare the options and make an informed decision.

### **How can I make a fair comparison of the options?**

Much of the information you will need to make that comparison will be mailed to you in the next month. You will also soon be receiving promotional information from Medicare and from the various prescription drug and health plans contracted by Medicare to provide the coverage. They may encourage you to sign up for their Medicare prescription plans.

*Remember, you are not required to sign up for any of those plans.* You have the option to stay with your current MPIHP prescription drug coverage.

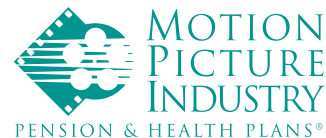
You will have the opportunity to sign up for Medicare Part D at any of their annual open enrollment periods if, for any reason, you change your mind. Medicare will waive any penalty for late sign up, provided any gap in coverage is less than 63 days.

### **What type of coverage do I have now?**

Through Motion Picture Industry Health Plan, Medicare-eligible Participants, *regardless of which health plan option you select*, receive prescription drug coverage administered by Medco. Medco has an expansive national network of participating pharmacies.

Details of your coverage are available in your *2004 MPI Health Plan Summary Plan*

*continued on page 4*



### **Important Prescription Drug Coverage Information for Medicare-eligible Participants**

The MPI Health Plan will not coordinate benefits with any Medicare prescription drug plan, so it is important that you understand the differences and make an informed decision.

For any questions you might have when comparing your MPIHP prescription drug benefit with Medicare's new Part D, you can get information from your MPI Health Plan representative or from Medicare.

### **MPI Health Plan Prescription Drug Benefit**

- Call 818 or 310.769.0007, ext. 244
- Outside So. California: 888.369.2007, ext. 244
- Visit our website at [www.mpiphp.org](http://www.mpiphp.org).

### **Medicare Prescription Drug Coverage**

- Call 1.800.633.4227
- 1.877.486.2048 for hearing impaired
- Visit the Medicare website at [www.medicare.gov](http://www.medicare.gov)

### **Merger Participants Please Take Note:**

As a result of unique agreements associated with mergers of various Locals throughout the years, your co-pay amounts may be different from those listed in this *Plan Update*. Regardless, they are significantly lower than out-of-pocket costs for Medicare Part D.

\* If your annual household income is \$14,000 or less for individuals, or \$19,000 or less for couples, you may qualify for government assistance to help pay for some or most of the costs not covered by the Medicare benefit. Further information is available at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call the Social Security Administration at 1.800.772.1213.



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*Descriptions.* However, in general, your benefits include the following:

- No monthly premium
- No annual deductible
- The co-payment paid by the Participant ranges from a low of \$3 for (up to) a one-month generic drug prescription to a high of \$5 for brand name drugs\*\*
- Mail order service, which lowers the average monthly co-pay amount, is available for maintenance medications.

**MPI will *not* coordinate benefits with any Medicare prescription drug plan.**

### If I decide to stay in the MPI Health Plan for prescription drug coverage, do I need to take any action?

It is not necessary for you to take any action, and you have no obligation to sign anything. Should you, for any reason, choose to sign up for Medicare Part D at a later date, you will need a formal document from Motion Picture Industry Health Plan in order to avoid a penalty for late sign-up. This “Notice of Creditable Coverage” states that you had coverage through MPI Health Plan at the time of the original Medicare enrollment and that the Plan was equal to or better than the Medicare coverage. That document will be mailed to all Medicare-eligible Participants in October, and you will be responsible for providing it to Medicare if needed.

### How do I know if the Medicare Part D coverage would benefit me?

It is important that you review your personal financial and medical situation to feel comfortable with your choice. You will receive detailed information from the Plan, Medicare and their prescription drug and health plan partners in the near future that will allow you to make a comparison. You may also contact the Plan or Medicare for further information. Contact information appears on the first page of this *Plan Update*.

\*\* Some Active Participants turn age 65 (become Medicare-eligible) and choose not to retire. They are still covered by the Active Health Plan, which requires higher prescription drug co-payments. In those cases, the Medicare-eligible Active Participant's share of cost still amounts to only approximately \$918, versus \$4,020 for all prescription drug costs up to \$5,100 for those covered by Medicare Part D.

## OUT-OF POCKET PRESCRIPTION DRUG BENEFIT COSTS

MPIHP RETIREE PLAN PARTICIPANT**			MEDICARE PART D PARTICIPANT*		
		YOU PAY			YOU PAY
No Annual Premium	=	0	Annual Estimated Premium	=	\$420
No Annual Deductible	=	0	Annual Deductible	=	\$250
<b>TOTAL</b>	=	<b>0</b>	<b>TOTAL</b>	=	<b>\$670</b>
<b>All Costs to \$2,250</b>			<b>All Costs from \$250 to \$2,250</b>		
You Pay Only \$3 to \$5 per Prescription	=	Approximately \$135	You Pay 25%	=	\$500
<b>TOTAL</b>	=	<b>\$135</b>	<b>TOTAL (\$670 + \$500)</b>	=	<b>\$1,170</b>
<b>All Costs to \$5,100</b>			<b>All Costs from \$2,250 to \$5,100</b>		
You Still Pay Only \$3 to \$5 per Prescription	=	Approximately \$171	You Pay 100%	=	\$2,850
<b>TOTAL (\$135 + \$171)</b>	=	<b>\$306</b>	<b>TOTAL (\$1,170 + \$2,850)</b>	=	<b>\$4,020</b>
<b>All Costs Over \$5,100</b>			<b>All Costs Over \$5,100</b>		
You Still Pay Only \$3 to \$5 per Prescription!			You Pay 5%		

### Is my current coverage at least as good as a Medicare prescription drug plan?

The chart above provides a general comparison of out-of-pocket costs for Medicare-eligible Participants. It clearly shows that your out-of-pocket costs with Medicare prescription drug coverage would be significantly higher.

It is difficult to compare the Medicare benefit to the MPIHP benefit because the benefit calculation equations are different. However, putting the MPIHP Participant costs in Medicare terms, the following is true:

#### Annual Premium and Deductible:

- With MPIHP prescription drug benefit, you do *not* pay an annual premium or deductible.
- With Medicare, you would pay \$670 out-of-pocket (\$250 deductible plus an estimated \$420 annual premium).

#### Medicare's \$2,250 Threshold:

- MPIHP Medicare-eligible Participants covered by the Retiree Health Plan, pay \$3 for generic drugs and \$5 for brand name drugs for (up to) a 30-day supply, with the option to pay less for maintenance medications through the home delivery program. Averaging that out to be 6% of total costs, you

would pay approximately \$135 for \$2,250 worth of medications.\*\*

- With Medicare, you would pay 25% of your prescription drug costs for everything over \$250 up to \$2,250, or \$500. Adding the \$670 in annual premium and deductible costs, your total out-of-pocket cost would be \$1,170.

#### Medicare's \$5,100 Threshold:

- MPIHP Retiree Health Participants' out-of-pocket expense remains \$3 for generic drugs and \$5 for brand name drugs. That equates to an average total cost to you of \$306 for \$5,100 worth of prescription medications.\*\*
- Medicare will not cover any prescription drug costs between \$2,250 and \$5,100. You would be responsible for 100% of the costs in this range, or \$2,850. Add that to the out-of-pocket expenses described above, and your total personal costs would be \$4,020!

#### Beyond the \$5,100 Threshold:

- MPIHP Medicare-eligible Participants' out-of-pocket expense remains \$3 for generic drugs and \$5 for brand name drugs.\*\*
- Medicare would pay 95% and you would pay 5% of all prescription drug costs over \$5,100.

# ANNUAL PENSION AND IAP STATEMENTS ARE EASY TO READ

Participants received their 2004 Annual Pension and Individual Account Plans Statements earlier this year in an easy-to-understand format that provides a personalized overview of your accounts. A thorough review of this document now is important to ensure that you get all the benefits to which you are entitled when you retire. So, if you put your statement aside for later review, perhaps now is the time to pull it out. Your new *Summary Plan Description* will help you better understand your benefits and how they are calculated.

## Annual Statement Guide

Both your Pension and IAP accruals may be combined into one statement so you will have a complete understanding of your total retirement benefit. If you are vested in the IAP but are not currently working in the Industry, you may have received an IAP-only statement.

Since the amount of your Pension and Individual Account Plans benefits is based on your lifetime Qualified Years/ Credited Hours, accuracy in this reporting is critical. Inaccuracies are more difficult to resolve the later they are discovered, so please review your pay stubs for hours worked against hours reported to the Plan as listed on your statement.

### Did You Know...

*Your spouse/same-sex domestic partner must sign up for his/her employer's health plan?*

If it's determined a Participant's spouse/same-sex domestic partner is eligible for health insurance through his/her employer but did not enroll for coverage, the MPI Health Plan will not provide *any* coverage for that spouse. This rule will apply, even if the spouse/same sex domestic partner is required by his or her employer to pay all or a portion of the premium cost for coverage. Of course, if he/she is not employed or is employed but not eligible for health insurance provided by the Employer, the MPI Health Plan will remain the primary coverage.

MOTION PICTURE INDUSTRY PENSION AND INDIVIDUAL ACCOUNT PLANS 2004 ANNUAL STATEMENT Plan Year: Beginning 12/21/2003 Ending 12/25/2004				
#BBBBBBB#0000000000# PARTICIPANT NAME 1111 ANY STREET NORTH HOLLYWOOD CA 90210		Birth Date: 03/16/1951 Qualified Years: 5 (1-A) Credited Hours: 6,495.00 (1-B)		
1954 thru 2003 Late Reported Hours: 24.00 Plan Year 2004: 0		Employee Contributions: \$189.16 (2) \$0.00 \$0.00 Totals: 6 (5), 6,639.50 (6), \$189.16 (6)		
PENSION PLAN Accrued Life Annuity Benefit At Age 65: \$77.12 (7) Subject to final audit and vesting requirements at the time of retirement. This amount may be reduced because of elected survivor options.				
INDIVIDUAL ACCOUNT PLAN December 2003 Account Balance: \$5,839.45 Subject to contribution Reconciliation. Prior Year(s) Adjustment: + \$0.00 Adjustments made due to Late Reports by Employers. 2004 Net Investment Income - based on 2003 Year End Account Balance: + \$682.81 Investment gains/losses are applied to your account balance at the beginning of each Plan Year (with exception of Retirement/Death) 2004 Employer Hourly Contribution, Forfeitures and Related Investment Income: + \$309.59 You must have a Qualified Year to receive this allocation. 2004 Employer % of Minimum Wage Scale Contributions: + \$363.90 This Allocation is only provided for Covered Participants who have a Qualified Year, pursuant to Collective Bargaining Agreements Currently in effect. December 2004 Account Balance: \$7,195.75 (8)				
SUMMARY OF HOURS REPORTED FOR PLAN YEAR 2004				
Emp. No.	Employer	Period Ending	Reference No.	Hours Reported
011111	ANY FILMS PRODUCTIONS, INC.	07/17/2004	01234567	(63.0)
011111	ANY FILMS PRODUCTIONS, INC.	07/17/2004	01235467	(60.0)
011111	ANY FILMS PRODUCTIONS, INC.	07/24/2004	01173041	(60.0)
011111	ANY FILMS PRODUCTIONS, INC.	07/24/2004	01235321	(61.5)
011111	ANY FILMS PRODUCTIONS, INC.	07/31/2004	01247498	61.5
011111	ANY FILMS PRODUCTIONS, INC.	07/31/2004	01147013	60.5
011111	ANY FILMS PRODUCTIONS, INC.	08/07/2004	01185017	(60.5)
011111	ANY FILMS PRODUCTIONS, INC.	08/07/2004	01231958	60.5
011111	ANY FILMS PRODUCTIONS, INC.	08/07/2004	01231965	60.0
011111	ANY FILMS PRODUCTIONS, INC.	08/14/2004	01231976	(60.0)
011111	ANY FILMS PRODUCTIONS, INC.	08/14/2004	01232966	60.0
011111	ANY FILMS PRODUCTIONS, INC.	08/14/2004	01165027	60.0
Reported Hours for Plan Year 2004: 120.5 (4-B)				
002222	ANY OTHER COMPANY, INC.	08/02/1996	01032327	12.0
002222	ANY OTHER COMPANY, INC.	09/21/1996	01032328	12.0
Late Reported Hours for Prior Years: 24.0 (3-B)				
Total Reported Hours Since Last Statement: 144.5				
NOTE: Please contact your employer with regard to any discrepancies in the hours reported to the plan. In the event of any inconsistency between any written communication and the provisions of the Plans, the actual provisions of the Plans shall govern. Please refer to your Summary Plan Description for further details.				

## Here's how you read it:

- Your total Qualified Years (1-A) and Credited Hours (1-B) from the Pension Plan inception date through year 2003.
- Any contributions you made yourself prior to November 1990. (*Employee Contributions were no longer required after October 1990. Since that time, 100% of Pension contributions are made by Employers.*) (2)
- Any Credited Hours for prior years that were not reported until year 2004 are listed in total (3-A) and in detail. (3-B)
- The annual (4-A) and monthly (4-B) totals for hours reported for you by your employer(s) for the year 2004.
- The total number of hours credited throughout your career. (5)
- The total amount of your Employee Contribution. (6)

## Your Pension Plan Statement

Your Pension benefit is based upon the Qualified Years and Credited Hours reported in the Annual Statement.

- If you are Vested, your accrued Life Annuity benefit is indicated here. (*This is the monthly benefit payment you would receive upon Normal Retirement – generally age 65 for Vested Participants.*) If you are not Vested, the dollar amount listed is replaced by a statement indicating that you are not currently vested. (7)

## Your IAP Statement

Allocations for Employer Contributions are made yearly on your behalf (at the end of each of your Qualified Years) and are based upon the Qualified Years and Credited Hours reported in the Annual Statement.

- Your Individual Account Plan balance at the end of Plan Year 2004. (*It reflects your 2003 balance plus 2004 adjustments and allocations, if applicable.*) (8)

## New Claims Mailing Process

As part of our commitment to patient privacy, the MPI Health Plan has made some recent changes in its practices for mailing claims information. Previously, all Explanations of Benefits (EOBs) for dependent care were addressed to the Participant rather than the spouse or other dependent. That information is now being mailed directly to the dependent who received the care, regardless of age.

In addition, on the few occasions when charges for medical care received by the dependent are paid directly to the provider by either the Participant or the dependent, the reimbursement claim check will now go directly to the spouse or the dependent who received the care, rather than to the Participant. Of course, the majority of claims checks go directly from the Plan to the provider.

## MAKING AN ELDER CONNECTION

The entertainment industry is experiencing a rapidly expanding senior population. In the United States, more than 77 million baby-boomers will be retiring in the next five-to-six years, and current retirement home capacity will not accommodate the increased demand. Solutions must be put in place that will allow seniors to

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### *Elder Connection is a free nationwide service of MPTF.*

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get the care they need while remaining independent, healthy and safe in their own homes, regardless of their financial status.

Elder Connection is a free nationwide service of the Motion Picture and Television Fund that provides education, counseling and referrals to top-quality, community-based agency services.

Through Elder Connection, Industry members can get an assessment of care needs (either over the telephone or through home visits), financial assistance and supportive counseling and help for caregivers.

“Laura,” an adult child of a retired Industry member, called the Motion Picture & Television Fund’s Elder Connection program because she was worried about her father living alone.

During her conversation with an Elder Connection social worker, Laura explained that, while her father was healthy and still active, she was concerned about his ability to live safely in the house he had lived in for years.

The social worker visited “Norman” and offered him some new insights to consider, including several minor home improvements, such as grab bars in the bathroom and removing old throw rugs from the hall. She suggested Norman obtain a personal emergency response system, and provided referrals for companies that offer this service. Acting as a mediator between father and daughter, the social worker facilitated more open communication about this difficult subject.

The Elder Connection is a free service of the Motion Picture & Television Fund, available to all Industry members nationwide, including those covered by the Motion Picture Industry Pension and Health Plans. More information can be obtained by calling Elder Connection at 323.634.3866.

### Did You Know...

#### *Filling out a new Beneficiary Designation form is to your benefit?*

A new Beneficiary Designation form was recently mailed to all Active Pension Participants, along with the Pension and Individual Account Plans *Summary Plan Descriptions*. This new form will enable the Plans to scan and maintain your information electronically. Going forward, we will be able to include your designated beneficiary names on your annual statements, thereby reminding you of your current designation.

Even if you recently submitted a completed beneficiary form, it is important for you to take a few minutes to fill-out the new form and send it back to the Plans as soon as possible. If you have any questions, please contact the West Coast Plan Office: 818 or 310.769.0007, ext. 627. Outside Southern California: 888.369.2007, ext. 627.

#### *Comprehensive physical exams for MPI Health Plan Participants living in L.A. County are available through The Wellness Program?*

Annual comprehensive physical examinations are an important way to monitor your well-being and potentially identify any problems in the early stages. Active Participants and their eligible dependents age 13 and older who live in Los Angeles County are covered for this benefit through The Wellness Program. The Wellness Program is administered by the Motion Picture & Television Fund.

To schedule an appointment for a comprehensive physical exam or to take advantage of any of the Wellness services available at their five network locations, call 800.654.WELL (9355). No voucher is necessary. These services are available through the Motion Picture & Television Fund only. You may not substitute other private providers or programs which have not been approved.





# Making Your End-of-Life Wishes Known in Advance

*Save your loved ones the trauma of making difficult health care decisions on their own.*

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

*If a tragic accident occurred tomorrow, do your loved ones know what types of special treatment you want or don't want at the end of your life? Does your physician know how far you would like him/her to go in treating you? Is there anyone who can make informed decisions on your behalf regarding organ donation?*

A recent highly-publicized family tragedy in Florida has pointed out to all of us the importance of formally expressing our health care wishes, while we are well and after some consideration of the issues that may arise. A common way to accomplish this is to complete a document called an Advance Health Care Directive, which clearly states your wishes. This directive serves two important functions.

## 1. Power of Attorney for Health Care:

This portion of your Advance Health Care Directive is a legal document that allows you to *appoint someone* to make medical treatment decisions when you are unable to express your desires personally. Your health care agent, or “proxy,” will use the instructions you have spelled out to make decisions about your medical treatment.

## 2. Instructions for Health Care (sometimes referred to as a Living Will):

This treatment directive, or living will, is also included in your Advance Health Care Directive. It serves to *document your personal wishes* about end-of-life medical treatment in case your decision-making or communication abilities are lost. It details the type of care you want or don't want if you become incapacitated.

## Important Considerations When Choosing Your Health Care Agent

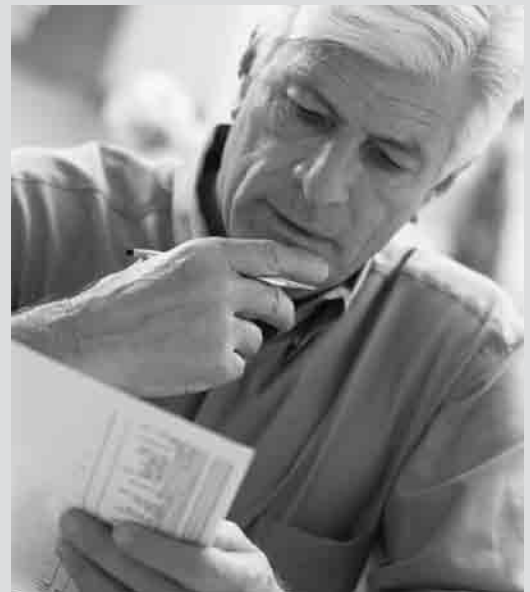
- Choose someone you can trust and who can live up to the responsibility of acting on your behalf for important medical decision-making.
- Be sure he or she knows what you consider to be an acceptable quality of life. Don't make assumptions. It's important to talk openly about these issues.
- Although you don't need an attorney to complete the forms, your signature must be witnessed by two people or be notarized by a Notary Public.
- Provide your health care agent's contact information to your family, doctors and anyone else who might be involved in your medical care.

## When Does Your Health Care Directive Take Effect?

Your health care directive takes effect when your doctor determines that you lack the capacity to make your own health care decisions:

- You cannot understand the nature and consequences of the health care choices available to you, and
- You are unable to communicate your own wishes for care, orally, in writing or through gestures.

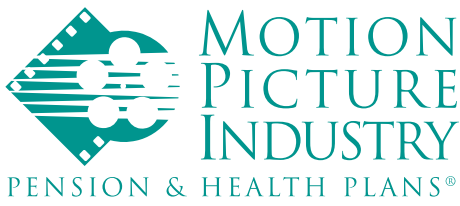
If you do not have Instructions for Health Care or a Power of Attorney



for Health Care, end-of-life decisions may be put in the hands of doctors or the court system.

## Where Can You Get an Advance Health Care Directive?

If you are subject to California law, you may obtain a blank Advance Health Care Directive by requesting one from your local hospital. Or, you can go to the website of the Office of the Attorney General, State of California at [http://caag.state.ca.us/consumers/general/adv\\_hc\\_dir.htm](http://caag.state.ca.us/consumers/general/adv_hc_dir.htm) and download a form. Many other states have equivalent availability on their websites. Their forms should contain any specifics required by the individual state.



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**Important Prescription  
Drug Coverage Information  
for Medicare-eligible  
Participants — See page 3!**

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  
Main Phone: 818 or 310.769.0007  
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  
888.758.5200  
Main Fax: 212.634.4952

**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 11/21/04 - 5/21/05 confirms benefits coverage in Eligibility Period 8/1/05 - 1/31/06.) 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