



# FOR YOUR BENEFIT...

Volume 11, No. 2

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Summer 2001

## Our Promise to You:

We, the Motion Picture Industry Pension and Health Plans, have recommitted ourselves to providing high quality benefits and reliable, dependable services at affordable cost.

**Read the Plans' new Mission Statement below to find out what this means to you, the Member?**

## Mission Statement

The Plans exist to improve the quality of the lives of skilled professionals in the motion picture industry by enabling them to enjoy optimal health, and financial security during retirement years.

## Announcing:

## Our New Outpatient Claims Processing System

**Exciting changes are happening at the Plan Office**, not the least of which is the implementation of a new health claims processing computer system for outpatient claims. The new system, which has been in the works for nearly a year, is scheduled to be on-line later this year. This new system will greatly increase the speed and consistency of claims processing and best of all, we will be able to accept and process claims electronically.

During the transition period, just prior to and immediately following implementation of this new system, you may experience a slight delay in the processing of your claims. We assure you that this is only temporary and that once the new system is fully operational, claims processing will be more efficient than ever before.

We at the Plan Office greatly appreciate your patience while we work toward becoming even more operationally excellent. 🌟

| <i>Inside this issue</i>                         | <i>Page</i> |
|--|-------------|
| What to do if your hours were Under-Reported.    | 2           |
| What You Need to Know About Pre-authorization    | 3           |
| Delta Dental DPO USA Brochure— <b>Correction</b> | 4           |
| Bank of Hours/ COBRA Period Change               | 4           |
| Do You Have Surgery Scheduled?                   | 5           |
| The Wellness Program                             | 5           |

**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.**



# Were Your Hours Under-Reported or Not Reported to the Plans at All?

It is your responsibility to keep track of your work hours and to make sure all contributions are paid on your behalf.

If you receive a statement of hours from the Pension or Health Plans, you notice that some of your hours are missing, here's the procedure to follow to request credit from the Pension and Health Plans for those underreported hours:

## 1. Contact Your Employer of Record

Before contacting the Plan Office, you should contact your employer or the payroll agency responsible for remitting the contributions to the Pension and Health Plans (usually the same payroll agency who printed your check(s)). If you are unable to contact the employer or resolve the problem, then you must contact the Plan Office in writing.

## 2. Contact the Plans

You must submit a written request to the "Contribution Collections Department, Attn: Underreported Hours," asking for research of the under-reported contributions. The request should include the following information:

- ▶ your job description,
- ▶ the name of the employer and/or title of the production, and
- ▶ the time periods in which you believe the reporting error or underreported contributions occurred.

The letter should also state whether you have contacted the employer and their response.

In order to verify under-reported contributions, the Contribution Collections Department will require proof of covered employment, such as:

- ▶ payroll check stubs that indicate the job classification,
- ▶ hours worked, *and*
- ▶ the employer of record.

### Other documents that may be helpful:

- ▶ timecards,
- ▶ deal memos,
- ▶ tax forms W-2 and 1099,
- ▶ personal service contracts,
- ▶ Social Security Administration Earning Statements.

You may **FAX** your information to the Contribution Collections Department at **818.980.7433**.

If you have any questions or would like to make an appointment to hand-deliver copies of your documents, please call us at **818 or 310.769.0007, Ext. 668**.



## MPI Pension Plan Direct Deposit...

**Direct deposit your pension checks.**

*No more waiting in line,*

*Your pension money is there when you need it,*

*It's safe, quick and convenient.*

**To sign up, call us at:**

**(818 or 310) 769-0007, Ext. 627**



### 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 holiday:

**Independence Day**  
July 4, 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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# What You Need to Know About Pre-authorization

The Health Plan has a requirement that certain procedures and services be **pre-approved by the Medical Review Department** if they are to be covered. This is done to comply with the Board's overall obligation that all services be *appropriate* and *medically necessary*. We want to alert all members of this rule to avoid problems that often arise when this approval requirement is not met.

To learn more about coverage, contact the Medical Review Department of the Health Plan by:

- ♦ Mail,
- ♦ FAX (818.766.6532), or
- ♦ Telephone (818 or 310.769.0007, ext. 286)

**You should contact the Medical Review Department well in advance of requesting any of the benefits noted at right.**

Please be sure to provide all the information related to your inquiry when you first contact us, such as:

- Name and Social Security Number of Participant
- Name of the patient having the procedure/test
- Which procedure or test is contemplated, and when.

We want your health benefits to work smoothly for you. By being aware of this requirement, there is less likelihood for misunderstanding.

Members Residing Outside California must call Blue Cross/Blue Shield at **1.800.274.7767** for pre-authorization.

Any claim for benefits connected with reconstructive surgery not pre-authorized may be denied unless Blue Cross/Blue Shield concludes that the information available clearly establishes the surgery as medically necessary.

California Members must follow these steps to obtain Pre-authorization:

1. Submit a letter describing medical necessity from your doctor(s), to the Medical Review Department,
2. If approval is being requested for reconstructive surgery, submit to an Independent Medical Examination ("IME") by a physician selected by the Health Plan<sup>1</sup>,
3. Receive a written pre-authorization from the Medical Review Department. (*Pre-authorization is always provided in writing, never by telephone.*)

## BENEFITS REQUIRING PRAUTHORIZATION

- |   |   |
|---|---|
| ➤ Breast Reconstruction   | ➤ Nursing Care  |
| ➤ Dermatology for scar revision (or other cosmetic procedure to the skin) | ➤ Possible Investigative testing and treatment        |
| ➤ DME (durable medical equipment)   | ➤ Prostheses and Braces                               |
| ➤ Eyelids, External Ear surgery   | ➤ Psychological Testing thru EIRAC                    |
| ➤ Insulin Pump (such as MiniMed Pump)                                     | ➤ Speech Therapy                                      |
| ➤ MRI of the ankle/foot   | ➤ TMJ (Temporomandibular Joint Dysfunction) treatment |
| ➤ Nasal and Sinus surgery   | ➤ Transplant Surgery                                  |
|   | ➤ Ventral Hernia Surgery                              |

Any claim for benefits connected with **reconstructive surgery** not pre-authorized will be **denied** unless the Medical Review Department concludes that the information available clearly establishes the surgery as medically necessary.

**California Residents must** arrange their Independent Medical Examination through the Medical Review Department in order for the cost to be covered by the Health Plan.

<sup>1</sup> Unless the Independent Medical Examination takes place before the surgery, the Medical Review Department may not have sufficient information from which to conclude that the surgery was medically necessary rather than cosmetic. The IME physician cannot perform the surgery.

**Listing every service or item that requires pre-authorization is not possible. Contacting the West Coast Plan Office in writing for verification of coverage is strongly recommended.**

## Delta Dental DPO USA Brochure—

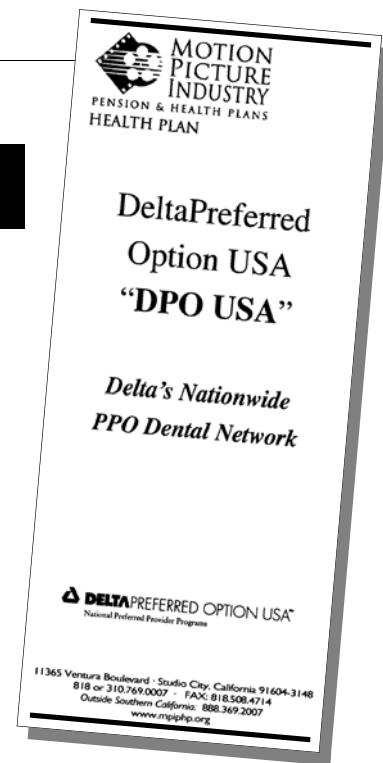
# Correction

On or about April 1, 2001, we sent a brochure to all Health Plan Participants describing the Delta Dental DPO USA network.

Under the main heading “Covered Services, it was stated under “Diagnostic and Preventive Services” that full mouth X-rays would be covered once every three years.

This is incorrect. Full mouth X-rays are a covered benefit only once every five years while you are eligible under any Delta program, unless a special need is shown.

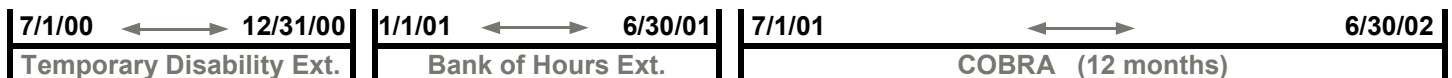
We hope this inadvertent miscommunication did not cause any inconvenience. 🐼



## Bank of Hours / COBRA Period Change

For any Participant eligible to pay COBRA on or after **February 1, 2001**, a Bank of Hours extension granted after your initial qualifying event *will no longer reduce your maximum COBRA period*. (Prior to this change, each extension granted after your qualifying event reduced your maximum COBRA continuation coverage period by the number of months of extended coverage.)

**Please note** that any Temporary Disability granted after your initial qualifying event will still reduce your COBRA period by six months. **For example**, if you had a Temporary Disability extension during the July – December 2000 benefit period, a Bank of Hours extension for January – June 2001 and elect to enroll in COBRA in July 2001, you will then be entitled to 12 months of COBRA continuation coverage instead of the regular 18 months. (See *Illustration below*.)



## COBRA Qualifying Events

COBRA continuation coverage continues for up to 18 months if you would otherwise lose Plan health coverage because of a reduction of hours. An additional 11 months of COBRA coverage (up to a total of 29 months) can be secured if you (or your eligible dependent) become permanently disabled, as determined by the Social Security Administration, within the first 60 days of COBRA coverage.

COBRA continuation coverage for your eligible dependents continues for up to a total of 36 months from the date any one of the following qualifying events occur:

- ① Your death
- ② Your divorce
- ③ You become entitled to Medicare while paying for COBRA
- ④ Your dependent is no longer an eligible dependent as defined by the Plan

***If you have any questions about this rule change, please contact the Eligibility Department at extension 263. 🐼***

## Has Your Address Changed? Did You Get Married or Divorced?

We want you to receive all correspondence and publications timely. For this to happen, we need you to keep your address current with the Plan Office.

The Plans do not automatically receive address changes from Unions, Employers, etc. This is one reason why it is important to complete and submit an address change card to the Plan Office **every time your address changes**.

Without your current address, you may not receive timely your new eligibility cards, pension checks, statements of hours, seminar announcements, benefit change notices, newsletters, etc.

Also, remember to update your beneficiary designation cards when you get married, divorced, or have a child. **There are separate cards for the Pension and Health Plans.** Be sure to complete and submit both when necessary.

*You may obtain “Change of Address” and “Beneficiary Designation” cards from either Plan Office.*

*Call: West Coast: 818 or 310.769-0007, Ext. 263,  
or East Coast: 212.627.7232*

## Do You Have Surgery Scheduled?

**Did you know that Assistant surgeons are not covered for all surgical procedures.**

We at the Health Plan do not want you to have any unpleasant surprises when it comes time to pay the assistant surgeon.

If surgery is anticipated and your surgeon plans to use an assistant surgeon, the Medical Review Department can tell you in advance if your insurance will cover the assistant surgeon’s fees.

**Call Medical Review:**

**818 or 310.769.0007, Ext. 286.**

If the assistant surgeon is determined to be medically necessary, the maximum allowable for the assistant surgeon is 20% of the surgical allowance.

**Don’t be surprised... call us in advance.**

**Attention Active Participants:**

## THE WELLNESS PROGRAM

1.800.654.WELL (9355)

Since its inception in 1997, The Wellness Program has become a popular benefit for Active Participants.

Administered by The Industry Health Network of the Motion Picture & Television Fund, The Wellness Program offers a variety of wellness services to our Active Participants and their eligible dependents, such as the **Lifestyle Enhancement Series**, which includes classes on:

- Smoking Cessation
- Nutrition and Weight Loss
- Mastering Stress
- Time Management
- Self-Esteem
- Controlling Diabetes

The **Healthy Family Services** include classes on:

- CPR and First Aid
- Preparing for Pregnancy
- Parenting Skills

**In addition**, The Wellness Program offers:

- A Childhood Immunization Program
- Limited Coverage for Well-Child Care
- Fitness Assessments
- Health Clubs & Classes Discount Program

**Also offered** are awareness and learning resources, as well as self-care guides.

**To learn more**, Active members should call The Wellness Program at **1.800.654.WELL (9355)** and ask for an “Activities Calendar” and/or a “Benefit Guide.”

**For Active Participants residing outside the Los Angeles area**, if you are planning to visit the L.A. area, please take advantage of the wellness services provided. Reserve space for a seminar, or participate in other programs by contacting The Wellness Program at **818.876.1792**.

**(Space for each class is limited. Vouchers are required. There is a six-class limit per person each quarter. Once you are registered, you will receive confirmation by mail.)**

**Were Your Hours  
Under-Reported or  
Not Reported to  
the Plans at All?  
See Article on page 2  
for What You Can Do  
About it.**

## Web Addresses for Some of Our Contracting Providers

For those of you who are web savvy, the following contracting providers currently have an Internet presence:

[www.advancerox.com](http://www.advancerox.com)  
[www.aetnaushc.com](http://www.aetnaushc.com)  
[www.alignis.com](http://www.alignis.com)  
[www.bluecrossca.com](http://www.bluecrossca.com)  
[www.buildingbetterhealth.com](http://www.buildingbetterhealth.com)  
[www.ca.kaiserpermanente.org](http://www.ca.kaiserpermanente.org)  
[www.deltadentalca.org](http://www.deltadentalca.org)  
[www.deltadentalca.org/mpiphp](http://www.deltadentalca.org/mpiphp)  
[www.healthnet.com](http://www.healthnet.com)  
[www.maxicare.com](http://www.maxicare.com)  
[www.mptvfund.org](http://www.mptvfund.org)  
[www.ucci.com](http://www.ucci.com)  
[www.ullico.com](http://www.ullico.com)  
[www.vsp.com](http://www.vsp.com)

## Qualifying Periods for Monthly Eligibility

| Qualifying Periods              | Eligibility Periods |
|---------------------------------|---------------------|
| 3/26/00 — 10/21/00 <sup>1</sup> | 1/1/01 — 6/30/01    |
| 5/21/00 — 11/25/00              | 2/1/01 — 7/31/01    |
| 6/25/00 — 12/23/00              | 3/1/01 — 8/31/01    |
| 6/25/00 — 1/20/01 <sup>1</sup>  | 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    |

1. The two one-time, extended Qualifying Periods.