



# For Your Benefit...

Volume 11, No. 4

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Winter 2001

## Health Benefit Modifications Effective January 1, 2002

At their meeting held December 19, 2001, the Health Plan Board of Directors voted to approve the following benefit modifications:

### Well-Childcare Visits, Up To Age 13

Now, for services rendered on and after January 1, 2002, the Motion Picture Industry Health Plan will cover well-childcare visits for children newborn through age 2, and once annually for children age 3 through 12.

### Childhood Immunization Coverage for Hepatitis A

Effective January 1, 2002, immunizations for "Hepatitis A" will be considered a covered benefit for dependent children, newborn through age 18 (through age 22 if a full-time student).

**Please Note:** Starting January 1, The Wellness Program will no longer administer their Childhood Immunization Program. You may go to the pediatrician of your choice. HMO enrollees must refer to their HMO Plan of benefits.

### Three Additional Transplant Procedures

The Directors voted to add skin, cartilage, and peripheral blood stem cells to the list of transplants currently covered under the Plan of Benefits.

Preauthorization from the West Coast Health Plan Office is required in all cases, except where a medical

emergency makes such preauthorization impossible. Contact the Medical Review Department at extension 286 for preauthorization, or more information.

**Please Note:** As before, except where the donor is covered by the Health Plan, coverage of expenses for the donor will be limited to the removal of the organ or tissue, storage and transportation.

### Wellness Program For Retirees

Effective January 1, 2002, Retirees and their eligible dependents will enjoy the same wellness program as Active Participants.

The Wellness Program is administered by The Motion Picture & Television Fund through its five Southern California Health Centers. Program features include classes on such topics as smoking cessation; good nutrition; stress, anger, and diabetes management; cardiopulmonary resuscitation; and more.

In addition, The Wellness Program offers fitness assessments, the health clubs and classes discounts, awareness and learning resources, as well as self-care guides.

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

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## An Additional \$41.5 Million to Fund the Individual Account Plan

At their meeting held October 24, 2001, in accordance with the applicable bargaining agreements, the Health Plan Board of Directors voted to allocate Supplemental Markets and Post '60s contributions<sup>1</sup> to the Individual Account Plan in the amount of **\$41.5 Million**.

As in the past, this allocation will provide a one-time benefit increase to Individual Account Plan Participants. This benefit increase is in addition to the \$.305 per hour *and* the percentage of minimum scale contributions already provided.

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1. Supplemental Markets contributions are generated by the sale of videocassettes and the distribution of pictures in certain other markets. Post '60s contributions are generated by the release of theatrical motion pictures on free television.

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This allocation applies only to Participants who earn a Qualified Year in 2001 *and* on whose behalf the percentage of compensation contribution had commenced on or before October 24, 2001.

**Please Note:** Participants who did not receive the percentage of compensation contribution, *or* who did not earn a Qualified Year in 2001, *or* who retired in 2001 will **not** receive this one-time contribution to their Individual Account Plan account.

**The \$41.5 million will be allocated to Qualified Affiliate Participants (covered by a collective bargaining agreement) as follows:**

- ❖ One-half will be based on the total number of hours you have credited to your Individual Account Plan account from December 23, 1979 through December 22, 2001.
- ❖ One-half will be based on the total number of hours you have credited to your Individual Account Plan account in Computation Year<sup>2</sup> 2001.

**For Example:**

Participant A is an Affiliate Participant who had 20,000 Credited Hours at the end of Computation Year 2001 (2,000 of which were worked during 2001). S/he can expect to be credited with **between \$1,300 and \$1,600** to his/her Individual Account Plan account.

Participant B is an Affiliate Participant who had 30,000 Credited Hours at the end of Computation Year 2001 (2,000 of which were worked during 2001). S/he can expect to be credited with **between \$1,700 and \$2,000** to his/her Individual Account Plan account.

Participant C is an Affiliate Participant who had 40,000 Credited Hours at the end of Computation Year 2001 (2,000 of which were worked during 2001). S/he can expect to be credited with **between \$2,000 and \$2,300** to his/her Individual Account Plan account.

For **Qualified Nonaffiliated Participants**, the allocation will be based on the total number of hours credited to your Individual

Account Plan account in

Computation Year 2001.

**For Example:**

Participant D is a Nonaffiliate who worked between 2,000 and 2,800 Credited Hours during 2001. S/he can expect to be credited with **between \$1,000 and \$1,800** to his/her Individual Account Plan account.

Participants will be able to see this one-time contribution reflected on their Individual Account Plan Annual Statement, which is scheduled for distribution mid-2002.

**For more information about the Pension and Individual Account Plans, please see your Summary Plan Description, or call the Plan Office at extension 627.** 📞

*“...this allocation will provide a one-time benefit increase to Individual Account Plan Participants.”*

2. A **Computation Year** begins on the Sunday before the last Thursday of a calendar year and ends on the Saturday before the last Thursday of the subsequent calendar year. Benefits will be calculated and allocated to Participants each Computation Year.



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**Holidays:**

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

**President's Day**  
February 18, 2002

**"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.  
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*Attention Same-Sex Domestic Partners Covered Under the Health Plan and Living in California*  
**New Registration Requirement Starting January 1, 2002**

**T**he Plan's Same-Sex Domestic Partnership Certification process requires both domestic partners to sign the Plan's "Affidavit of Domestic Partnership" before a notary public, under penalty of perjury. In addition, before coverage can commence, the Participant must provide specific evidence to the Eligibility Department of the West Coast Plan Office.

The California Legislature recently enacted a law, effective January 1, 2002, which permits same-sex domestic partners to register as domestic partners with the Secretary of State. Registration requires the filing of a Declaration of Domestic Partnership with the California Secretary of State.

Starting January 1, 2002, the Plans will require eligible California Participants wishing to obtain health coverage for their same-sex domestic partners to register their partnership with the State in addition to completing the Plan's Affidavit. Like the Plan's Affidavit of Domestic Partnership, the State's declaration must be signed by both partners before a notary public, under penalty of perjury. You may obtain Declaration forms from the county clerk or the office of the Secretary of State.

The form is also available on-line at:


[http://www.ss.ca.gov/business/sf/sf\\_dp.htm](http://www.ss.ca.gov/business/sf/sf_dp.htm)

The Declaration form must be filed with the State of California (Secretary of State, P.O. Box 944225, Sacramento, CA 94244-2250, (916) 653-4984). The filing fee is \$10. The Secretary of State will register the Declaration and return a copy of the registered form to the domestic partners.

The Participant must submit a copy of the registered form to the Eligibility Department of the West Coast Plan Office. You will need to submit the registered form to the Plan Office no later than March 31, 2002, for uninterrupted health coverage.

**Termination:**

**Please Note:** If you decide to terminate your same-sex domestic partnership, you must notify the Plan Office in writing *within 10 days of the termination*.

**For more information about the Health Plan's Same-Sex Domestic Partner benefit, please see your Summary Plan Description, or call the Plan Office, Ext. 263.** 

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**Physical Therapy/Occupational Therapy/  
Osteopathic Manipulative Therapy (Outpatient)**  
(Non-HMO Participants)

**Did you know** that Physical Therapy/Occupational Therapy/Osteopathic Manipulative Therapy (outpatient) for non-HMO Participants is not covered unless rendered by a Registered Physical Therapist/Occupational Therapist, a Doctor of Osteopathy, or a Medical Doctor?

A maximum of sixteen physical therapy/occupational therapy treatments are covered per year without preauthorization. **Additional treatments must be medically indicated and preauthorized.** The initial visit/evaluation is allowed separately and not included in the sixteen-treatment limitation.

The therapy must be prescribed by a physician, with duration and interval of therapy noted on the prescription. Have your physician or therapist submit this information with the initial billing. The Plan will **not** consider claims for **therapy elected by the patient**. The initial visit/evaluation is allowed separately.

**Please note:** Services rendered in health clubs, even when rendered by a Registered Physical Therapist, and services rendered by a masseur/masseuse are not covered. HMO enrollees must refer to the Evidence of Coverage for their HMO plan of benefits.


**Call the Medical Review Department at extension 286 for more information, or for pre-authorization for additional treatments.** 

**Acupuncture**  
(Non-HMO Participants)

**Did you know** that Acupuncture for non-HMO Participants is only covered when services are rendered by a certified Acupuncturist or Medical Doctor?

A maximum of thirty-two acupuncture treatments are covered per calendar year.

Laboratory tests and diagnostic studies are not covered when ordered by an Acupuncturist.

HMO enrollees must refer to the Evidence of Coverage for their HMO plan of benefits. 

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(Health Benefit Modifications..., *Continued from page 1*)

Watch your mail for a 1<sup>st</sup> Quarter 2002 Activities Calendar and Benefit Guide going out in early January.

To learn more about The Wellness Program or to obtain a Benefit Guide, call 800.654.WELL (9355).

### **Maxicare**

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As you may have heard, California regulators seized control of Maxicare last May. To protect our Participants, the Motion Picture Industry Health Plan will no longer offer Maxicare as one of the HMO choices after January 1, 2002.

The Health Plan will continue to offer Kaiser, Health Net, and The Industry Advantage/CaliforniaCare<sup>®</sup> HMO to Active Participants residing in California, and Kaiser Senior Advantage, Health Net Seniority Plus, and The Industry Advantage/CaliforniaCare<sup>®</sup> HMO to Retired Participants living in California.

In addition, the Health Plan will continue to offer Aetna U.S. Healthcare to those Active Local 600 Participants living in the New York, New Jersey, Pennsylvania and Connecticut area.

### **A Change in Kaiser Co-pays Active Participants Only**

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As of January 1<sup>st</sup>, Kaiser will no longer offer the option of \$2 co-pays for Active Participants. Therefore, effective January 1<sup>st</sup>, there will be an increase in office visit co-pays from \$2 to \$5 for Active Participants electing Kaiser Permanente as their HMO.

### **Benefits Under the Vision Service Plan**

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The standard eyeglass frame allowance under VSP was increased from \$45 to \$55.

And, effective for services rendered on and after January 1, 2002, the Health Plan through Vision Service Plan, will cover new frames only once every 24 months instead of the current once every 12 months. 📌

*If you would like more information about these benefit modifications,  
please call the Plan Office at 818.769.0007, Ext. 244.*

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## **Some Not So Common Terms**

We at the Plan Office thought it might be helpful to explain some of the Health Plan's terms:

**Coordination of Benefits** is what the Health Plan does when a participant or eligible dependent is eligible for benefits with more than one health plan at the same time. A process known as **Order Of Benefit Determination** is used to coordinate the benefits of both plans where duplicate coverage exists.

An **Explanation of Medical Benefits** is Medicare's version of the Health Plan's Explanation of Benefits form.

**Explanation of Benefits** is the form the Health Plan sends you after your claim has been processed. It includes such information as the date of service, billed charges, who performed the service, and the amount paid. If the claim deals with medical visits which can reach a maximum number of visits allowed, the form may also include how many such visits you have remaining for the calendar year.

A **Member Identification Number** or **Participant Identification Number** refers to your Identification Number found on your benefit card.

A **Provider** or **Provider of Service** can be a physician or physician corporation, a health care center, hospital, or a company which deals in home health or durable medical goods. 📌



# The Plans' Redesigned Web Site Goes Live in January

After eight months of collaborative effort to design and develop, test and retest, the Motion Picture Industry Pension & Health Plan's redesigned web site will offer participants not only a new look and feel, but easier navigation and better access to information.

A great deal has been added to the system to allow convenient "self-service" for participants, 24-hours a day, seven days a week. For example, there are expanded links to other sites and online access to important information.

The redesigned site now offers Participants the ability to "sign up" for access to their personal information, including their hours reported to the Plans, their chosen medical and dental plans, and their current covered dependents.

In addition, forms for the AdvanceRx Mail Order Program, medical claims, pension direct deposit, change of address, and the separate pension and health beneficiary cards, among others, will now be available on-line, with no need to call the Plan offices for a blank form. Many of the web forms can be completed on-screen, then printed out for signature and mailed to the Plans.

Also, the site contains information from the Summary Plan Descriptions, and provides important links to cross-references and related forms.

State-of-the-art security is an integral part of the web site and is designed to maximize the security of all information between the user's system and the Plans.

The screenshot shows the homepage of the Motion Picture Industry Pension & Health Plans website. At the top, there are navigation links for Home, Log In, Resources, and Feedback. The main header features the organization's logo and a photograph of a person operating a camera. Below the header, there are buttons for "Log In" and "Sign Up" under the heading "Online Services". The page is organized into several sections: "Your Benefits" with links to Active Plan, Retiree Plan, Pension & IAP, Qualifying Periods, and Newsletter; "Your Forms" with links to Claims, Medical Review, Eligibility, Pension, and Employer Accounts; "About Us" with links to Company History, The Plans, Board of Directors, and Careers; "Contact Us" with links to Department E-mail, Address & FAX, Health Directory, Pension Directory, and IAP Directory; "FAQs" with links to Pension, Claims, Eligibility, and Subrogation; and "Legal" with links to Privacy Policy and Terms of Use. A "TOP" link is also present. A large teal banner at the bottom of the page displays the website URL: www.mpiphp.org. The footer includes the copyright notice ©2001.

Participants will find even more improvements throughout the year. For example, Participants will be able to perform their own pension calculations, and providers will be able to check the status of claims. 📄

The Plans' web site  
has a new look.  
See page 5 for details!

## Expanded Telephone Service Hours

Starting January 2, 2002, the West Coast Plan Office walk-in and telephone service hours will be expanded as follows:

**Participant Services 7 a.m. to 5 p.m.**

Health Benefits  
Claims Inquiries

**Pension Department 8 a.m. to 5 p.m.**

Retirement  
Refund of Employee Contributions  
Death Benefit  
Retirement Benefit Calculation Statements  
Pension History Print-outs

**Eligibility Department 8 a.m. to 4:30 p.m.**

Address Changes  
Plan Enrollments  
Adding Dependents

**Medical Review 8 a.m. to 4:30 p.m.**

Preauthorization  
Health claims appeals/requests for review  
Independent Medical Examination/"IME"/  
Second Surgical Opinion  
Nursing Care  
Home Intravenous Therapy  
Case Management

## Qualifying Periods for Monthly Eligibility

Qualifying Periods	▶	Eligibility Periods
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
8/26/01 — 2/23/02	▶	5/1/02 — 10/31/02
9/23/01 — 3/23/02	▶	6/1/02 — 11/30/02
10/21/01 — 4/20/02	▶	7/1/02 — 12/31/02
11/25/01 — 5/25/02	▶	8/1/02 — 1/31/03
12/23/01 — 6/22/02	▶	9/1/02 — 2/28/03
1/27/02 — 7/20/02	▶	10/1/02 — 3/31/03