

FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Volume 13, No. 1

Winter 2003

THE HIGH COST OF HEALTH CARE — MAKING A DIFFERENCE

As medical costs continue to soar and the economy does not, the health care industry has reached a critical juncture. Corporations, unions, public employers, government leaders, health plans and health care providers are struggling to identify the root causes of this crisis and to implement viable strategies to slow the progression...

Are Soaring Costs Real or Sensationalized?

The problem is very real. Last year, the Consumer Price Index (CPI) showed overall prices paid by consumers in this country up a modest 1.6 percent. Medical care, however, far outpaced CPI averages, showing a 4.7 percent increase. And that is impacting everyone in the system, including consumers.

In a recent Kaiser Family Foundation survey of 3,267 public and private employers, participants reported an average 12.7 percent increase in premiums in the year between spring 2001 and spring 2002. That's the highest rate of increase since 1990, and it's the sixth straight year the increase has exceeded that of the previous year.

That's not all. Spending on prescription drugs has accelerated at five times the rate of inflation,

and the worst is yet to come. The Centers for Medicare & Medicaid Services projects that by 2007, prescription drug costs will represent 25 percent of total health care expenditures, as compared to only 3 percent in the 1980s.

Since those over age 65 use one-third of all prescriptions dispensed, future retirees are at serious risk. According to a recent survey by Watson Wyatt Worldwide, companies are expected to pay less than 10 percent of medical costs for retirees by 2031.

What's at the Root of the Crisis?

According to the Kaiser study, "increasing medical claims expenses" appear to be driving the premium increases. The cost of coverage for a family of four is now averaging \$8,000 per year.

continued on page 7

MPIHP TO ISSUE CONFIDENTIALITY PROTECTIONS FOR PARTICIPANT HEALTH INFORMATION

Protecting the confidentiality of Participant information has always been a primary focus for the MPI Pension and Health Plans. Procedures have long been in place to limit access to Participants' individually identifiable health information both within and outside of the MPI Health Plan and to provide Participants appropriate access to their own information.

Effective April 14, 2003, MPI Health Plan

It is important for you to understand how your information is being used and protected.

procedures will be enhanced and formalized in a written policy that will be mailed to all Participants prior to that date.

This comprehensive document is intended to further guard our Participants against unnecessary use and disclosure of their personal information, while still allowing the Plan necessary access for business operations. It has been written to meet and exceed the strict standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The information you receive from the MPI Health Plan in the next month will be in the form of a *Plan Update* detailing acceptable circumstances for disclosure of personal Participant health information, as well as spelling out your rights with respect to your own health information. All forms of communication are covered – oral,

continued on page 3



Inside This Issue

2003 Claims/Appeals Procedures **2**

New Blue Cross IDs **2**

HMO Benefit Options Change **3**

Healthy Choices: End of Life Care **4**

Plan Update **5-6**

• Outpatient Therapies Clarification **5**

• Kaiser Permanente Benefit Changes **6**

• Chiropractic Treatment **6**

• Blue Cross Address Change **6**

How Much Will You Owe? **7**

Qualifying Periods **8**

Dates to Remember

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

Memorial Day May 26

new

CLAIMS/APPEALS

PROCEDURES EFFECTIVE IN 2003

Details of new Motion Picture Industry Health Plan (MPIHP) claims and appeals procedures were mailed to Participants in December 2002.

Effective January 1, 2003, these new procedures apply to the MPIHP/Blue Cross Plan, as well as dental and vision plans, any HMO options offered by MPIHP, the PacifiCare Behavioral Health benefit and certain other items.

Similar claims and appeals procedures have previously been outlined and are integral to providing responsive service for our Participants. This new version, in compliance with recently enacted U.S. Department of Labor regulations, further defines processes and specific timelines. It has been written to ensure more prompt processing and should prove even more helpful to Participants and their eligible dependents.

One notable change in the new procedures concerns Preauthorizations. Previously, certain procedures required that you and your physician notify the Plan in advance to receive written approval in order for those procedures to be considered a covered expense.

Participants and their eligible dependents enrolled in the MPIHP/Blue Cross Plan are no longer required to receive preauthorization for any covered benefits. (Other contracted networks have their own preauthorization guidelines.) That is not, however, a guarantee that a medical procedure or service is a covered benefit.

Each service or procedure must meet “medical necessity” and other criteria outlined in your *2002 Summary Plan Description*. To avoid any unnecessary out-of-pocket expense or payments, it may be in your best interest to request preauthorization of those services to verify coverage.

It is a good idea to review the new *Claims and Appeals Procedures Plan Update* carefully, particularly prior to undergoing any medical procedure or service. If you did not receive a copy of the *Plan Update* or would like an additional copy, please visit our website at www.mpiphp.org or contact the Plan’s Main Office at 818 or 310.769.0007, extension 251. Those calling from outside Southern California, please call 888.369.2007.

Filing Claims

Participants and their eligible dependents enrolled in the MPIHP/Blue Cross Plan will continue to file benefit claims (other than hospitalization pre-certifications and claims) and any appeals directly with the MPI Health Plan.

Mail to:

**Claims Department
MPI Health Plan
P.O. Box 1999
Studio City, CA
91614-0999**

Do You Know...

...MPIHP will Host a Pre-Retirement Seminar in June?

Whether retirement is just around the corner or years away, it’s never too early or too late to begin planning. So, if you are an Active, Vested Participant age 50 or older, you’re eligible to participate in our Pre-Retirement seminar scheduled for June. Watch for details in your next *For Your Benefit* about how you can learn from the experts to plan everything from your child’s education to retirement with pension and health care benefits that will meet your needs.

BLUE CROSS IDs ARE CHANGING

For those Participants and their eligible dependents who live outside of California, Blue Cross has notified the Plan of a change in member identification (ID) numbers for those who have selected Blue Cross/Blue Shield (BlueCard) for their health plan coverage.

Currently, BlueCard members are identified by placing the Alpha (Alphabetical) Prefix “XDP” before the Participant’s Social Security Number. As of January 1, 2003, that prefix has changed to “MPI.” Further details and new ID cards will be mailed to all Blue Card Participants in February. Although the Social Security Number is no longer printed on the card for personal identity security reasons, the new Alpha Prefix will be included.

For those Participants and their eligible dependents living in California who have selected MPIHP/Blue Cross as their health plan, similar ID card changes will be implemented. The “MPI” prefix will allow Participants network access and discounts while traveling outside the state of California. Further information regarding these changes will be included in the Spring 2003 *For Your Benefit*, and new cards will be mailed to California residents in July.

HMO BENEFIT OPTIONS CHANGE

As of January 1, 2003, the Plans no longer offer The Industry Advantage/CaliforniaCare HMO as one of the health plan coverage options. The plan, which offered services only to those Participants located in Southern California, was eliminated by The Industry Advantage due to an escalating cost structure.

Fewer than 1,000 Participants were enrolled in The Industry Advantage/CaliforniaCare HMO. They received notification of the change in December, 2002 and were asked to switch to one of the quality alternatives available, including Health Net or Kaiser Permanente, both Health Maintenance Organizations (HMOs), or MPIHP/Blue Cross, the indemnity plan option.

As the majority of health care providers offered through The Industry Advantage were also accessible through one of the other health plan coverage alternatives, the transition was seamless. The Industry Health Network's Motion Picture & Television Fund Health Centers are still available through the MPIHP/Blue Cross Plan.

The deadline for enrollment in one of the alternate plans was

January 1, 2003. Those who did not submit their forms by that date were automatically enrolled in the MPIHP/Blue Cross Plan.

The next opportunity to enroll in an HMO is during open enrollment which occurs in July of each year for an August 1 effective date. (Those who are currently enrolled in an HMO and wish to enroll in the MPIHP/Blue Cross indemnity plan may do so at any time by contacting the Eligibility Department. Enrollment will be effective at the beginning of the month following receipt of your completed enrollment Selection Form.)

To begin the plan change process, simply request a Selection Form from the Plan Office. Complete and return it by July 31, and new coverage will take effect August 1. Information about open enrollment is included in your *2002 Active Summary Plan Description*, page 18, or page 10 of the *Retiree Summary Plan Description*.

Please contact the Eligibility Department at 818 or 310.769.0007, extension 263 for further information. Outside Southern California, call 888.369.2007.

CONFIDENTIALITY PROTECTIONS

continued from page 1

printed and electronic. Although the document is necessarily long and detailed, it is important for you to understand how your information is being used and protected. As an example, there are some obvious necessary disclosures that are spelled out in this document, such as

Procedures have long been in place to limit access to personal information both within and outside of the MPI Health Plan and to provide Participants appropriate access to their own information.

communicating with other health plans to coordinate payment of benefits or with providers in order to make payments. Of course, information will be provided to a government agency when

required to do so by any federal, state or local law.

The Plan Update will also spell out your rights in regard to receiving confidential communications, inspecting and copying your health information and requesting amendments if you believe your records are inaccurate or incomplete.

Once you have received the Plan Update, contact Victoria L. Fins, Compliance Officer, with any questions regarding patient privacy and your privacy rights.

Ms. Fins can be reached by mail at:
MPI Pension & Health Plans
P.O. Box 1999
Studio City, CA 91614-0999.

You may reach her by phone at 818 or 310.769.0007, extension 316, or 888.369.0007 for those calling from outside Southern California.

Do You Know...

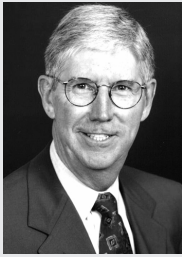
...You Have 24-Hour Access to Information by Phone and Website?

The Plans' website, www.mpiphp.org, is set up to provide information to many questions you might have. We post the latest "news" as soon as it happens and answer your most commonly asked questions. Also, many of our forms can be downloaded easily.

The Plans' Telephone Information System, with expanded menu options, is available around the clock by simply calling 818 or 310.769.0007, or 888.369.2007 if you're calling from outside Southern California. Simply follow the prompts to select the service area you need.

If you choose, you may also e-mail your questions and concerns to us at service@mpiphp.org. We'll see that your questions are promptly referred to the appropriate resource.

A NEW MEDICAL APPROACH TO END OF LIFE CARE



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

People are living longer and healthier lives due to amazing progress in medical care. Still, all the evolving medications, techniques and technologies cannot change the reality that eventually in the treatment of illnesses there comes a time where a cure is no longer possible.

It is at these times that a new approach to treatment is making a significant difference in quality of life for patients and their loved ones. “Palliative Care” refocuses the medical team’s efforts from curing the disease to focusing care on the patient’s physical, spiritual and emotional needs.

The medical professionals typically included in the Palliative Care Team are the patient’s primary physician, nurses, social workers and, as needed, pain medicine specialists.

Both the patient and his or her loved ones are aware of and active in formulating and modifying the individualized treatment plan as needs change. The goal of the Team is not to shorten or prolong life, but to make it comfortable and to enhance the quality of life for the patient. Open, frank discussions about treatment options

are encouraged with all caregivers, and a serious effort is made to attend to the needs of family members and friends. They are often more fearful than the patient.

Modern Palliative Care grew out of the hospice movement and shares its focus on maintaining a person’s dignity and providing comfort at the end of life. Palliative Care extends this approach to the last years of life, not just the last six months, as with hospice care. It precedes hospice care but may also include it when the time comes.

The benefits of Palliative Care are significant. Patients spend less time in the hospital and more time at home with family and friends. As a matter of fact, there is greater likelihood they will have the choice of dying comfortably at home or a hospital or other place that best suits them.

Providing care rather than straining for cure allows greater control of the patient’s symptoms, particularly pain which seriously impacts their quality of life. There is also a reduction in the cost of care, which lessens the financial strain and stress that can cause many illnesses to progress more rapidly than necessary.

Benefits of Palliative Care

- Less time in the hospital.
- More time at home with family and friends.
- Greater likelihood of dying at the place of the patient’s choosing.
- Better control of symptoms, including pain.
- Reduction in the cost of care.

Do You Know...

...The Details of Your Vision Service Plan Benefits?

As a reminder, effective January 2002, our Vision Service Plan benefits allow for a standard eye examination and lenses each calendar year from your last date of service. Frames are covered once every 24 months. Additional pairs of glasses are available at a 20 percent discount off the VSP member doctor’s usual and customary fee. See pages 102-103 of your *2002 Active Participant Summary Plan Description* for further details. Pages 87 and 88 in the *Retiree Summary Plan Description*.

PLAN UPDATE

Updates to Your Summary Plan Description

Volume 13, No. 1

Winter 2003

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.

OUTPATIENT THERAPIES CLARIFICATION

Clarification:

To ensure those who have selected the MPIHP/Blue Cross Health Plan option are clear on the details of their Outpatient Physical/Occupational/Osteopathic Manipulative Therapies, a clarification to the information in the *2002 Summary Plan Description* is provided below. It includes more specific information on Plan coverage and limitations.

References:

Page 48 of the *2002 Active Summary Plan Description* and page 37 of the *2002 Retiree Summary Plan Description*.

Physical/Occupational/Osteopathic Manipulative Therapies (Outpatient) Benefit Summary:

Outpatient Physical Therapy, Occupational Therapy and Osteopathic Manipulative Therapy for non-HMO Participants are covered only when rendered by a Registered Physical Therapist, Occupational Therapist, Doctor of Osteopathy or Medical Doctor.

A maximum of 16 treatments are covered per year without preauthorization. Additional treatments must be medically necessary, and the Plan strongly recommends that Participants obtain preauthorization to avoid unanticipated out-of-pocket expenses. The initial visit/evaluation is allowed separately and is not included in the 16-treatment limitation.

For a non-contracted Blue Cross provider, a maximum of \$94.50 will be allowed for each treatment, regardless of the length of time involved. Each treatment is payable at the rate of 85 percent, less your \$10 co-pay. For a Blue Cross provider, it is 90 percent of the contracted rate with the \$10 co-pay.

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 patients. The initial visit/evaluation is allowed separately.

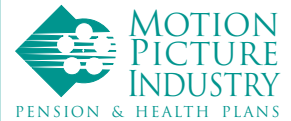
Important Exclusions:

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.

Further Information:

For further information or clarification, please contact the West Coast Plan Office, 818.769.0007, extension 244.

Outside of Southern California, please call toll-free 888.369.2007.



Directory of Topics

Outpatient Therapies Clarification

Kaiser Permanente Benefit Changes

Chiropractic Treatment

Blue Cross Address Change

Telephone Access to MPIHP

In California 818 or 310.769.0007

Outside So. California 888.369.2007

Participant Services Extension 244 7 a.m. to 5 p.m. Claims Inquiries Health Benefits

Pension Department Extension 627 8 a.m. to 5 p.m. Death Benefit Pension History Print-outs Refund of Employee Contributions Retirement Retirement Benefit Calculation Statements

Eligibility Department Extension 263 8 a.m. to 5 p.m. Address Changes Adding Dependents Plan Enrollments

Medical Review Extension 286 8 a.m. to 5 p.m. Case Management Health Claims Home Intravenous Therapy Independent Medical Examination Nursing Care Preauthorization Second Surgical Opinion

Do You Know...

...Your Social Security Number?

You and your eligible dependents will need to know it when you use your health benefits. New Plan identification/benefit cards mailed to all Participants in mid-December do not include the Participant's Social Security Number, as a measure for protecting your personal information. Health care providers will ask for it, so be sure to memorize the number or have it handy when needed. HMO enrollees will need their eligibility card and Social Security Number for dental, vision and prescription coverage. If you did not receive your card, please contact us at 818 or 310.769.0007, extension 263. If you're calling from outside California, call 888.369.2007.

KAISER PERMANENTE BENEFIT CHANGES

Change:

Kaiser Permanente has notified the Motion Picture Industry Health Plan of a few specific changes to health plan coverage for those Participants who are enrolled in the Kaiser HMO or Senior Advantage plans. Remember, if you selected Kaiser for your hospital and medical benefits, you are covered for hospital and medical benefits only through a Kaiser facility.

Effective Date: January 1, 2003

Benefit Changes Summary:

Please refer to your *2002 Summary Plan Description* for details of benefits and exclusions regarding your Kaiser Permanente coverage. The information listed below is a summary of changes to that document.

Kaiser Permanente HMO Changes-Active Health Plan

- **Allergy Testing:** Visits will change from no charge per office visit to \$5 per office visit.
- **Hair Loss/Growth:** Services for the promotion, prevention or other treatment of hair loss or hair growth will not be covered.

- **Post-stabilization Care:** Authorization will be required for inpatient and outpatient services outside the service area.

Senior Advantage Changes-Retiree Health Plan

- **Senior Advantage Vision Coverage:** For 2003, the allowance for lenses and frames will be combined for a total of \$150 every 24 months. Previously, the Senior Advantage Plan lenses were covered at no charge, with a \$60 allowance for frames every 24 months.
- **Senior Advantage Enrollment:** Kaiser Permanente Senior Advantage will not be able to enroll new members into Senior Advantage if the Participant resides in an area that is subject to a capacity limitation approved by the federal Centers for Medicare and Medicaid Services (CMS). This limitation does not apply to existing Kaiser Permanente members who are eligible for Medicare, including members who turn 65.

Further Information:

Participants who are enrolled with Kaiser Permanente and have questions regarding these changes should contact your HMO at 800.464.4000 or www.kaiserpermanente.org.

CHIROPRACTIC TREATMENT FOR MPIHP/BLEU CROSS PLAN NON-HMO PARTICIPANTS

Clarification:

A maximum of 24 chiropractic treatments are covered per calendar year regardless of condition or conditions. For a non-network provider, a total of \$54 is allowed for the initial visit and the maximum payable for each treatment is \$34. A yearly maximum of \$159 will be allowed for X-rays.

Important Exclusions:

- MRI/CAT scans, diagnostic tests and laboratory tests are not covered when ordered by a chiropractor, even if they are administered by a medical doctor.
- Studio calls, on-site visits, home visits, exercise at a gym or similar facility are also excluded from coverage.

Reference:

Details of chiropractic coverage are available on pages 45-46 of the *2002 Active Summary Plan Description* and pages 34-35 of the *2002 Retiree Summary Plan Description*.

Further Information:

- For further information or clarification, please contact the West Coast Plan Office, 818.769.0007, extension 244. Outside of Southern California, call 888.369.2007.
- For a list of network providers in California, visit www.bluecrossca.com or call 800.888.4825. Outside of California, visit www.bluecares.com or call 800.810.2583.
- Information specific to chiropractic services for Participants enrolled in one of the Plan's HMO options is included in the *2002 Summary Plan Descriptions* as noted above.

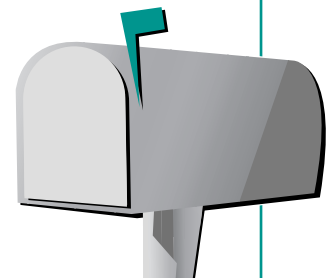
BLUE CROSS CHANGES P.O. BOX FOR CLAIMS

In an effort to consolidate their many Post Office (P.O.) boxes and eliminate confusion for those submitting claims, Blue Cross of California now has one address for all claims.

This address change will not affect most Participants. Out-of-state Participants and eligible dependents who are enrolled in the Blue Cross/Blue Shield (BlueCard) benefit option and use a Blue Cross/Blue Shield PPO network provider, will continue to submit their claims to the local Blue Plan. (To find a Blue Cross/Blue Shield provider call toll-free, 800.810.2583.)

The only Plan Participants who should make note of this change and mail claims to the new address include:

- Those who have Medicare as their primary coverage and *BlueCard* as supplemental, and therefore must submit their Medicare Explanation of Benefits along with their medical and hospital claims directly to Blue Cross.
- Those who have Medicare as their primary coverage and *MPIHP/Blue Cross* as supplemental, and therefore must submit their Medicare Explanation of Benefits and hospital claims directly to Blue Cross.



New Claims Address:
Blue Cross of California
P.O. Box 60007
Los Angeles, CA 90060-0007

HOW MUCH WILL YOU OWE?

If you're enrolled in the MPIHP/Blue Cross Plan and outpatient surgery is in your future, here are a few things you should check to avoid a surprising financial obligation in the end.

- Is this a covered procedure?
- Are all of the physicians associated with your surgery part of the Blue Cross Prudent Buyer network of approved providers? That may not include just your doctor, but also the surgeon, assistant surgeon and anesthesiologist.
- Whether it's located at a hospital or is a free-standing surgical center, is the surgical facility itself a contracted provider in the Blue Cross Prudent Buyer network?

Don't assume because your doctor referred you to the surgeon and the surgeon selected the anesthesiologist that all those physicians are part of the network. In particular, do not make assumptions about the facility. Although Blue Cross has a broad network of quality contracted physicians and outpatient surgical suites from which

to choose, both inside and outside of California, the network does not include everyone or every facility.

The selection of facilities is yours and your doctor's decision, but it is in your best interest to ask specific questions and ensure your coverage prior to surgery. The Plan only covers 25 percent of the surgical allowance, payable at the rate of 85 percent, for a non-Blue Cross-contracted surgery center or suite. The financial ramifications of selecting a non-contracted facility are significant and can result in substantial out-of-pocket expenses to you (see chart at right).

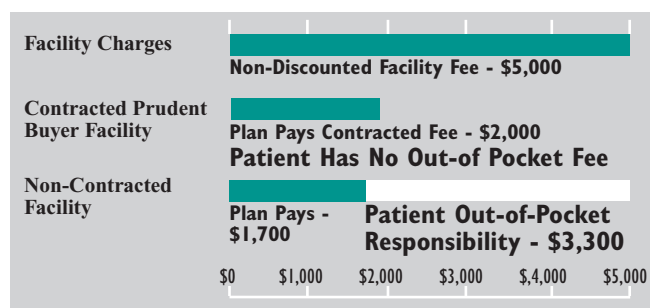
Ask the physician and facility personnel directly for confirmation that they are members of the Blue Cross Prudent Buyer network. Stop online at www.bluecrossca.com to find a list of providers in your area or call for

confirmation at 800.888.4825 (in California) or 800.810.2583 (outside California).

For further specifics about coverage for your particular procedure, or for details about physician services and facility coverage, consult our website at www.mpiphp.org, or your *2002 Summary Plan Description*. You may also check with the West Coast Plan Office at 818 or 310.769.0007, extension 244. Outside of Southern California, call 888.369.2007.

Participant Costs Are Higher For a Non-Contracted Facility

(Based on a hypothetical \$5,000 Initial Facility Fee)



THE HIGH COST OF HEALTH CARE

Hospitals are experiencing significant increases in operational expense that come from a variety of sources:

- Effective but costly advances in medical treatments and a technological revolution
- Higher labor costs associated with competitive recruitment efforts forced by a nationwide shortage of nurses and other health care specialists
- California legislation mandating specific nurse-to-patient ratios
- Growing numbers of un-insured
- A general softening of managed care restrictions
- Growing bargaining power of doctors and hospitals in negotiating reimbursement rates.

Soaring prescription costs are certainly a significant contributor to health care inflation, but so is a growing population of Baby Boomer retirees, rising life expectancies, a sluggish economy, an uncertain business outlook, and new accounting requirements to set aside money for future promised-benefits. Increased use of health care services has played a role as well, with demand for certain drug treatments and procedures

driven by direct consumer advertising. It all adds up to escalating costs that are forcing companies to scale back on the benefits they offer their employees.

How Can We Make a Difference?

At Motion Picture Industry Health Plan (MPIHP), we are encouraging new and innovative operational initiatives and aggressive administrative cost-cutting measures. Service to our Participants and their eligible dependents is, of course, always our first priority, but we have found new ways to cut costs and at the same time enhance services.

Website access to information and forms is one example. Participants can download the forms at their convenience, 24 hours a day, and it saves the Plan postage and labor associated with handling the request. The phone system has also been improved with round-the-clock access to our many automated services.

Use of network options offered by the Plan saves Participants out-of-pocket expenses and reduces Plan costs. HMO's, for example, contract with providers and services at predetermined, discounted rates. For those Participants who have

selected the MPIHP/Blue Cross Plan, the option is available to use a broad-based network of preferred providers contracted to provide services at discounted rates.

Prescription drug costs are one of the most expensive aspects of health care maintenance and treatment. Participants are able to save money for themselves and the Plan by choosing generic versus brand name drugs, and by using the AdvanceRx.com Mail Service for maintenance medications.

Preventive health care is another way to greatly benefit Participants and ultimately save health care dollars. The Plan supports access to education and information through The Wellness Program (818.876.1792) to help Participants appropriately manage chronic diseases and identify health problems at their earliest, most treatable stages.

The Plan encourages Participants to make healthy lifestyle choices to maintain their good health. Not only does it reduce the need for health care services, but most importantly, it improves quality of life for years to come.

continued from page 1

P.O. Box 1999, Studio City, California 91614-0999

Address Service Requested



Check out our website at
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.

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 Offices

80 Eighth Ave., 14th Floor
New York, NY 10011-5151
Main Phone: 212.627.7232
Main Fax: 212.647.7317

165 W. 46th St., #900
New York, NY 10036-2501
Main Phone: 212.997.7505
Main Fax: 212.398.5052

Website: 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

© 2003 MPIPHP

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 07/21/02 - 01/25/03 confirms benefits coverage in Eligibility Period 04/01/03 - 09/30/03.) Additional qualification requirements apply for new Participants to qualify for Initial Eligibility. See your Summary Plan Description for details.

Qualifying Periods		Eligibility Periods	
7/21/02	- 1/25/03	4/1/03	- 9/30/03
8/25/02	- 2/22/03	5/1/03	- 10/31/03
9/22/02	- 3/22/03	6/1/03	- 11/30/03
10/27/02	- 4/19/03	7/1/03	- 12/31/03
11/24/02	- 5/24/03	8/1/03	- 1/31/04
12/22/02	- 6/21/03	9/1/03	- 2/29/04
1/26/03	- 7/26/03	10/1/03	- 3/31/04
2/23/03	- 8/23/03	11/1/03	- 4/30/04
3/23/03	- 9/20/03	12/1/03	- 5/31/04
4/20/03	- 10/25/03	1/1/04	- 6/30/04
5/25/03	- 11/22/03	2/1/04	- 7/31/04
6/22/03	- 12/20/03	3/1/04	- 8/31/04
07/27/03	- 01/24/04	04/01/04	- 09/30/04
08/24/03	- 02/21/04	05/01/04	- 10/31/04
09/21/03	- 03/20/04	06/01/04	- 11/30/04
10/26/03	- 04/24/04	07/01/04	- 12/31/04