

FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Volume 14, No. 2

Summer 2004

MPI HEALTH PLAN SAVES THROUGH PRESCRIPTION PURCHASING COALITION

Effective July 1, 2004, MPI Health Plan began to reap the rewards of significantly-improved prescription drug purchasing power for our Participants. As a member of a new purchasing coalition with AFTRA, DGA, SAG and WGA health plans, MPI Health Plan anticipates substantial savings in its yearly prescription drug expenses.

With health care and pharmaceutical costs rising rapidly, the Plan has consistently sought out creative measures to curtail expenditures. This new collaborative effort, combining our Participant numbers with those of other Motion Picture Industry plans, will help MPI Health Plan control the rapidly escalating cost of pharmaceuticals.

The coalition reviewed several high quality prescription benefit managers before selecting Medco Health Solutions, Inc. (Medco).

Medco's Members Come First

Medco has ranked number one in the Wilson Rx survey for customer satisfaction for three consecutive years. Much of that can be attributed to their quality services. In 2003, the Joint Commission on Accreditation of Healthcare Organizations awarded Medco Accreditation, with an exceptional 100 percent full compliance with standards across all services offered to health plan members through its pharmacy network.

This new collaborative effort will help MPI Health Plan control the rapidly escalating cost of pharmaceuticals

Few Changes in a Seamless Transition

As an industry leader managing prescription benefits for 65 million Americans, Medco is well-suited to serve the diverse needs and quality service standards of Plan Participants. With a network of over 54,000 pharmacies nationwide, including most major chains, access is excellent and few Participants needed to change pharmacies in the conversion from AdvancePCS to Medco.

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Date to Remember

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

Labor Day
September 6, 2004

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 818.769.0007, ext. 244. From outside Southern California: 888.369.2007, ext. 244.

Medco's MPI Health Plan Information Line 800.987.5247

Active and Retired Participants and Surviving Spouses should be prepared to provide the following:

- Group #: MPIHPRX, and
- Your Participant ID #: Your Social Security Number

Please Note: Medco's website address has changed from that listed in the 2004 *Summary Plan Descriptions*.

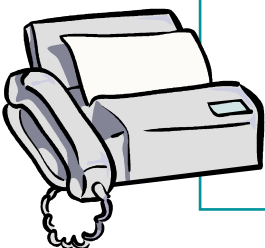
The new web address is:
www.medco.com

The logo for Medco, featuring the word 'medco' in a lowercase, italicized, serif font.

Please Make Note:

BENEFIT CARD CORRECTION

Benefit cards mailed out to Active and Retired Health Plan Participants for the July 1, 2004 eligibility period contained an incorrect fax number for the West Coast Plan Office. Please make the correction on your card today to avoid confusion in the future. The correct fax number is: **818.508.4714**



MPI HEALTH PLAN BEATS THE HIGH COST OF HEALTH INSURANCE PREMIUMS

MPI Health Plan Participants enjoy a generous benefit package and have seen little change in either the cost or level of benefits available to them over the years. Compared with others across the nation, out-of-pocket expenses are minimal and Participants have been sheltered from the annual double-digit increases suffered throughout the health care industry in recent years.

Of course, MPI Health Plan is impacted by rapidly escalating costs passed along from hospitals and other providers. In order to maintain benefit levels at a reasonable cost to you and your employers, the Plan Board works diligently to employ new and creative means of keeping Plan costs down. Participation in the new Industry pharmacy coalition, for example, is one way to gain purchasing power and keep skyrocketing prescription medication costs down.

Other plans, however, are at crisis stage, and their members are feeling the impact. While that doesn't affect MPI Health Plan Participants directly, it's important to be aware and to do all you can to help us maintain our exceptional benefit package in such a difficult health care economy.

Employees Bear Much of the Burden

Elsewhere in California, employees shouldered much of the financial burden of an average 15.8 percent increase in employer-sponsored health insurance premium costs in 2003.

Half of the 70 percent increase employees have experienced in their share of the premium hikes over the past four years came last year. According to a study released earlier this year by the Kaiser Family Foundation and the Health

Research and Educational Trust, employee contributions in California increased 22 percent for individual coverage and an alarming 35 percent for family coverage in 2003 as compared with 2002.

Families are bearing the greatest burden. The average health insurance plan cost for a family of four in California was \$8,504 per year in 2003, with employees required to pay \$2,452, or 30 percent of the total cost. The price tag for individuals averaged \$3,102, with employees footing the bill for \$418, or 13 percent of that amount.

Causes and Effects

Analysts from the Kaiser Family Foundation and other experts speculate that high premium increases in the state came as a result of many factors. Although HMOs have held California's cost below national averages, their care restrictions have eased and as a result, costs are increasing. As well, hospital charges are rising rapidly for a number of reasons, including state-mandated nurse-to-patient ratios, seismic retrofit requirements and the state's low Medi-Cal reimbursement rates.

The Good News and the Bad

Experts are estimating lower rate increases ahead, with speculation ranging from 9 to nearly 14 percent next year. According to the *Wall Street Journal*, Blue Cross and Blue Shield companies across the nation are lowering their health care premium rate increases. As well, CalPERS, the third-largest purchaser of health care in the nation, will increase their HMO premium rates by only 11.4 percent in 2005. That's down significantly from

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California Compared to the Nation

The 15.8 percent health insurance premium increase for California, noted in the Kaiser Family Foundation study, exceeds the 2003 national average premium increase of 13.9 percent. The study surveyed 864 California businesses and found that 70 percent offer health insurance. Eighty-five percent of those companies offer more than one plan choice compared to 57 percent nationally.

California premiums are still lower than the national average, partially because of the high concentration of HMOs, according to experts. However, the gap is narrowing.

Did You Know...

...Diagnostics are not covered when ordered by a chiropractor?

MRI/CAT scans, diagnostic studies and laboratory tests are not covered by MPI Health Plan when ordered by a chiropractor. This is the case even if the scans or tests are administered by a medical doctor. Any measures which constitute the practice of medicine by a chiropractor are not covered. Additional non-covered services include studio calls, on-site calls, home visits and exercise at a gym or similar facility. See your *MPIHP Summary Plan Description* for further information regarding chiropractic benefits.

HEALTH INSURANCE PREMIUMS

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a 25 percent increase in 2003 and 18 percent in 2004.

Unfortunately, the slowdown in health care premium inflation may also mean restrictions, access limitations for consumers and/or higher costs for plan members. CalPERS, for example, has recently eliminated 38 of the most costly hospitals from its network. Other plans and employers are increasing deductibles and co-payments, ultimately impacting out-of-pocket expense for employees.

MPI Health Plan Participants Can Make a Difference

Although Plan Participants have not felt the full impact of this escalating health care crisis, it is important that caution be taken to protect what we have. As an individual, there are many ways you can have a positive impact on the bottom line and help us to maintain an affordable benefit package.

- Understand your benefits and use them as intended. The new *MPIHP Summary Plan Descriptions*, recently mailed to all Participants, provide a detailed description. Of course, you are welcome to call the Plan office with any questions.
- Use in-network physicians and facilities whenever possible.
- Use generic drugs when available, and use the mail order prescription service for maintenance medications.
- Focus on health maintenance and disease prevention, and make healthy lifestyle choices.
- Take advantage of your annual physical examination benefit and get screenings to detect disease at its early, treatable stages.

Medco Phone Number Correction

Please note that the Medco phone number listed on page 84 in the new *MPIHP Retiree Summary Plan Description* is incorrect.

The correct number is 800.987.5247.



2004 MPIHP SUMMARY PLAN DESCRIPTIONS MAILED TO PARTICIPANTS

MPI Health Plan's 2004 editions of the *Active* and *Retiree Summary Plan Descriptions* were mailed out to Participants beginning in June.

These new guides to the comprehensive Plan of Benefits available to you and your eligible dependents include benefit enhancements and other content update. Be sure to save yours so you have easy access for future reference. They will serve as your main resource for answers to questions regarding your benefits.

These comprehensive documents are necessarily long to accommodate the detail you will need to fully understand your benefits. They are, however, presented in a user-friendly format designed to make the information understandable and easily accessible. Special features to help you locate specific information include a general table of contents, detailed contents tables by book section, and an index of topics located throughout the book.

As always, we welcome your comments and suggestions. E-mail us at communications@mpihip.org or call us at 818 or 310.769.0007, extension 316. Participants outside Southern California, call toll-free at 888.369.2007, extension 316.

Call Us for a Copy

If you haven't received your 2004 *MPIHP Summary Plan Description*, please call us.

Participants in Southern California:
818 or 310.769.0007, extension 251

All other Participants: 888.369.2007, extension 251

PLANNING YOUR PRESCRIPTIONS FOR OUT-OF-COUNTRY COVERAGE

If you're planning a trip out of the country, ensuring you have the medications you need while you are away from home requires a little advance planning.



If your normal 30-day retail prescription won't last throughout your stay, consider using Medco's mail order service, through which you may obtain up to a 90-day maximum supply. Since the service is limited to delivery to U.S. addresses, you will need to fill your prescription prior to leaving.

Remember, if you have recently filled a 30- to 90-day prescription, you may not be eligible to refill that same prescription until the supply is used.

If you will be out of the country for an extended period, there is another option, with a few simple steps to follow:

1. Before you leave, pay for the required additional prescription(s) yourself at your local Medco pharmacy or any of the over 54,000 Medco pharmacies nationwide.

2. Retain the pharmacy receipt(s), which indicates the medication(s) purchased along with the quantity received and dollar amount paid.
3. Upon return, but within 12 months from the date of fill, forward the following information to the West Coast MPI Health Plan Office: Medical Review Department, P.O. Box 1999, Studio City, California 91614-0999:
 - a. The prescription receipt(s)
 - b. A completed Medco Prescription Direct Drug Claim Form, which can be obtained by calling 800.987.5247 or visiting their website at www.medco.com
 - c. A signed statement indicating that the medication(s) was used while you were out of the country.

The Health Plan will instruct Medco to reimburse you up to the allowable amount, less any co-payments that apply, as long as the following conditions are met:

1. You were eligible for Plan benefits during the time period the medications were used.
2. There are no duplicate prescriptions or duplicate quantities of the medications processed for those dates of service. Remember, if you fill a prescription at a pharmacy that is not part of the Medco participating network, you will be reimbursed at 85 percent of the allowable amount, less the co-payment. Reimbursement is based on generic or lower-cost brand-name products, if either is available.

For further details regarding your prescription coverage, please refer to your *MPIHP Summary Plan Description*.

Did You Know...

...Clinics are sometimes located in hospitals, so coverage rates vary?

Some hospitals operate clinics within their facility. That allows them to separate treatment areas for true emergencies from lower acuity medical issues. The result is that in a clinic, there is greater likelihood patients will be seen by a physician quicker and still get the level of treatment they need.

However, when a Participant is seen in one of these clinics, rather than the emergency department, the hospital bills the Health Plan for a clinic visit. The covered benefit for a clinic visit is paid by the Plan the same as a doctor's office visit, so there is an out-of-pocket expense for the Participant. If the Participant is seen in the emergency department, there is no out-of-pocket expense.

MPI Health Plan Saves through Prescription Purchasing Coalition

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Medco ranked number one in the Wilson Rx survey for customer satisfaction for the third consecutive year

MPI Health Plan's three-tier drug co-pay system remains the same, with co-pays for generic drugs at the lowest cost, preferred brands at a higher cost and all other brands requiring the highest co-pay. The Medco preferred brands list differs slightly from that of AdvancePCS, resulting in a few changes to co-pays, moving five brands to higher co-pays and fifteen others to lower co-pays.

A 30-day supply remains the maximum prescription supply for retail pharmacy purchase, whereas a 90-day supply is available through Medco's mail order program.

Mail Order Remains Most Cost-Effective

Medco's Home Delivery Pharmacy Service is the least expensive and

most efficient choice for Participants on maintenance medications taken regularly to treat a chronic health condition. Their dispensing accuracy sets the industry standard for exceptional quality. In fact, Medco's accuracy is more than 23 times better than that reported in a leading study on retail community pharmacy dispensing accuracy, published by Auburn University in 2003.

With a network of over 54,000 pharmacies nationwide, including most major chains, access is excellent

Access Medco's Participant Website at Medco.com

Through the Medco website, you have quick and easy access to secure personal information about your prescriptions. You can locate a pharmacy, order a refill, price medications and much more. Registering is easy — just go to www.medco.com.

For Further Information

Details about your coverage under the Medco prescription drug benefit are included in the recently distributed *2004 MPIHP Summary Plan Descriptions (SPD)*.

For answers to questions not covered in your SPD, call Medco at 800.987.5247 or MPI Health Plan Participant Services at 818 or 310.769.0007, extension 244. Outside Southern California, call 888.369.2007, extension 244. E-mail us anytime at Service@mpihp.org.

Avoid Unnecessary Expenses for Therapy Benefits



Outpatient physical, occupational and osteopathic manipulative therapies are an important benefit for MPI Health Plan Participants. In order to avoid possible unnecessary out-of-pocket expenses when using the benefit, it's a good idea to understand what is and is not covered.

In particular, you should be aware that a maximum of 16 treatments, plus the initial visit/evaluation, are covered per calendar year. Additional treatments may be considered and are sometimes approved for coverage. Such additional visits must be medically indicated, and the request should be submitted to the Plan by your treating physician. Since such requests are not always granted, it is in your best interest to ask for this Plan review prior to treatment to avoid possible out-of-pocket expense to you.

Of course, all therapies must be prescribed by a physician and be delivered by a registered therapist, Doctor of Osteopathy (DO) or Medical Doctor (MD). Services provided in a health club are never covered.

For a detailed description of your benefit, refer to your *MPIHP Summary Plan Description*. HMO Participants should reference their HMO plan Evidence of Coverage for further information.

Address Change Blue Cross/Blue Shield National Plan

There is a change in address for submission of claims for Participants who have Medicare as their primary coverage and the MPI Health Plan Blue Cross/Blue Shield National Plan as their secondary payer. Once Medicare has paid, please submit your secondary billing to your local Blue Cross/Blue Shield office, rather than to the California Blue Cross office. You may go online at www.bluecares.com or call toll-free at 800.810.BLUE (2583) to locate your local office address.

Medco's MPI Health Plan Information Line 800.987.5247

Active and Retired Participants and Surviving Spouses should be prepared to provide the following:

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- Your Participant ID # (Social Security Number)

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The new web address is:

www.medco.com

medco

HANDLING WORKERS' COMPENSATION TO PROTECT YOUR RIGHTS

In some instances, a lump sum settlement is offered to an employee for an on-the-job injury or job-related illness. For your own protection, it is very important that you read the settlement document language carefully. In many instances, the lump sum is an all-inclusive payment meant to cover future medical expenses related to the injury or illness.

Under the laws of most states, medical treatment for injury or illness either caused or aggravated by your work activities is the responsibility of your employer. Therefore, the MPI Health Plan does not provide benefits to Participants for Workers' Compensation related injuries and illnesses.

A Workers' Compensation settlement that makes specific provision for future medical expenses will help ensure that future needs are paid for.

Details surrounding Workers' Compensation and filing procedures in association with your rights as an MPI Health Plan

Participant are included in your new MPIHP *Summary Plan Description.*



NEW FORM AUTHORIZES PERSONAL PENSION INFORMATION ACCESS

Protection of our Participants' personal information has always been a high priority at MPI Pension Plan. However, in an age when heightened identity theft and privacy concerns permeate our culture, tight security is imperative.

In an effort to maintain the Plan's security without overly complicating or restricting Participant access to information, we have developed a new authorization form available over the phone or online. This standardized form is a ready-made sign-off that includes all the information needed by the Plan to allow access to personal pension information by anyone identified by the Participant. That might include a spouse, same-sex domestic partner, financial institution, union representative or any other individual or organization listed.

The process is simple. The form can be obtained online at www.mpiphp.org. Click on "Pension" under "Your Forms" on the left side site index on the home page. Scroll down and click on "Pension Authorization Form," fill out the form, print it out, sign it and mail it to our main office: MPIPP, 11365 Ventura Blvd., P.O. Box 1999, Studio City, CA 91614-0999. If you need faster access, you may fax the signed form to us at our West Coast Office at 323.877.2223 or our New York Office at 212.634.4952. Please follow-up by mailing the original signed form.

Participants who don't have access to a computer may call us at 818 or 310.769.0007, extension 627 to request a copy of the form. Outside Southern California, call 888.369.2007, extension 627.

Annual Spouse Benefits Verification Request

Each year, MPI Health Plan asks Participants to verify whether or not their working spouses or same-sex domestic partners are eligible for health insurance through their own employers.

Since September 1, 2003, the MPI Health Plan policy is that a spouse or same-sex domestic partner must enroll in their employer's plan as the primary coverage. MPI Health Plan serves as the secondary benefit. If the verification form is not completed or if the spouse or same-sex domestic partner does not enroll in his/her plan, no coverage will be provided by MPI Health Plan for the spouse or same-sex domestic partner.

We are working to simplify the process. However, it will still be necessary to verify any changes of employment such as stopping or returning to work, changing employers, changes to health plan coverage, etc. **Additionally, please be aware that if such a change takes place during the year, you must notify the Plan Office. Do not wait for the next survey.**

Did You Know...

...You can get your change of address form online?

If you've moved, there's an easy way to let the Plans know so you can continue to receive valuable information about your benefits. Simply visit our website at www.mpiphp.org, click on "Eligibility" under "Your Forms" on the left side site index on the home page. Click on "Change of Address," fill out the form, print it out, sign it and mail it to our main office: MPIPHP, 11365 Ventura Blvd., P.O. Box 1999, Studio City, CA 91614-0999. If you don't have access to a computer, call us. We'll be happy to send you the form. Call 818 or 310.769.0007, extension 251. Outside Southern California, call 888.369.2007, extension 251.



COLONOSCOPY - YOUR BEST CHANCE FOR EARLY DETECTION

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

Colorectal cancer — cancer of the lower intestine — is the fourth most common type of cancer and the second leading cause of cancer death in the United States. Only lung cancer is more deadly. The good news: the number of new cases and deaths resulting from this disease is decreasing. Unfortunately, while we are making inroads, the numbers remain overwhelming. Over 135,000 new cases are diagnosed and more than 56,000 people die from colorectal cancer each year.

The best way to beat the odds is early detection of cancer or polyps that may eventually become cancerous. If screening detects an abnormality, diagnosis and treatment can occur promptly, which significantly increases the chances for survival. New techniques for detection of colon polyps continue to evolve, but conventional colonoscopy is still the favored screening method.

What is colorectal cancer?

Cancer of the lower intestine develops slowly from small outgrowths of the lining layer of the colon. At first, these “polyps” are benign, but they can change over many years into malignant tumors that enlarge and possibly metastasize, or spread, to the liver and elsewhere. Early detection and removal of the polyps prevents the development of malignant tumors.

How does colonoscopy help?

Colonoscopy allows physicians to directly visualize the lining of the colon through a video camera at the end of a tubular fiberoptic flexible colonoscope. Once found, polyps can be removed by a wire snare directed through the scope.

Is colonoscopy safe and effective?

Colonoscopy is a very safe procedure, and it is effective in finding 90 percent of polyps of significant size (5mm diameter and greater). Removal of the polyps has proven highly successful in reducing the chance of cancer. Severe complications from the procedure are rare.

If colonoscopies are so effective, why is there still such a high rate of colon cancer?

More than 90 percent of people found to have colorectal cancer are older than age 50. Unfortunately, only one-third of U.S. adults in that age category have had a conventional colonoscopy or sigmoidoscopy, a similar procedure that examines only the lower half of the colon.

Is the process painful?

Colonoscopy can be performed in a hospital outpatient or ambulatory surgical center. To alleviate any discomfort, it is usually done under sedation, using intravenous medications to promote relaxation, but not put the patient to sleep.

If there is an abnormality detected, the doctor may take a biopsy or remove polyps during the procedure. Specimens are then sent to the Pathology Department for evaluation, which takes from two to three days.

Colon preparation is required the day prior to the procedure. The procedure itself usually takes 30 to 60 minutes, and then the patient will be monitored in the recovery room until he/she is stable and the anesthesia has worn off. Because a mild sedative is used, it is necessary for the patient to be driven home.

Are there alternatives to the colonoscopy?

Several new tests for colorectal cancer screening and diagnosis are being studied. The virtual colonoscopy, also called computed tomographic colonography, has received a great deal of media attention recently.

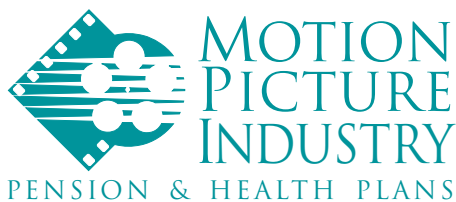
Tomography, an x-ray process that produces a view of “slices” of the body at varying depths, produces a three-dimensional “virtual image.” It is non-invasive, but does require the same preparation. However, unlike conventional colonoscopy, it is not possible to remove polyps or perform a biopsy during this test.

Virtual colonoscopy is not at this time considered the standard method of screening for colon cancer and so is not a covered benefit of MPIHP.

What are the Risk Factors?

The American Cancer Society lists these potential risk factors for colorectal cancer:

- Family history
- Over age 50
- Personal history of polyps, colorectal cancer and/or chronic inflammatory bowel disease
- Ethnic background - Jews of Eastern European descent
- Diet high in animal sources
- Physical inactivity
- Obesity
- Diabetes
- Smoking
- Heavy alcohol intake



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

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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
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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 2/22/04 - 8/21/04 confirms benefits coverage in Eligibility Period 11/1/04 - 4/30/05.) Additional qualification requirements apply for new Participants to qualify for Initial Eligibility. See your Summary Plan Description for details.

Qualifying Periods

Eligibility Periods

2/22/04 - 8/21/04	11/1/04 - 4/30/05
3/21/04 - 9/25/04	12/1/04 - 5/31/05
4/25/04 - 10/23/04	1/1/05 - 6/30/05
5/23/04 - 11/20/04	2/1/05 - 7/31/05
6/20/04 - 12/25/04	3/1/05 - 8/31/05
7/25/04 - 1/22/05	4/1/05 - 9/30/05
8/22/04 - 2/19/05	5/1/05 - 10/31/05
9/26/04 - 3/26/05	6/1/05 - 11/30/05
10/24/04 - 4/23/05	7/1/05 - 12/31/05
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