

DECEMBER | 2019

MPI

MODIFICATIONS TO
YOUR SUMMARY PLAN
DESCRIPTION

PLAN UPDATE

HEALTH PLAN FOR
ACTIVE PARTICIPANTS



This publication contains important information about your rights under the Motion Picture Industry Health Plan. Please keep it with your Summary Plan Description for future reference.

The following changes take effect July 1, 2019:

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- 14** For **“Student Eligibility for Dental and Vision Coverage”** section, add, “In the event the Dependent attends a school or college in a foreign country, the Directors shall determine, on a case-by-case basis, whether the school or college should be treated the same as a school or college accredited in the United States and their determination shall be final and binding on the Participant and his or her Dependent,” at the end of the first paragraph.
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- 15** Add a new section, **“Death of a Participant Not Qualified for Retiree Health Benefits,”** that says, “The Plan will extend coverage for your eligible Dependents for a period of up to six months, beginning the first of the month following the date of your death. However, if you had already earned eligibility for the subsequent Benefit Period, then your eligible Dependents will be covered through the end of the Eligibility Period for which benefits had been earned. In both cases, the Active Health Plan Premium must be paid to extend coverage. At the end of this coverage, your eligible Dependents may purchase COBRA.”
- Add a new section, **“Death of an Ineligible Participant Not Qualified for Retiree Health Benefits,”** that says, “If you should die while ineligible for benefits and have not met the requirements for Retiree health benefits, but your death occurs during a Qualifying Period in which you already worked the minimum number of hours required to qualify for benefits in the subsequent Eligibility Period, your eligible Dependent(s) will be covered during that subsequent Eligibility Period. In this case, the Active Health Premium must be paid to extend coverage. At the end of this coverage, your eligible Dependent(s) may purchase COBRA.”
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- 19** For **“Select a Medical Plan”** section, remove “or POS” from “With the exception of hearing aids, the member assistance program and The Wellness Program, Participants enrolled in an HMO or POS plan are not eligible for any medical or hospital benefits other than those provided by the HMO or POS selected by the Participant.”
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- 40** Add a new section, **“Medicare Coordination,”** that says, “When you or any of your eligible Dependents have any coverage under governmental programs or any coverage required or provided by any statute available, the Plan will coordinate with the other program (except with respect to Medicare Part D). If the other plan would be the primary (first) payer, the Plan will not pay any benefit without a copy of an Explanation of Benefits statement issued by the other group plan.
- If Medicare (Parts A and/or B) is the primary payer and you or your eligible Dependents have chosen not to enroll in Medicare Parts A and/or B, the Plan’s payable amount will be reduced by the estimated value of the benefits Medicare would have paid had you enrolled. Once the Medicare coverage is exhausted for the Participant and Dependents whose primary insurance is Medicare, the Plan will not cover those specific services either. Non-covered Medicare items that are normally covered by the Plan such as acupuncture, hearing aids and hearing exams will be covered.”
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- 65** **Add as a note,** “Please note, for ‘physician group’ references, not all Providers in a group may be in TIHN.”
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- 65–81** The term **“Provider”** refers to doctors of medicine, doctors of osteopathy and nurse practitioners when referenced:
- ▶ Medical Office Visits
 - ▶ Acupuncture
 - ▶ Dental Treatment
 - ▶ Food Allergy Testing
 - ▶ Home Hospice Care
 - ▶ Nutritional Counseling
 - ▶ Nutritional Support
 - ▶ Physical Examinations/
Comprehensive Physical Exams
 - ▶ Comprehensive Physical Exams
(CPE)
 - ▶ Physical/Occupational/Aquatic/
Osteopathic Manipulative
Therapies (outpatient)
 - ▶ Podiatry
 - ▶ Speech Therapy
 - ▶ Wig/Hair Pieces
 - ▶ Emergency Room Care
 - ▶ Vitamins, Minerals, or Food
Supplements

70 The term **“Provider”** refers to doctors of medicine, doctors of osteopathy, podiatrists and nurse practitioners when referenced:
 ▶ Durable Medical Equipment ▶ Diagnostic Imaging and Laboratory Tests

75 For **“Physical/Occupational/Aquatic/Osteopathic Manipulative Therapies (Outpatient)”** section, “Physical therapy may also be covered when rendered by an In-Network chiropractor for up to two modalities per visit” is added after the first paragraph.

78 For **“Services Rendered in California”** section “Anthem Blue Cross” should be referenced with “(800) 810-2583” listed as its telephone number.

79 For **“Emergency Room Care”** section, add “Coinsurance is capped at \$1,000 per emergency, and Balance Billing may also apply.”

80 For **“Non-Covered Services & Items”** section, “Dispensing of medications in an office” is added as a bullet.

81 For **“Non-Covered Services & Items”** section “(any services related to Naturopathic medicine)” is added to the “Naturopathic medicine” bullet.

For **“Non-Covered Services & Items”** section, “(except as provided in the Anthem Clinical UM Guideline)” is added to the “Strapping” bullet.

89 In the **“Preauthorization Requirements”** section of the “Comparison of Behavioral Health” chart, the explanation is revised to, “The Plan will pay 50% of the fee based on the 75th percentile of the UCR charge.”

159 **Glossary:** “Allowed Amount” is defined as the “Maximum amount the Plan allows for a Covered Service.”

PAGE **The following changes take effect October 1, 2019:**

88 Add as **bullet number 9**, “Treatment sessions by telephone or computer Internet services.”

90 Remove **bullet number 29**.

PAGE **The following changes take effect November 1, 2019:**

30 For **“Medicare Enrollees”** section, add, “Please note, individuals who have to purchase Medicare Part A to obtain coverage because they do not have sufficient earnings history will also be treated as having Medicare as primary coverage regardless of whether they actually purchase it.”

40 For **“Dependents Eligible for Medicare Parts A and B”** section, add, “Please note, individuals who have to purchase Medicare Part A to obtain coverage because they do not have sufficient earnings history will also be treated as having Medicare as primary coverage regardless of whether they actually purchase it.”



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MPI PLAN UPDATE

**MODIFICATIONS TO YOUR
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HEALTH PLAN FOR
ACTIVE PARTICIPANTS**



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