

FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Volume 18, No. 2

Spring 2008

WATCH FOR NEW HEALTH PLAN BENEFIT CARDS IN JUNE

ID Numbers and Benefit Cards for MPIHP/Blue Shield Plan Will Change Effective July 1

The new MPIHP/Blue Shield Plan ID cards fold in half to the size and shape of a credit card. Each eligible Participant will receive two cards with his or her new ID number. Old cards should be destroyed upon receipt of the new ones.



Participants with health care coverage through the MPIHP/Blue Shield Plan option will transition to new identification (ID) numbers effective July 1, 2008. As a result, new benefit cards will be mailed to all affected Participants in June. This change will *not* affect Participants enrolled in an HMO or the Oxford plan.

The new IDs begin with the letters “AOX,” a Blue Shield System designation, followed by the letter “M,” indicating MPIHP coverage, and then eight numbers. A sample number might be AOXM12345678 (*pictured above*). Each Participant will receive his or her own unique ID number on each of the customary two benefit cards.

These new numbers will be valid only for the Blue Shield health plan coverage. Participants and their eligible dependents will continue to use the Participant’s Social Security number as their identification for other health plan services such as dental and pharmacy benefits. So that Participants do not have to carry more than one benefit card to accommodate the two numbers,

the new card has been designed as a bi-fold card. When folded, it is the same size as the current card.

One half of the folded card, front and back, includes the new ID number for Blue Shield health plan providers (*pictured above*). The other half is designed for health plan and ancillary services providers, and for security reasons, the actual Social Security number will not be printed on the card. Like the current cards, the message “Use Participant’s SSN” will appear. Participants will be required to give those numbers to providers verbally. (HMO and Oxford plan Participants will see no change to their ID cards.)

The reason for the switch from using Social Security numbers for Blue Shield services is to comply with Blue Cross/Blue Shield Association guidelines. This same change will most likely be required by law in the near term regardless. For now, Participants may provide either their Blue Shield ID number or Social Security number when calling the MPI Health Plan offices for assistance.

Inside This Issue

| | |
|--|---|
| Using MPTF Health Centers Can Save You Money | 2 |
| Rising Health Care Costs | 3 |
| IAP Contribution Increase in August | 4 |
| Electronic Pension Deposits | 4 |
| MPTF’s Saban Center Opens | 5 |
| Preventing Healthcare Fraud | 5 |
| Healthy Choices: Get Your Check-up | 6 |
| IATSE Reciprocity | 7 |
| COBRA Coverage Reminder | 7 |
| Qualifying Periods | 8 |

Dates to Remember

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

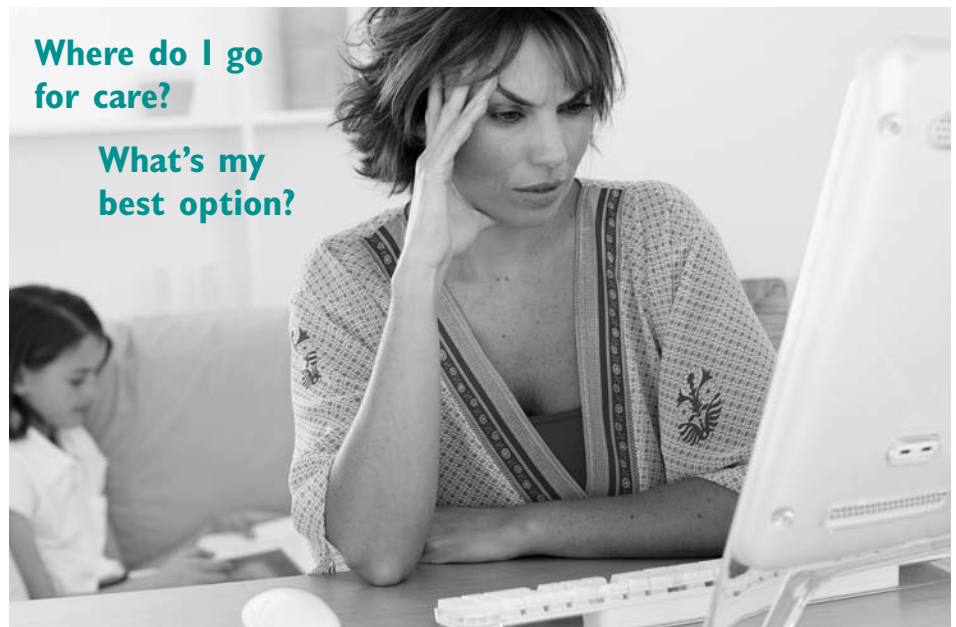
Independence Day
Friday, July 4, 2008

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 or 310. 769.0007, Ext. 244. From outside Southern California: 888.369.2007, Ext. 244.

FOR QUALITY CARE AND COST SAVINGS, CHOOSE MPTF HEALTH CENTERS

Mary Jones, set designer, is in a quandary. She is new to the Los Angeles area and needs help for her chronic diabetes issues which are not under control the way she'd like. She has worked enough hours to qualify for comprehensive health coverage through the MPI Health Plan, and she has chosen the MPIHP/Blue Shield plan option. Now she needs to find a doctor and get some help. But what are her options? Where does she begin?



Mary is a hypothetical Participant, but her situation is not an unusual one. Since she lives in one of the 107 zip codes in the Motion Picture & Television Fund (MPTF) Service Area, the solution is a simple one if she understands her MPI Health Plan benefits.

There are six MPTF health centers in the Los Angeles area, conveniently located to work and home for a majority of MPIHP Participants. The Centers are associated with a network of over 500 medical professionals who have a unique understanding of the needs of those in the motion picture industry and a proven record of providing high quality health care and customer service.

Because MPTF is contracted with MPIHP to provide affordable services to our Participants, use of the MPTF network is by far the lowest-cost option available for Mary and for the Plan. Ultimately, that helps Mary, who receives affordable, quality care with no out-of-pocket expense. It also helps MPIHP operate in a more cost-efficient manner at a time when ongoing health care cost increases are outpacing stable but flat plan revenue from Participant hours and residuals. And in addition, Mary can take advantage of the MPTF disease management program which offers individual assistance from medical professionals to help her better manage her diabetes. It's an easy choice.

| Mary's Out-of-pocket Savings Using an MPTF Network <i>Assuming total physician charges of \$5,000 for one visit</i> | |
|---|---|
| Choice of Physician | Mary's Cost for Covered Services under MPIHP/Blue Shield Health Plan |
| MPTF Health Center or Network-referred Physician | Mary pays: \$ 0 |
| Blue Shield Network Physician | Mary pays: \$ 325 \$300 co-insurance* + \$25 co-pay |
| Non-network Physician | Mary pays: \$ 2,925 \$2,900 co-insurance* + \$25 co-pay |

* Co-insurance: Employee pays a percentage of the overall physician charges for a service/treatment.

Did You Know...

...Most genetic testing is not a covered benefit?

Genetic testing is a personal decision that you should discuss with your doctor. The cost, however, is usually not covered through your MPI Health Plan benefit, so it is likely you will pay the full cost out-of-pocket. (See page 54 of your Active and page 42 of your Retiree Health Plan Summary Plan Descriptions.)

Motion Picture & Television Fund Health Center Locations

Bob Hope Health Center

335 North LaBrea Avenue
Los Angeles, CA 90036
323.634.3850
Weekdays: 8:30 a.m. - 5 p.m.

Jack H. Skirball Health Center

23388 Mulholland Drive
Woodland Hills, CA 91364
818.876.1050
Weekdays: 8 a.m. - 9 p.m.
Saturdays, Sundays and
Holidays: 9 a.m. - 4 p.m.

North Valley Health Center

*Located on the campus of
Providence Holy Cross Hospital*
11550 Indian Hills Road
Suite 200
Mission Hills, CA 91345
818.876.4770
Weekdays: 8:30 a.m. - 5 p.m.

Santa Clarita Health Center

25751 McBean Parkway
Suite 210
Valencia, CA 91355
661.284.3100
Weekdays: 8:30 a.m. - 5 p.m.
Saturdays: 8:30 a.m. - 2 p.m.

Toluca Lake Health Center

4323 Riverside Drive
Burbank, CA 91505
818.556.2700
Weekdays: 7 a.m. - 6 p.m.
Saturdays: 8 a.m. - 4 p.m.

Westside Health Center

1950 Sawtelle Boulevard
Suite 130
Los Angeles, CA 90025
310.996.9355
Weekdays: 8 a.m. - 6 p.m.
Saturdays: 9 a.m. - 1 p.m.

HEALTH CARE COSTS CONTINUE TO CLIMB, WITH NO END IN SIGHT

The nation continues to suffer after a decade of double-digit increases in the cost of health care. The price tag for annual health insurance premiums for family coverage has soared 78 percent since 2001. Compare that to a 17 percent inflation rate in that same period of time, and the problem is obvious.

The average annual cost for family health care coverage is now over \$12,000. Employers can no longer afford to pay the total cost of the coverage and still remain viable, so some of the burden has shifted to employees – rapidly. Nearly 95 percent of those employees with family coverage pay an average of over \$3,000 a year toward the premium price, and the out-of-pocket expenses don't end there.

Industries are Making Changes

There are many examples of industries across the nation which have implemented dramatic changes to health benefits, shifting costs to employees or reducing the level of benefits or eligibility criteria. The automobile and grocery industries are perhaps the most well-documented in the media, but the motion picture industry has been forced to make serious changes as well.

Several of the guilds have redesigned their plans over the past few years, adding participant-paid premium requirements for covered dependents, instituting two-tiered eligibility levels with different coverage at each level, increasing deductibles, co-pays and co-insurance.

The State of the MPI Health Plan

The MPI Health Plan has managed to remain strong to this point as a result of sound investments and implementation of cost-effective operations, providing Participants with a generous health benefits package. Modifications made to the Plan in the recent past provide

incentives to Participants and their eligible dependents to use network providers who are contracted to provide quality service at negotiated rates.

Of course, if health care costs continue to climb and revenues do not, the long-term financial health of our Plan will be impacted. Today, Plan revenues are stable but they are not growing year-over-year. Revenues are based on the number of Participant hours and the residuals levels, and they are not increasing. With the weakened economy, the challenges have increased dramatically.

You Can Help Keep the Plan Strong

Although continuing health benefits are not guaranteed, the MPI Health Plan has an obligation to attempt to maintain reserves at a level that ensures all Participants quality health benefits coverage now and in the future. Every Participant can help make that happen. Through your thoughtful personal choices, you will have a positive impact on your health, your pocketbook and the viability of the Plan for all Participants. Please consider the following when it comes to your health care:

- Make healthy lifestyle choices.
- Use the MPTF network and its 500 affiliated health care providers, the lowest-cost option available for you and for the Plan.
- Save on out-of-pocket costs by staying within the contracted networks of quality care providers for medical, dental, vision, behavioral health and chiropractic care.
- Use the Medco network of pharmacies and mail order prescription service, and choose generic drugs whenever available.
- Participate in our disease management program to ensure you are doing the most to manage any chronic conditions.

Did You Know...

...Many Participants will receive a 0.5% increase in IAP contribution in August?

Effective August 3, 2008, eligible Participants will receive the benefits of the second of two annual Individual Account Plan (IAP) increases stemming from agreements reached by many of the Collective Bargaining parties during 2006 negotiations. The increase will impact eligible active Participants and re-employed Retirees. Check with your union to determine whether the increase is part of your contract.

The MPI Individual Account Plan is unique in that it involves no contributions from Participants but is fully-funded by employers. Under many Agreements, including the IATSE Basic Agreement and the Basic Crafts Agreement, the employer-paid contributions will jump by 0.5 percent, going from 5.5 to 6 percent of covered employee earnings to be paid to the IAP accounts each year. For annual earnings of \$50,000, for example, the one-half percent increase in employer contributions represents a change from \$2,750 to \$3,000 deposited in the IAP in the coming year.

...You must notify the Plans directly of any address change?

If you have recently moved or plan to in the near future, don't forget the MPI Pension and Health Plans on your list of address change notifications. You don't want to delay claims processing or miss important notifications and mailing of things like new benefit ID cards. To notify us of your new address, use the Plans' official change of address form which can be easily downloaded and printed from our website, www.mpiphp.org. Then fill it out and mail it to the West Coast MPIPHP Office. Or we'll mail the form to you. Call us at 818 or 310.769.0007, ext. 251. Outside of Southern California, call toll-free at 888.369.2007, ext. 251.

ELECTRONIC PENSION DEPOSIT

Safe, Reliable and Convenient

Most retirees depend on prompt, reliable delivery of their monthly pension payments in order to pay the bills and put food on the table. For those 86 percent of MPI Pension recipients who take advantage of electronic fund transfer (direct deposit), their monthly payments are there when they need them, automatically deposited into their savings or checking accounts on the first of the month, or even earlier when the first falls on a weekend.

For retirees who wait for a check to be delivered to their doorsteps by the U.S. Postal Service, it usually arrives around the first as well, but the risks are greater. In fact, each month the MPI Pension Plan must stop and reissue between 30 and 60 checks that have been lost or delayed for some reason. And that number is significantly higher when natural disasters such as hurricanes and tornadoes strike. Certainly many Retirees living in earthquake-prone California have a similar high risk potential.

Direct deposit is a safe and convenient method of delivery of pension payments. The electronic deposit cannot be lost, stolen or forged. As a matter of fact, according to the US Department of the Treasury which issues Social Security payments to millions, you are 30 times more likely to have a problem with a Treasury check than with direct deposit.

Electronic fund transfer works by transferring funds directly into your account through a highly secure electronic banking system, the same system used by the world's leading



Be worry-free with electronic pension deposit.

financial institutions. Although any problems with direct deposit are rare, they can be resolved quickly because the system creates records of transactions, and payments can be traced.

For safe, reliable and convenient delivery of your monthly pension payment, be sure to sign up for direct deposit today. "Neither rain, nor sleet nor dark of night" will impact that delivery.

Sign Up for Direct Deposit Today

The process is simple:

- Call us at 818 or 310.769.0007 ext. 627, to receive a Direct Deposit Authorization form. If you are calling from outside Southern California, call us toll free at 888.369.2007, ext. 627. Or, go online at www.MPIPHP.org to print the form.
- Complete the form as indicated and mail it to the West Coast Plan Office.
- Your pension payment electronic deposits will begin within 30-60 days.

MPTF'S SABAN CENTER OPENS TO THE INDUSTRY

The Motion Picture & Television Fund (MPTF) now offers a variety of new services in its recently-opened state-of-the-art therapy and wellness facility, the Saban Center for Health and Wellness.



Located on MPTF's Wasserman Campus in Woodland Hills, CA, the Center serves Southern California's entertainment industry. It is available to anyone in the industry who is age 18 or older, including all MPIPHP Participants and their eligible dependents.



The Saban Center for Health and Wellness is located on the Wasserman Campus at 23388 Mulholland Drive, Woodland Hills, CA. Phone: 818.876.1777

The Saban Center features a warm-water aquatic therapy pool, a high-tech fitness gym, physical and occupational therapies, health assessments, educational seminars and the MPTF Age Well Program. The pool, available for rehabilitation and exercise, was funded by a donation from Academy Award®-winning actress Jodie Foster.

With a focus on disease prevention

as well as good health maintenance, The Saban Center for Health and Wellness is staffed by medical and health professionals who work with industry members to improve their quality of life as well as address specific medical conditions.

Further information about The Saban Center can be found at www.mptvfund.org, or call 818.876.1777.

HEALTHCARE FRAUD DOES HAPPEN, BUT YOU CAN HELP

In health care, as in every business, there are honest billing mistakes, and unfortunately, there is also fraud. Although it is not a common practice, we must all be diligent in our efforts to recognize and address it when it occurs, as it impacts Participants and the MPI Health Plan alike.

Your diligence in monitoring the validity of claims made will help protect the Plan's bottom line and our ability to continue to provide quality health care coverage.

How do you recognize fraud?

Fraudulent billing differs from billing errors in that it is done with intent to be paid for a service or product that was not provided. However, the bottom line is the same. If it isn't caught, the Health Plan is paying needlessly. Examples are:

- Services or medical supplies that were never provided to you
- More expensive services or medical supplies than were actually provided

- Procedures provided to you that are not covered through Plan benefits but have been billed as procedures that would be covered

Who might bill fraudulently?

Basically, any provider of health care services or medical supplies – an individual, group or company – which bills the Plan erroneously or who fails to alert the Plan when known fraud exists, may be guilty of fraud.

What can you do to help?

Although continuing health benefits are not guaranteed, the MPI Health Plan has an obligation to maintain reserves at a level that ensures all Participants quality

health benefits coverage now and in the future.

- Keep track of your health care experiences and confirm the accuracy of charges included on the Explanation of Benefit forms (EOB's) the MPI Health Plan sends you when it processes your claims.
- Ask questions of your doctor regarding your treatment plan and procedures as to their efficacy and necessity.
- Call the Plan office if you suspect fraud, hear of it being committed against the Plan, or if you have questions regarding procedures offered by a service provider.
- If you notice something suspicious, please report your concerns to the MPI Health Plan by calling 818 or 310.769.0007, ext. 130, or send a letter to the Studio City Plan Office, to the attention of the Fraud Unit.



YOU GET REGULAR CHECK-UPS FOR YOUR CAR. SHOULDN'T YOU DO THE SAME FOR YOURSELF?

By Chalmers H. Armstrong III, M.D.
MPIPHP Medical Director

You depend on your car to get you where you need to be when you need to be there, so you're motivated to keep it in top condition. You bring the car into the mechanic regularly for check-ups and routine maintenance to keep it running smoothly and to catch problems before they become major. After all, who wants to break down on the freeway during rush hour?



So, what about your most important vehicle – your body? Certainly, you should give yourself the same high-level attention and care, but often, that gets put aside because you're "feeling fine." An annual comprehensive physical examination is that check-up your body needs to ensure all systems are running smoothly. It's an important way to monitor your well-being and potentially to identify any problems in the early, treatable stages.

Help Your Doctor Help You

Just as you would give your mechanic an overview of your car's performance, you need to provide your physician with some guidance during your examination.

- Tell your doctor how you're feeling overall. Mention any unusual symptoms, even if you think it's probably nothing. What are they, when do they occur, how long do they last and what relieves them?
- Bring a list of current medications, including over-the-counter products such as vitamins, supplements and pain relievers.
- Mention any allergies.



- Bring any previous test and lab results, as well as information from other physicians you have seen or from any emergency visits.
- Bring logs of anything you are monitoring regularly, like blood pressure and blood sugar readings.

What's Included in the Exam?

Your doctor will screen for diseases, assess your risk for future medical problems, encourage your healthy lifestyle choices, update covered vaccinations if needed, and most importantly, listen to you. He or she will do a physical assessment, looking

at your body and listening to its sounds. You'll be weighed, have your blood pressure taken and your blood drawn to check your lipid profile (cholesterol levels) and glucose (sugar) levels.

Depending on your age and medical history, other tests such as a colonoscopy may be performed some years. Women may receive a bone density screening for osteoporosis, a screening mammogram for breast cancer or a pap test for cervical issues. Men might have a prostate exam and PSA test for cancer.



Call to Take Advantage of Your Wellness Benefit



Your MPIHP benefit covers your annual comprehensive physical examination – and we encourage it. Just as with your car, a check-up today may save a break-down tomorrow. Your good health is worth the effort and time.

- All MPIHP/Blue Shield Health Plan Participants and their eligible dependents age 13 and older who live in Los Angeles County must use one of the six Motion Picture & Television Fund health centers for annual physical examinations.
- Those MPIHP/Blue Shield Health Plan Participants who reside outside Los Angeles County have an annual maximum physical exam allowance of \$300, or they may go to one of the health centers, where there is no charge to the Participant.
- HMO and Oxford Participants may use their health plan or may go to one of the health centers for their annual physical, where there is no charge to the Participant.

To schedule an appointment for your physical at one of the six MPTF network health centers, or to take advantage of any of their Wellness services, call 800.654.WELL (9355).

IATSE BENEFIT PLAN RECIPROcity MAY ALLOW RE-DIRECTING OF CONTRIBUTIONS

For some, working on a project outside of Los Angeles may involve benefit contributions being sent to an IATSE Benefit Fund other than the Motion Picture Industry Pension and Health Plans (MPIPHP). In some cases, that can result in a shortage of hours needed to qualify for benefits with either benefit fund.

Reciprocity with other IATSE Benefit Funds is possible. Under a “Home Plan Resolution” passed by the Directors of the Plans a few years ago, you may be able to have those out-of-area

contributions made directly to your MPI Pension, Individual Account and Health Plans. The reverse is also true – you may wish to have your MPIPHP benefit contributions made to another IATSE Benefit Fund. You must meet certain qualifications, and the employer, union and other plans must agree.

If you are or will be in this situation, contact your union for further details and to obtain the information and *new* forms needed to complete the process.

Did You Know...

...If you are eligible, Medicare is your primary health care coverage over COBRA?

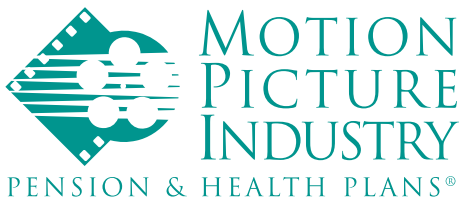
When you are enrolling in COBRA, please be sure to tell the MPI Health Plan if you are eligible for Medicare Part B, even if you did not sign up for it. This may save you unnecessary out-of-pocket expense, as Medicare is the primary insurance coverage and your COBRA benefit is secondary.

If you are eligible for Medicare, it may not be beneficial for you to sign up for COBRA. Medicare and COBRA rules state that if you become Medicare eligible after you have enrolled in COBRA, your COBRA coverage will be terminated. The MPI Health Plan would handle the cancellation of COBRA. However, if you have not informed the Plan of your Medicare eligibility, you might pay for COBRA coverage needlessly and overpayments may be made on medical claims until the Plan is notified.

COBRA was designed as a continuation of health insurance coverage on an interim basis until you can obtain other coverage, not as a long-term, permanent benefit. The same termination rules hold true for an Active Participant who becomes eligible for other group coverage after electing COBRA.

...Postal rates have changed yet again?

Another postal increase that will impact Participant and MPIPHP pocketbooks went into effect on May 12, 2008. The price of a first class postage stamp went up one penny from 41 cents to 42 cents, although those who purchased the Forever Stamps prior to May 12 will continue to pay 41 cents until their stamps run out. This and other rate changes and requirements will increase the cost of mailings from the Plans to Participants, raising our operational costs to bring you information and important documentation on your benefits. Every little savings makes a difference, and you can help by responding to requests from the Plans on the first notification, thus eliminating the need for follow-up mailings, and by downloading many of the forms you may need from our website at www.mpiphp.org.



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

Address Service Requested

PRSRT STD
U.S. POSTAGE
PAID
LOS ANGELES, CA
PERMIT NO. 4848

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.

West Coast Plan Office (Main Office)

11365 Ventura Blvd., P.O. Box 1999
Studio City, CA 91614-0999
Main Phone: 818 or 310.769.0007
Toll Free
Outside So. California: 888.369.2007
Main Fax: 818.508.4714

New York Office

145 Hudson St., Suite 6A
New York, NY 10013-2103
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Toll Free 888.758.5200
Main Fax: 212.634.4952

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For Your Benefit and the *Plan Update* are 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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6/08

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 8/26/07 - 2/23/08 confirms benefits coverage in Eligibility Period 5/1/08 - 10/31/08.) Additional qualification requirements apply for new Participants to qualify for Initial Eligibility. See your Summary Plan Description for details.

Qualifying Periods

8/26/07 – 2/23/08
9/23/07 – 3/22/08
10/21/07 – 4/19/08
11/25/07 – 5/24/08
12/23/07 – 6/21/08
1/27/08 – 7/26/08
2/24/08 – 8/23/08
3/23/08 – 9/20/08
4/20/08 – 10/25/08
5/25/08 – 11/22/08
6/22/08 – 12/20/08
7/27/08 – 1/24/09
8/24/08 – 2/21/09
9/21/08 – 3/21/09
10/26/08 – 4/25/09

Eligibility Periods

5/1/08 – 10/31/08
6/1/08 – 11/30/08
7/1/08 – 12/31/08
8/1/08 – 1/31/09
9/1/08 – 2/28/09
10/1/08 – 3/31/09
11/1/08 – 4/30/09
12/1/08 – 5/31/09
1/1/09 – 6/30/09
2/1/09 – 7/31/09
3/1/09 – 8/31/09
4/1/09 – 9/30/09
5/1/09 – 10/31/09
6/1/09 – 11/30/09
7/1/09 – 12/31/09