

FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Volume 14, No. 3

Fall 2004

BOARD APPROVES BENEFITS REVISIONS EFFECTIVE JANUARY 1

In an ongoing effort to maintain an MPI Health Plan that is responsive to evolving medical changes and to the needs of our Participants, the Board of Directors unanimously approved modifications to Plan benefits at their Wednesday, November 3, 2004 meeting.

The most notable changes, which impact the greatest number of Participants, are listed below. Participants will be able to take advantage of these modifications beginning January 1, 2005.

Be sure to save a copy of this newsletter in the inside pocket of your July 2004 MPI Health Plan *Summary Plan Description*, as these are changes to that document.

PHARMACY BENEFIT CHANGE: PRESCRIPTION DRUGS DERIVED FROM VITAMINS

The MPI Health Plan will now cover vitamin products if those products *require* a physician prescription by government regulation. This does not include over-the-counter vitamins, even if they are prescribed.

The benefit change distinguishes medications derived from vitamins and used for the treatment of specific diagnoses from those used as nutritional supplements. For example, although Vitamin D is available over-the-counter in low doses, it is available only by prescription in significantly higher dosage for those with glandular and bone diseases, as well as for individuals on kidney dialysis. Some prenatal vitamin prescriptions prescribed in higher dosages fit this criteria as well.

CLARIFICATION FOR "OFF-LABEL" DESCRIPTION

The term "Off-Label" refers to the use of medications prescribed for conditions other than those for which they have received FDA approval. This is not an uncommon practice and has been increasing in recent years for a variety of reasons.

In order to determine when off-label use of medication and procedures will be covered under MPI Health Plan rules, a set of guidelines has been developed which identifies the circumstances in

which coverage will apply. This effort was coordinated by the Plan's Medical Director, with information derived from a variety of sources, including medical organizations, Medicare and other health plans, and practicing physicians.

Approval for such coverage does not require any action on the part of the Participant. Rather, it is handled between the Plan and the physician.

LENS REPLACEMENT COVERAGE FOLLOWING CATARACT SURGERY

In addition to the Vision Service Plan (VSP) benefit which allows for coverage of new spectacle lenses annually, the MPI Health Plan will now pay for one new spectacle lens for the surgically treated eye after undergoing cataract surgery.

This is a clarification of a practice that has in the past required individual review in appropriate circumstances. This new benefit does not include new frames. The standard VSP benefit, which includes new spectacle lenses annually and new frames every other year, does not change.

Nutritional counseling is an opportunity for Participants to take an active and positive role in their own health care.

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Dates to Remember

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

Thanksgiving
November 25 & 26, 2004

Christmas Eve
December 24, 2004

New Years Eve
December 31, 2004

President's Day
February 21, 2005

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.

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PARTICIPANTS CAN SAVE TIME AND MONEY ON MAINTENANCE MEDICATIONS

If you suffer from a chronic condition such as high blood pressure, high cholesterol or diabetes, you may not realize the amount of time and money you're spending to manage your medications. More importantly, you are not benefiting from the significant savings available to you through the Medco Health Home Delivery program.

Filling a Prescription at the Pharmacy

Does this sound familiar?

You are an Active, non-merger Participant in the MPI Health Plan. You make the call every month to refill your prescription. Then you jump in your car for a trip to the pharmacy, a costly venture given today's gas prices. Once there, you pay cash out of your pocket of \$10, \$15 or \$25 for a one-month supply, depending on whether you're using generic, preferred brand or other name brand drugs. You repeat that process 12 times each year.

Add it up. Over the period of a year, you might conservatively spend 12 hours (not including wait time at the pharmacy or traffic on the way) and up to \$300 (if you're taking only one medication) in co-pays... plus gas! The co-pay numbers will vary for Retiree Participants, but the concept is the same.

Filling a Prescription through Medco Health Home Delivery

The savings come when you use the Medco Health Home Delivery program. Here's an improved scenario:

You submit your prescription and completed order form in a pre-addressed envelope once a year. You pay for your 90-day supply by mail, online or by fax at a co-pay rate of \$20 for generic drugs, \$30 for preferred brand and \$36 for all other brands. You monitor delivery online if you wish, and your order arrives at

your door within 14 days, potentially faster if you've used the Internet or fax. You request a refill three times during the year.

Adding it up, in an apples-to-apples comparison, your time expenditure is about 2 hours versus 12, and your out-of-pocket expense is a maximum of \$144 as compared to \$300. And that's just for one medication. If you're taking more than one, the savings multiply. Under the same scenario, Retirees would save the same number of hours, and based on the lower co-pay, dollar savings would be less, but well worthwhile. Either way, no gas!

Things to Remember

It's obvious that mail-order service is the most expedient if you are taking medications on a regular basis. But there are a few things to remember:

- ◆ When placing any order, make sure you have at least a 14-day supply of that medication on hand to hold you over until the home delivery arrives.
- ◆ If this is a new medication for you or you don't have a 14-day supply on hand, ask your physician to write two prescriptions — one for a 30-day supply and the other for increments of 90-days. You'll take the 30-day supply to a local participating retail pharmacy to get you started while you're waiting for your first home delivery.
- ◆ The point-and-click ordering system available on the website at

www.medcohealth.com couldn't be simpler to use to order or refill prescriptions. You may track your prescription delivery online as well.



- ◆ Fax or phone ordering is equally easy. Simply call Medco Health Home Delivery at 800.987.5247 and use your credit card for your co-pay.
- ◆ Be sure to use mail order services for 90-day supplies to get the most savings. Because Medco Health Home Delivery has been designed to provide bulk services only, the co-pay will be the same regardless of whether the prescription is for 30, 60 or 90 days. If you use Home Delivery for 30-day refills, it will actually cost more than using a participating retail pharmacy. Ask your physician to write the prescription for 90-day refills in order to achieve this savings.
- ◆ For non-maintenance medications and prescriptions of less than 90 days, Medco has over 54,000 participating retail pharmacies nationwide, including most major chains.

Did You Know...

Participants or dependents eligible for Medicare must inform the Plan office?

Any Participant or dependent who is eligible for Medicare prior to being covered in the MPI Retiree Health Plan due to either a disability that occurs prior to age 65 or as a result of reaching age 65, must enroll in Medicare Part B to avoid any unnecessary out-of-pocket expense. The Participant must also inform the West Coast Plan Office that he/she is eligible for and enrolled in Medicare.

Get the Information You Need

Information about Medco and its services, as well as prescription tracking information, is readily available.

800.987.5247

www.medcohealth.com

SUMMARY ANNUAL REPORTS 2003

FOR THE MOTION PICTURE INDUSTRY PENSION, INDIVIDUAL ACCOUNT AND HEALTH PLANS

This is a summary of the annual report of the Motion Picture Industry Pension Plan, E.I.N. 95-1810805 (Plan No. 001), the Motion Picture Industry Individual Account Plan, E.I.N. 95-0030749 (Plan No. 002), and for the Motion Picture Industry Health Plan, E.I.N. 95-6042583 (Plan No. 501), for the Plan Year ended December 31, 2003.

These annual reports have been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Pension Plan Financial Statement

Benefits under the Plan are provided through insurance and through a trust fund. Plan expenses were \$136,595,583. These expenses included \$13,310,251 in administrative expenses and \$123,285,332 in benefits paid to or for Participants and beneficiaries. A total of 58,974 persons were Participants in or beneficiaries of the Plan at the end of the Plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$1,861,485,472 as of December 31, 2003, compared to \$1,564,820,718 as of January 1, 2003. During the Plan year the Plan experienced an increase in its net assets of \$296,664,754. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The Plan had total income of \$433,260,337 including employer contributions of \$76,163,037, realized gains of \$74,105,341 from the sale of assets, earnings from investments of \$281,300,417, and other income of \$1,691,542.

Basic Individual Account Plan Financial Statement

Benefits under the Plan are provided through insurance and through a trust fund. Plan expenses were \$40,353,299. These expenses included \$8,075,567 in administrative expenses and \$32,277,732 in benefits paid to or for Participants and beneficiaries. A total of 50,084 persons were Participants in or beneficiaries of the Plan at the end of the Plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$1,237,756,675 as of December 31, 2003, compared to \$982,674,571 as of January 1, 2003. During the Plan year the Plan experienced an increase in its net assets of \$255,082,104. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The Plan had total income of \$295,435,403 including employer contributions of \$89,419,147, realized gains of \$37,166,667 from the sale of assets, earnings from investments of \$168,107,726, and other income of \$741,863.

Minimum Pension and Individual Account Plans Funding Standards

An actuary's statement shows that enough money was contributed to the Plans to keep them funded in accordance with the minimum funding standards of ERISA.

Health Plan-Insurance Information

The Plan has contracts with The Union Labor Life Insurance Company, Private Medical Care, United Concordia Dental Plans of California, Smile Saver Dental Plan, Kaiser Permanente, Health Net and Oxford Health Plans to provide certain medical, dental, vision, temporary disability and life insurance benefits incurred under the terms of the Plan. The total premiums paid for the Plan year ended December 31, 2003 was \$22,837,582.

Because they are so called "experience-rated" contracts, the Union Labor Life Insurance Company premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the



Plan year ended December 31, 2003, the premiums paid under such "experience-rated" contracts were \$888,314 and the total of all benefit claims paid under these experience-rated contracts during the Plan year was \$793,516.

Basic Health Plan Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$123,809,487 as of December 31, 2003, compared to \$77,985,816 as of January 1, 2003. During the Plan year, the Plan experienced an increase in its net assets of \$45,823,671. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the Plan year, the Plan had total income of \$414,011,737 including employer contributions of \$384,448,751, Participant contributions of \$5,712,491, realized gains of \$395,415 from the sale of assets, earnings from investments of \$22,553,308, and other income of \$901,772.

Plan expenses were \$368,188,066. These expenses included \$21,382,302 in administrative expenses and \$346,805,764 in benefits paid to or for Participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual reports, or any part thereof, on request. The items listed below are included in the reports:

1. An independent auditors' report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Transactions in excess of 5% of each Plans' assets;
5. Insurance information, including sales commissions paid by insurance carriers;

6. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the Plan participates (Pension and IAP only);
7. Actuarial information regarding the funding of the Plan (Pension only).

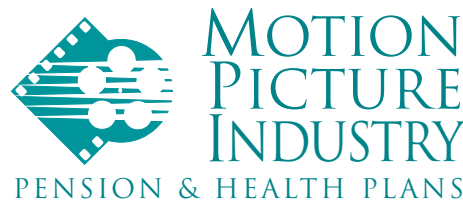
To obtain a copy of the full annual report(s), or any part thereof, write or call the office of Tom Zimmerman, Executive Administrative Director, 11365 Ventura Boulevard, Studio City, CA 91604-3148, or P.O. Box 1999, Studio City, CA 91614-0999, 818.769.0007. The charge to cover copying costs will be \$15.00 for each full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the Plan administrator, on request and at no charge, statements of the assets and liabilities of the Plans and accompanying notes, or statements of income and expenses of the Plans and accompanying notes, or both. If you request a copy of the full annual report(s) from the Plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report(s) because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan (11365 Ventura Boulevard, Studio City, CA 91604-3148) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs.

Requests to the Department should be addressed to:

Public Disclosure Room, Room N1513
Employee Benefits Security Administration
U. S. Department of Labor
200 Constitution Avenue N. W.
Washington, D.C. 20210



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
Outside So. California: 888.369.2007
Main Fax: 818.508.4714

New York Office

355 W. 52nd St.
5th Floor
New York, NY 10019-6239

Main Phone: 212.634.5252
888.758.5200
Main Fax: 212.634.4952

Website: www.mpiphp.org

The Votes Have Been Counted... And MPTF Industry Health Network Wins in a Landslide

*California's consumers have spoken,
and their voices have been heard.*

Responding to the 2004 California Consumer Assessment Survey, health care consumers rated the quality of care they receive from their health care providers on a scale of 0 to 10 — and the Motion Picture & Television Fund (MPTF) Industry Health Network was a clear winner.



A whopping 91.1 percent of patients at the five Los Angeles area MPTF health centers gave highest marks (8, 9 or 10) to the overall care they received from their personal doctor or nurse. This was significantly higher than the average result of 79.9 percent for other Southern California providers.

Patients praised care providers in the Network's health centers for spending enough time with them, listening to them carefully, explaining things in an understandable way, and providing the help or advice they needed. They also said they got routine care, preventive exams, and care for illness or injury as soon as they wanted, and received referrals to and care from specialists as soon as it was needed. Particularly revealing: the patients using the MPTF Health Centers were not planning to change to a different doctor or clinic.

The real winners are the patients themselves. Members of the Motion Picture Industry Health Plan can receive great care at any of the MPTF full-service outpatient health centers conveniently located in Toluca Lake, Woodland Hills, West Los Angeles, Hollywood and Santa Clarita.

Staffed by board-certified primary care physicians, the centers offer all the services patients need to stay healthy. Recognizing the demanding schedules of industry members, most locations offer evening and weekend appointments. All provide same- or next-day appointments for urgent care.

For more information, or to make a doctor's appointment, call 800.876.8320.

Did You Know...

...All mental health services are covered exclusively through PacifiCare Behavioral Health?

All mental health services covered under MPI Health Plan will be provided by a PacifiCare Behavioral Health (PBH) Participating Provider and must be preauthorized by PBH. Preauthorization is not required in an emergency, but remember that you must contact PacifiCare within 48 hours of the emergency.

In order to take advantage of your mental health benefit, simply call the PBH Customer Service Department at 888.661.9141 at any time of the day or night. If your need is urgent or an emergency, you will immediately be put in contact with a licensed care manager. In a non-emergency situation, the PBH staff member will confirm your eligibility as a Plan Participant and then ask a few simple questions to ensure you are referred to appropriate services that will meet your needs. You will be given the name and telephone number of a PBH Participating Provider near your home or work.

If you choose to see a provider who is not part of the PBH network, you will have to pay for the entire cost of the treatment. There will be no reimbursement available from PBH.

Important Annual Notice:

Reconstruction Surgery Benefits for Breast Cancer Survivors

When a woman is diagnosed with breast cancer, she may have to choose a body-altering surgery in order to save her own life. Among the many challenging issues she faces after that surgery may be her concerns over body image. For that reason, she may choose to undergo breast reconstruction surgery to restore the breast's appearance.

As a Plan Participant or eligible dependent receiving benefits for a mastectomy, you are eligible for reconstruction coverage as well. Your decisions must, of course, be made in consultation with your attending physician, but in general, under the Women's Health and Cancer Rights Act of 1998 (WHCRA), your benefits include the following:

- All stages of surgery and reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications, including lymphedema

For non-HMO Participants and their eligible dependents using a Blue Cross provider, the Health Plan will pay 90 percent of the Blue Cross contracted rate for covered services. The remaining 10 percent is the Participant's responsibility. For those using non-Blue Cross providers, the Health Plan will pay 85 percent of the allowable amount for professional medical services, and the Participant pays the remainder. Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) Participants should review their HMO and PPO Evidences of Coverage booklets or contact their HMO or PPO directly for coverage information.

If you have any questions about mastectomy or reconstruction surgery benefits, please contact the West Coast Plan Office, 818 or 310.769.0007, extension 286. Outside Southern California, call 888.369.2007.



DISEASE MANAGEMENT

Taking Care, Taking Control, Taking Responsibility

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

Why are the numbers of people with chronic diseases such as high blood pressure, diabetes, asthma and heart disease, increasing so rapidly? Societal factors, mainly:

- *The average age of our population is increasing.*
- *There is an abundance of food available and we are overweight.*
- *A lack of physical activity associated with our jobs and our lives results in poor fitness levels.*
- *Tobacco use is still prevalent.*

Of course, you can't stop the aging process, but you can slow its progress by making lifestyle changes such as taking control of your behaviors, taking care of your body and taking responsibility for your own good health. And by following a treatment program established by your physician.

An Ounce of Prevention Can't Equal a Pound of Cure If You Don't Follow the Plan

In the past several years, medical research has moved beyond the study of disease cause and prevention to include focused attention on *best-care protocols* to manage specific medical conditions. It's all about what schedule of treatment, what interval of testing and what personal choices give the best outcomes.

Scientists have found that monitoring and appropriately treating chronic disease at an early stage results in positive outcomes. If the Disease Management plan is followed and goals met, poor outcomes of chronic conditions are often avoided. Unfortunately, some studies show that as many as 50 percent of patients don't take their medications as directed, let alone modify their behavior.

A Partner to Cheer for Your Success

Disease Management is an integrated approach to address compliance with treatment guidelines for chronic conditions. It begins with diagnosis or identification of those at risk. The process is supervised

by a health care professional, usually a registered nurse, to serve as the treatment coordinator — the coach and cheerleader who helps to keep the patient monitored and on track.

Education about the disease, its consequences and treatment, is necessary to success, as is change in lifestyle, scheduled physician contact, and regular testing and monitoring of measurable target goals. Examples might include reduced blood glucose levels in diabetics or lowered blood pressure ranges in hypertensives. The goal is to reduce potential complications of the underlying condition. And it works, as can be seen in the chart below.

How Does Disease Management Relate to the MPI Health Plan?

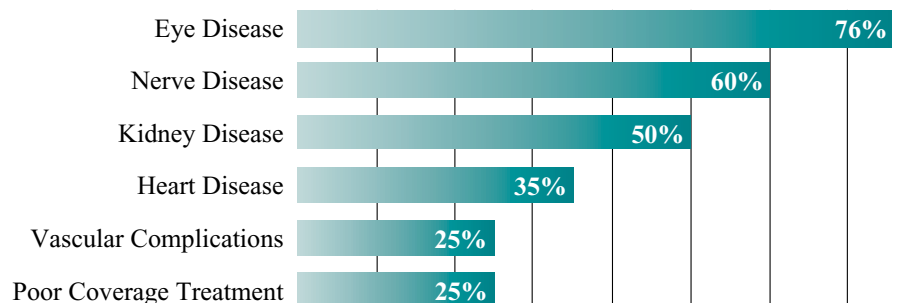
The Plan's mission is to enable the optimal health of our Participants.

Certainly Disease Management is a positive step toward achieving that cost-effectively. Because 20 percent of our Participants who suffer from chronic and acute illness account for 80 percent of the Health Plan's costs, the savings impact could be significant due to reduced hospitalizations and expensive disease-related complications. *Most importantly, the quality of life for those Participants will improve dramatically.*

More Information to Come

More information on Disease Management will be provided in the near future, and opportunities will be made available for appropriate Participants to get involved in some type of comprehensive disease management program.

DISEASE MANAGEMENT EXAMPLE: DIABETES COMPLICATION REDUCTION POTENTIAL



Diabetes Control and Complications Trial

EXPANDED NUTRITIONAL COUNSELING

The MPI Health Plan has expanded its nutritional counseling benefit to include three sessions with a registered dietician each year for Participants and eligible dependents, when prescribed by a physician. At present, only diabetes patients are eligible for nutritional counseling sessions, and the current benefit provides only three sessions during their lifetime.

Some vitamin-derived, physician-prescribed medications used for treatment will now be covered.

This is part of an overall effort to encourage healthy lifestyles and behavior modification. It is one opportunity for

Participants to take an active and positive role in their own health care.

The only requirements for taking advantage of the benefit are that the counseling must be prescribed by a physician and provided by a registered dietician. The Participant will be responsible for a \$10 copay for each visit. There may be additional out-of-pocket expense if the provider is not contracted with Blue Cross.

Learn More About Your Benefits

For further information about your many benefits available through the MPI Health Plan, consult your July 2004 *Summary Plan Description (SPD)*. If you need a copy, please contact our West Coast Office or you may read the SPD online.

818 or 310.769.0007,
ext. 244

Outside Southern
California
888.369.2007, ext. 244

www.mpiphp.org

In addition to VSP benefits, the Plan will pay for one new spectacle lens for an impacted eye after undergoing cataract surgery.

Did you know...

...If your spouse/same sex domestic partner has primary health coverage with another plan, she/he must follow the rules of that plan?

A process known as benefit determination is used to coordinate the benefits of both plans where duplicate coverage exists. The order of benefit determination is that the benefits of the plan that covers the individual as an employee, member or subscriber, other than as a dependent, are determined *before* those of the plan which covers the individual as a dependent.

If your spouse/same sex domestic partner has chosen an HMO/PPO as their primary benefit carrier, they must follow the guidelines of that plan, including using a network provider. The MPI Health Plan will make no payment as secondary payer if those guidelines are not followed.

...The only covered comprehensive medical exam available for MPI Health Plan Participants living in L.A. County is through The Wellness Program?

The Wellness Program is implemented by The Industry Health Network (TIHN) of the Motion Picture & Television Fund (MPTF). Comprehensive physical examinations may be obtained through one of their five network locations listed in the July 2004 *Summary Plan Description*. Simply call one of the MPTF Health Centers to make an appointment.

For additional information concerning eligibility, program offerings, and coverage limitations, please call The Wellness Program toll-free at 800.654.WELL (9355).

...Surgical suites/surgery centers are subject to a reduced payment schedule?

Surgical suites/surgery centers that are non-Blue Cross contracting are subject to a reduced payment schedule. Benefits will be 25% of the surgical allowance, payable at 85%.

...Medical information authorization forms are available online?

The MPI Health Plan will only disclose your health information with your written authorization. No one, including your spouse/same sex domestic partner, has access to your personal information without that authorization.

You may authorize us to disclose your health information to anyone specified by you simply by filling out the Authorization Form located on our website at www.mpiphp.org. You may also contact us for the Authorization Form at 818 or 310.769.0007, ext.244. Outside Southern California, call 888.369.2007, ext.244. Of course, you may revoke this authorization at any time, but your revocation must be submitted in writing.

...COBRA checks must be received by the Plan prior to the first of the month?

Be sure to mail your monthly COBRA payment to the West Coast Plan Office early enough for it to arrive by the due date on the first of each month. The Plan needs time to process the payment in order to ensure smooth continuation of your Health Plan eligibility. Failure to make your payment in a timely manner may terminate your right to further benefits under COBRA.

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.

West Coast Plan Office

(Main Office)

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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

2/22/04 - 8/21/04
3/21/04 - 9/25/04
4/25/04 - 10/23/04
5/23/04 - 11/20/04
6/20/04 - 12/25/04
7/25/04 - 1/22/05
8/22/04 - 2/19/05
9/26/04 - 3/26/05
10/24/04 - 4/23/05
11/21/04 - 5/21/05
12/26/04 - 6/25/05
1/23/05 - 7/23/05
2/20/05 - 8/20/05
3/27/05 - 9/24/05
4/24/05 - 10/22/05
5/22/05 - 11/19/05

Eligibility Periods

11/1/04 - 4/30/05
12/1/04 - 5/31/05
1/1/05 - 6/30/05
2/1/05 - 7/31/05
3/1/05 - 8/31/05
4/1/05 - 9/30/05
5/1/05 - 10/31/05
6/1/05 - 11/30/05
7/1/05 - 12/31/05
8/1/05 - 1/31/06
9/1/05 - 2/28/06
10/1/05 - 3/31/06
11/1/05 - 4/30/06
12/1/05 - 5/31/06
1/1/06 - 6/30/06
2/1/06 - 7/31/06