

# FOR YOUR BENEFIT...

The Newsletter for Motion Picture Industry Pension and Health Plans Participants

Volume 12, No. 1

Spring 2002

## ACCESS TO EXPANDED CHIROPRACTOR NETWORK BEGINS JULY 1

Most Plan Participants will soon have access to a significantly expanded nationwide network of over 10,000 licensed chiropractors (see *Plan Update*, page 5). Through a new Motion Picture Industry Health Plan (MPIHP) agreement with Blue Cross/American Specialty Health Networks, Inc., care will switch from ALIGNIS, Inc. to the new network **beginning July 1, 2002**.

Whether you are located inside or outside of California, and whether you participate in an HMO or non-HMO Plan, your generous benefit package will remain intact, with up to 24 visits per calendar year covered. And, you will have the added benefit of easy access to a large network

of approved, conveniently located chiropractors which includes most of the professionals currently available to Participants through ALIGNIS.

### CALIFORNIA BLUE CROSS/MPIHP PARTICIPANTS

Blue Cross/MPIHP Plan Participants who live in California may choose any licensed chiropractor. However, no co-payment is required when you use one of the professionals participating in their expansive network. To see if your current provider is a member of the network, or to select a chiropractor who is, simply stop by the Blue Cross website or make a toll-free call. The entire network can be accessed under "Provider Finder" at [www.bluecrossca.com](http://www.bluecrossca.com), or get help with a referral to a chiropractor near you by calling their toll-free number, 800.888.4825.

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Approved network chiropractors located in California are listed under "Provider Finder" at [www.bluecrossca.com](http://www.bluecrossca.com). For the nationwide network, go to "BlueCard® Doctor & Hospital Finder" at [www.bluecares.com](http://www.bluecares.com).



## MENTAL HEALTH BENEFIT ENHANCEMENTS SLATED FOR JULY

Non-HMO Plan Participants can look forward to significant enhancements to Mental Health and Chemical Dependency benefits **beginning July 1, 2002**. Although details are still being finalized, the Motion Picture Industry Health Plan's new contract with PacificCare Behavioral Health (PBH) will offer around-the-clock, direct access to these services.

More covered outpatient visits, lower out-of-pocket costs and 100 percent coverage for inpatient stays are just a few highlights of the expanded benefit

package that will replace the current benefit through EIRAC. And, you will have access to PBH's national network of mental health professionals, which includes most of the providers caring for participants under the EIRAC plan.

### Direct Access to An Expansive Provider Network

When the PBH benefit for non-HMO Participants goes into effect July 1, 2002, **authorization for services will be required**. One toll-free, confidential

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### Dates to Remember

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

Memorial Day  
May 27, 2002

Independence Day  
July 4, 2002

## RETIREES: NEW CONSUMER REPORT PROVIDES GUIDE TO MEDICARE HMOs

Consumers Union and the California HealthCare Foundation have recently released an updated Guide to California Medicare HMOs. This free and unbiased report covering every Medicare HMO plan in California includes information on premiums, prescription drug coverage and more.

This information is especially important as a new government rule limits your ability to switch your Medicare health plan. You may now change only once before June 30, 2002. After July 1, you will not be allowed to change plans until November. So, it's worth spending the time to make a good choice now.

Call toll-free 1-888-430-CHCF (2423) to request your free copy or visit [www.calmedicare.org](http://www.calmedicare.org) or [www.consumerreports.org](http://www.consumerreports.org) to access the information online.

## MENTAL HEALTH BENEFIT ENHANCEMENTS

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call to PBH, any time day or night, is all it will take to access a national network of nearly 11,000 mental health specialists and facilities. These professionals have met PBH's stringent licensing, credentialing and practice standards for network participation.

**Non-HMO Participants - Watch for extensive Mental Health and Chemical Dependency benefit enhancements effective July 1, 2002!**

No longer will you need to search for the right provider, unsure whether you would be best served by a psychiatrist, psychologist, clinical social worker or other mental health professional.

The PBH Care Consultant who answers your call and issues the necessary authorization is specially trained to listen to your needs and match you to an appropriate, conveniently-located provider.

In response to an emergency, the Care Consultant will coordinate care for you immediately. Urgent appointments are available within 24 hours, and routine appointments within no more than 10 working days.

### ***Responsive Care Management and Quality Oversight***

Not only will PBH authorize treatment and refer you to an appropriate care provider, they will also offer personalized support throughout your care program.

While your mental health care provider works with you to tailor a treatment plan to meet your individual needs, PBH will also provide oversight to ensure Participant satisfaction. If your needs

are acute or chronic, licensed PBH Care Managers support you (and your family, if applicable) during and after treatment to ensure your needs continue to be met. Through a structured survey that measures patient satisfaction and treatment effectiveness, provider performance will be carefully and continuously monitored.

### ***Formulating a Seamless Transition to PBH***

Until the PBH plan becomes effective July 1, Participants should continue to use the current mental health and chemical dependency benefits. As nearly all of the providers caring for MPIHP non-HMO Participants are already part of the PBH network, we anticipate the transition will be practically seamless. For those few individual cases where a provider change will be necessary, the Health Plan and PBH are working together to develop a plan that minimizes the impact on those Participants.

HMO enrollees are not affected by this change, and you should continue to contact your HMO for mental health and chemical dependency services.

### ***Further Information Available Soon***

Further details about the new Mental Health and Chemical Dependency benefit will be available soon. Watch your mail for further details, or contact the Plan Office at 818 or 310.769.0007, extension 244.

**One toll-free, confidential call is all it will take for authorization and referral to a PBH mental health specialist.**

# SURVEY SAYS ONLINE COMMUNICATION HAS POTENTIAL



## Web Site Offers Round-the-Clock Self-Service

*Need a mail order prescription form or perhaps a medical claim, pension direct deposit or change of address form?*

*Want to check on your reported hours or anything to do with your medical or dental plans?*

*Need to confirm coverage for your dependents and some details of your health or dental plan coverage?*

Don't forget you have secure access to your personal Plan information, 24 hours a day every day on our website. If you're a first-time user, signing up is easy. All you need is a computer, internet access and a browser that supports 128-bit encryption. Go to the site, hit the sign-up button and follow the prompts, inputting your social security number and last name.

Check us out at your convenience, and remember... we are constantly working to expand our site to meet your needs. Your feedback is always welcome!

[www.mpiphp.org](http://www.mpiphp.org)

Results from the Fall 2001 Participant survey indicate excellent potential for online communication and self-service access to personal data for Plan Participants. The information obtained from the nearly 3,400 active and retired participants who responded, has been used to help formulate the new and significantly enhanced Plan website.

Included in the Fall 2001 issue of *For Your Benefit*, the survey measured Participant access to computers, Internet use patterns and potential Plan site preferences. Sixty-eight percent of respondents indicated they have Internet access, and of those, over half use a computer daily. Another 20 percent are at the keyboard a few times a week or weekly.

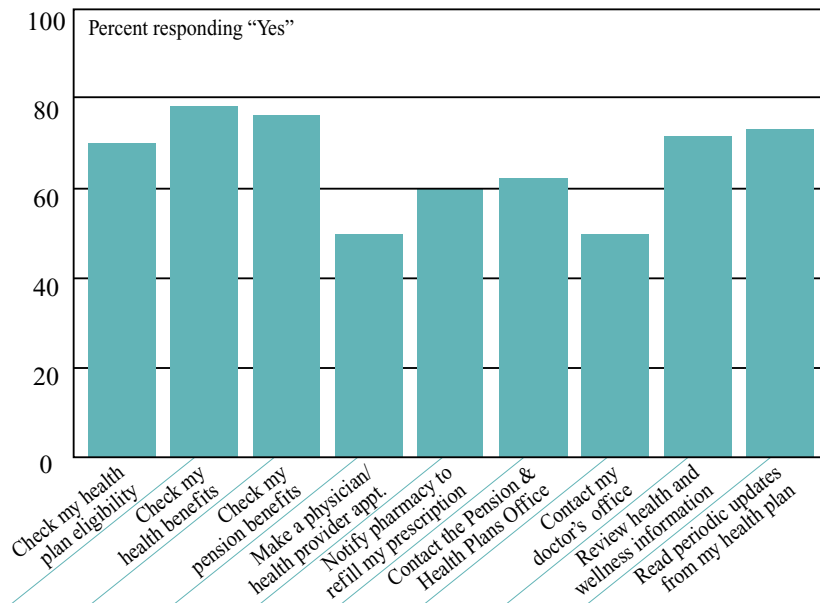
At the time of the survey, only a small portion of respondents had accessed the Motion Picture Industry Pension and Health Plans (MPIPHP) website. However, with vast enhancements to the site since that time, and with the addition of new, secured access to personal information, the numbers are growing.

Particularly valuable information from the survey was Participant preference regarding information they would like to have access to on the MPIPHP website. The graph below clearly identifies those preferences, most of which have already been developed and now appear on the enhanced site, or are in the plans for near-future development.

In addition to assessing the need and preferences for website communication, the survey also addressed more standard means of bringing information to Participants. Eighty-six percent of respondents indicated they read the Health Plan's newsletter, *For Your Benefit*, so that publication will continue to be distributed to Participants quarterly.

## Service Availability Online

*If it were available, I would do the following online:*





## PLAN OFFICE SECURITY IS IMPROVED

**A**lthough development of new building security procedures for the West Coast Plan Office began weeks before the tragic events of September 11, that day certainly heightened focus on the project.

A comprehensive network of enhanced security equipment and procedures now in place offers increased safety for Participants and employees. Much of what has been implemented is behind-the scenes and not visible to Plan Office visitors. There is, however, a noticeable difference in building access procedures.

All visitors must now check-in at the first floor security guard desk. The guard will confirm your appointment and issue a visitor I.D. badge. A Plan employee will come to the lobby to escort you to your destination, as entry to offices on all floors now requires an access card. In addition, elevator access beyond the first floor is limited. Prior to leaving the building, visitors will be escorted to the first floor security desk to return their visitor badges.

Operational since early March, the new system has been well-accepted by employees and visitors alike. Reaction has been positive in accepting any minor inconvenience to assure the safety of everyone in the building.

## CHIROPRACTOR ACCESS

*continued from page 1*

### OUT-OF-STATE BLUECARD® PARTICIPANTS

For BlueCard® Participants residing outside of California, the chiropractic benefit will be processed through BlueCard®. You may already be using a participating chiropractor from your local BlueCross® BlueShield® plan or from the Blue Cross national network. If so, no co-payment will be required when the new contract becomes effective July 1. To locate an approved, licensed professional in your area, go to [www.bluecares.com](http://www.bluecares.com) and click on “BlueCard® Doctor & Hospital Finder,” or call the Blue Cross national network customer service representatives at 800.810.2583.

### HMO PARTICIPANTS

Participants who have elected an HMO (Kaiser Permanente, Health Net, The Industry Advantage/CaliforniaCare® HMO or Aetna U.S. Healthcare) may self-refer to an approved American Specialty Health Networks chiropractor for a \$10 per visit co-payment. Use of a non-network chiropractor is not a covered benefit. For a list of approved chiropractors, visit the Network website at [www.ashn.com](http://www.ashn.com) or call them toll-free at 800.678.9133.

### MPIHP CAN HELP

If you have any questions regarding your chiropractic benefits, contact the Plan Offices at 818 or 310.769.0007, extension 244 or visit our web page at [www.mpiphp.org](http://www.mpiphp.org)

**Use of a non-network chiropractor by HMO Participants is not a covered benefit.**

# PLAN UPDATE

Updates to Your Summary Plan Description

Volume 12, No. 1

Spring 2002

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

## CHIROPRACTIC CARE BENEFIT CHANGES

### CHANGE:\*

Chiropractic Care provider network change from ALIGNIS, Inc. to Blue Cross/American Specialty Health Networks, Inc. (BC/ASHN)

### EFFECTIVE DATE:

July 1, 2002

### TRANSITION PLAN:

There are no actual benefit changes, and nearly all current Plan providers are included in the new and significantly larger BC/ASHN networks of chiropractors.

### BENEFIT CHANGES SUMMARY:

Chiropractic treatment benefits will remain essentially the same; however, the BC/ASHN networks of licensed chiropractors will replace the ALIGNIS, Inc. network. Benefits will include the following:

#### Non-HMO Plan Participants in California

- Up to 24 visits per calendar year covered, regardless of condition or conditions.
- Participants may choose any licensed chiropractor; however, no co-payment is required when using a BC/ASHN network provider.
- Providers submit claims to the Motion Picture Industry Health Plan.

#### Non-HMO Participants Outside California

- Up to 24 visits per calendar year covered, regardless of condition or conditions.
- Participants may choose any licensed chiropractor; however, no co-payment is required when using a BC/ASHN network provider.
- Chiropractic benefits are processed through BlueCard.®

\* This change will not affect the established benefits of those former East Coast Local 644 and 666 Participants who retired prior to the January 1, 1999 merger with MPIHP.

#### HMO Participants

- Up to 24 visits per calendar year covered, regardless of condition or conditions.
- Participants may self-refer to an ASHN network chiropractor for a \$10 per visit co-payment.
- Use of a non-network chiropractor is not a covered benefit.
- ASHN pays all eligible charges, minus the \$10 co-payment, directly to the approved provider.

#### BENEFIT HIGHLIGHTS:

- Chiropractic network will quadruple in size to 10,000 providers.
- Over 2,000 chiropractors participate in California.
- Provides easy and convenient access to a network that includes most of the professionals currently available to Participants.

#### FURTHER INFORMATION:

##### Non-HMO List of Network Providers in California

- [www.bluecrossca.com](http://www.bluecrossca.com)
- Customer Service at 800.888.4825

##### Non-HMO List of Network Providers Outside California:

- [www.bluecares.com](http://www.bluecares.com)
- Customer Service at 800.810.2583

##### HMO List of Network Providers

- [www.ashn.com](http://www.ashn.com)
- Customer Service at 800.678.9133

##### Benefit Coverage Information

- Motion Picture Industry Health Plan at 818 or 310.769.0007, extension 244.



### Directory of Topics

#### Chiropractic Care Benefit Change for All Participants

#### Pension Claims and Appeals Procedure Clarification

#### Behavioral Health and Chemical Dependency Benefit Change for Non-HMO Participants

#### Telephone Access to MPIHP

**In California**  
818 or 310.769.0007

**Outside So. California**  
888.369.2007

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

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

**Eligibility Department Extension 263**  
**8 a.m. to 4:30 p.m.**  
Address Changes  
Adding Dependents  
Plan Enrollments

**Medical Review Extension 286**  
**8 a.m. to 4:30 p.m.**  
Case Management  
Health Claims  
Home Intravenous Therapy  
Independent Medical Examination  
Nursing Care  
Preauthorization  
Second Surgical Opinion

## PENSION CLAIMS AND APPEALS PROCEDURE CLARIFICATION

### CLARIFICATION:

As part of the Plan's commitment to deliver pension benefits in the most timely and accurate manner possible, the Pension Claims and Appeals procedures have been modified. The clarified procedures should be reviewed in detail by everyone, now and prior to appealing a pension benefit decision. Please note that, upon request and free of charge, you will now be provided access to and copies of all documents relevant to your claim.

### PROCEDURE SUMMARY:

- Upon application for pension, our Pension Department will explain your benefits to you.
- If your request for pension benefits is denied in whole or in part, you will be notified in writing within 90 days after your request is made, barring any special circumstances. The notification will describe:
  - ◆ the specific reasons for denial;
  - ◆ specific references to relevant Plan provisions upon which the denial is based;
  - ◆ any additional information necessary; and
  - ◆ the Plan's appeals procedure, including time limits.
- If you choose to appeal the denial, you must submit your formal written appeal within 60 days, along with any written comments, documents, records or other relevant information.
- Upon request and free of charge, you will be provided reasonable access to, and copies of, all documents, records and other information relevant to your claim.
- If you do not file a request for review within 60 days, you will lose your right for review of the decision.
- Appeals are reviewed by the Benefits/Appeals Committee of the Pension Plan Board of Directors. The Committee will provide written notice of their decision, including rationale and specific references.
- Except as provided by law, the decision of the Committee is final.
- If the Committee denies your appeal, you have the right to bring a civil suit under Section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) within 180 days of written notice of the denial.

### HIGHLIGHTS:

The Plan will make every effort to provide benefits in the most accurate and timely manner possible.

### FURTHER INFORMATION:

A copy of the Plan's Pension Claims and Appeals Procedure is available through the Pension Department, 818 or 310.769.0007, extension 627.

## MENTAL HEALTH AND CHEMICAL DEPENDENCY BENEFIT CHANGE FOR NON-HMO PARTICIPANTS

**CHANGE:** Mental Health and Chemical Dependency benefits change from EIRAC to PacifiCare Behavioral Health (PBH) for Non-HMO Participants. Authorization through PBH is now required prior to receiving services.

**EFFECTIVE DATE:** July 1, 2002

**TRANSITION PLAN:** Most current Plan providers are included in the expansive PBH network. A transition plan for those currently in treatment with non-network providers is in development.

### PLAN ENHANCEMENT SUMMARY:

- More covered outpatient visits
- Lower out-of-pocket costs
- 100 percent coverage for inpatient stays

### BENEFIT HIGHLIGHTS:

- Toll-free, confidential, direct access is available 24 hours a day, seven days a week.
- Network includes almost 11,000 licensed and credentialed psychiatrists, psychologists, clinical social workers, facilities and other mental health professionals.
- Authorization through the PBH Care Consultant is required prior to treatment.
- Responsive access to care includes:
  - ◆ Emergency same-day assessments
  - ◆ Urgent appointments within 24 hours
  - ◆ Routine appointments within 10 working days
- Personalized support provided through care managers who follow care needs for Participants and families during and after treatment.
- Treatment plans are individually tailored.
- Strict quality oversight of all network providers including surveying patient satisfaction.

### FURTHER INFORMATION:

Further details will be provided to Participants prior to the July 1 effective date. Call 818 or 310.769.0007, extension 244 for further information.

## To Be Sure You're Covered...

# Preauthorize

**E**ven non-HMO Participants should be aware that preauthorization is required for many surgical procedures under the Health Plan.

To be a covered benefit, surgery must be deemed “medically necessary,” no matter which Plan option you’ve elected. Of course, emergency procedures do not require preauthorization. A number of non-emergency surgical procedures, however, require review prior to approval of benefit coverage, depending on the circumstances.

**If preauthorization is not requested and it is later determined the surgery is not a covered benefit, the burden of payment is on the Participant.** So, you must obtain preauthorization before you schedule a date for any surgery so we may confirm that the procedure is, in fact, “medically necessary” rather than cosmetic or elective.

**Reconstructive surgery of any type requires preauthorization.** Surgical repair procedures associated with breasts, the abdominal wall, eyes, nose and external ears, as well as scar revision, should all be preauthorized. Specific coverage exclusions appear in your Summary Plan Description.

The process of preauthorization is designed to be easy and responsive. Plan Participants should ask their physicians to submit written

preauthorization requests, with appropriate support materials, to the Plan Office via First Class mail. Requests are reviewed in a timely manner. When appropriate, board-certified consultants are utilized to review cases.

Formal written notification of authorization or denial will be sent to the requesting physician. In the event of a denial, an appeals procedure allows Participants to resubmit a request for review by another medical professional, and ultimately by the Benefits/Appeals Committee of the MPIHP Board. Please call the Participant Services Department at the Plan Office for questions associated with the preauthorization process. 818 or 310.769.0007, extension 244.



## RETIREES:

Get tips on how to earn more money in 2002 without reducing the amount of your Social Security benefit payments.

[www.ssa.gov/legislation/legis\\_bulletin\\_040700.html](http://www.ssa.gov/legislation/legis_bulletin_040700.html)

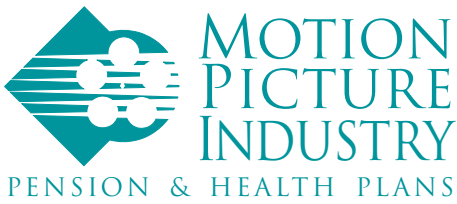
### Up-to-the-Minute Eligibility Information Available Around-the-Clock

MPIPHP’s new interactive Telephone Information System will soon offer Participants, their eligible dependents and Providers access to up-to-the-minute eligibility information 24 hours a day, seven days a week.

By answering the prompts and pushing a few buttons, you’ll be able to verify your eligibility status, medical and dental enrollment, and Bank of Hours information. Those who participate in COBRA benefits can also verify their recent payment information. Expanded access to include pension information is on the horizon.

It’s easy, fast and accurate. Simply call the Plan Office at 818 or 310.769.0007 and follow the prompts. When asked, press in your social security number and birth date as verification, and your information becomes accessible. It’s that simple.

You’ll still be able to talk directly to a Plan Office representative if you wish, or you can access your information via our website at [www.mpiphp.org](http://www.mpiphp.org).



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

Check out our website at  
[www.mpiphp.org](http://www.mpiphp.org)

## WE THOUGHT YOU'D LIKE TO KNOW...

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

### Main Office

11365 Ventura Blvd., P.O. Box 1999  
Studio City, CA 91614-0999

Main Phone: 818 or 310.769.0007

Outside So. California: 888.369.2007

Main Fax: 818.508.4714

### New York Office

80 Eighth Ave., 14th Floor  
New York, NY 10011-5151

Main Phone: 212.627.7232

Main Fax: 212.647.7317

**Website:** [www.mpiphp.org](http://www.mpiphp.org)

*For Your Benefit* is published 4 times a year for Motion Picture Industry Pension and Health Plans Participants.

Please send your comments and suggestions to:  
MPIP&HP — Attn: *For Your Benefit*  
P.O. Box 1999  
Studio City, CA  
91614-0999

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## Qualifying Periods for Monthly Eligibility

Qualifying Periods	Eligibility Periods
7/22/01 - 1/26/02	4/1/02 - 9/30/02
8/26/01 - 2/23/02	5/1/02 - 10/31/02
9/23/01 - 3/23/02	6/1/02 - 11/30/02
10/21/01 - 4/20/02	7/1/02 - 12/31/02
11/25/01 - 5/25/02	8/1/02 - 1/31/03
12/23/01 - 6/22/02	9/1/02 - 2/28/03
1/27/02 - 7/20/02	10/1/02 - 3/31/03
2/24/02 - 8/24/02	11/1/02 - 4/30/03
3/24/02 - 9/21/02	12/1/02 - 5/31/03
4/21/02 - 10/26/02	1/1/03 - 6/30/03
5/26/02 - 11/23/02	2/1/03 - 7/31/03
6/23/02 - 12/21/02	3/1/03 - 8/31/03
7/21/02 - 1/25/03	4/1/03 - 9/30/03
8/25/02 - 2/22/03	5/1/03 - 10/31/03
9/22/02 - 3/22/03	6/1/03 - 11/30/03