

PLAN UPDATE

Update to Your Summary Plan Description

Summer 2009

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.

BENEFIT CHANGES SUMMARY

Effective August 1, 2009

At a time in this country when defined benefit pension plans are disappearing and employees are shouldering a significant and growing portion of their health care costs, the Motion Picture Industry Pension and Health Plans benefits remain strong.

A combination of creative and proactive benefits management by the Plans' Boards of Directors, collaborative and supportive efforts of the Unions and Employers, and Participant attention to cost-effective use of benefits has helped to limit the impact of those changes on Participants.

Even with the collectively bargained increase in cost sharing associated with the MPI Health Plan coverage changes, Participants will continue to enjoy a benefits package that compares favorably to those offered to employees in this or any other industry. The Health Plan continues to have no annual deductible for most Participants, and the eligibility requirements will remain unchanged until 2011.

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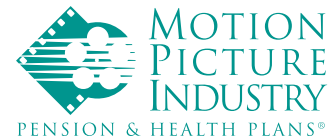
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Please take note: As a result of unique agreements associated with mergers of various Locals throughout the years, not all benefit changes reflected in this notice apply to all Participants.



Further Information

West Coast Plan Office (Main Office)

Main Phone:

818 or 310.769.0007

Participant Services, ext. 244

Toll Free Outside So. California:

888.369.2007

Participant Services, ext. 244

New York Office

Main Phone:

212.634.5252

Toll Free:

888.758.5200

Web Sites

Blue Shield

www.blueshieldca.com

Medco

www.medco.com

MPIPHP

www.mpiphp.org

MPTF

www.mptvfund.org

MPIPHP Departments

Participant Services

Extension 244 7 a.m. to 5 p.m.

- Benefits Changes Inquiries
- Case Management
- Claims Inquiries
- Health Benefits

Eligibility Department

Extension 263 8 a.m. to 5 p.m.

- Address Changes
- Adding Dependents
- Plan Enrollments

Pension Department

Extension 627 8 a.m. to 5 p.m.

- Benefit Estimate Statements
- Death Benefit
- Pension History Print-outs
- Refund of Employee Contributions
- Retirement

MPIHP/BLSHIELD PLAN BENEFIT

Co-pay Increase

Co-pay is the pre-determined flat fee a Participant must pay prior to any payment of benefits by the MPI Health Plan. (See the out-of-pocket charts below and on page 3 for details on co-pay and co-insurance changes for Participants.)

MPTF Health Center Provider Co-pay

(See the MPTF Service Area insert.)

- Any Participant using an MPTF Health Center will now pay a \$5 co-pay for each office visit. This also applies to physical therapy and acupuncture visits and to the annual physical exam benefit.

Blue Shield Contracting Provider Co-pay

- Participants who reside within the MPTF Service Area: The co-pay will be \$30 per visit (an increase of \$5, from \$25 to \$30, per visit) for any appointment with a Blue Shield contracting provider.
- Participants who reside outside the MPTF Service Area: The co-pay will remain at \$15 per visit for any appointment with a Blue Shield contracting provider.

Non-contracting Provider Co-pay

- Participants who reside within the MPTF Service Area: The co-pay will be \$30 per visit (an increase of \$5, from \$25 to \$30). In addition, the co-insurance will be significantly higher (see "Co-insurance Requirements").
- Participants who reside outside the MPTF Service Area: The co-pay will remain at \$15 per visit. However, the co-insurance will be significantly higher (see "Co-insurance Requirements").

Hospital Admission Co-pay

A \$100 co-pay will apply for inpatient admission to a hospital. This co-pay does not apply to outpatient surgeries.

Emergency Room Co-pay

A \$100 co-pay (an increase of \$50, from \$50 to \$100) will apply for a hospital emergency room visit. This co-payment will be waived if the individual is admitted to the hospital directly from the emergency room, but then the \$100 co-pay for inpatient hospital admission will apply. (Patient will still be responsible for the 10% of allowable.)

Co-insurance Requirements

Co-insurance is the Participant's share of the total cost of services, after their own co-pay and the MPI Health Plan benefits have been paid. (See chart below for co-pay and co-insurance changes.)

Professional Co-insurance

- In-network (MPTF and The Industry Health Network providers): There will be no increase for Participants. Coverage will remain the same. Participants will not pay any co-insurance amount for covered services.
- In-network (Blue Shield-contracted providers): There will be no increase for Participants. The percentage MPIHP pays will remain the same at 90% of the Blue Shield allowable.
- Out-of-network (not an MPTF or Blue Shield-contracted provider): Participant out-of-pocket costs will increase. MPIHP will pay 50% of the allowable amount (a decrease from 70% of the allowable amount), and the Participant will pay the remaining balance. In addition, the method for calculating the "allowable amount" will change from the 85th percentile of the "usual and customary" allowable to the 70th percentile of the "usual and customary" allowable.

Office Visit Out-of-pocket Expense for all MPIHP/Blue Shield Participants

Provider Choices	Participant Cost Before August 1, 2009	Participant Cost On and After August 1, 2009
Participants Residing INSIDE the MPTF Service Area*		
MPTF/TIHN-Referred Network Providers	No co-pay. No co-insurance.	\$5 co-pay. No co-insurance.
Blue Shield Preferred Provider , but <i>not</i> an MPTF/TIHN-referred Network Provider	\$25 co-pay + 10% of contracted amount after MPIHP pays 90%	\$30 co-pay + 10% of contracted amount after MPIHP pays 90%
Out-of-network Provider , not part of either MPTF or Blue Shield contracted provider list	\$25 co-pay + balance after MPIHP pays 70% of the 85th percentile of the allowable amount	\$30 co-pay + balance after MPIHP pays 50% of the 70th percentile of the allowable amount
Participants Residing OUTSIDE the MPTF Service Area*		
MPTF/TIHN-Referred Network Provider	No co-pay. No co-insurance.	\$5 co-pay. No co-insurance.
Blue Shield Preferred Provider , but <i>not</i> an MPTF/TIHN-referred Network Provider	\$15 co-pay + 10% of contracted amount after MPIHP pays 90%	\$15 co-pay + 10% of contracted amount after MPIHP pays 90%
Out-of-network Provider , not part of either MPTF or Blue Shield contracted provider list	\$15 co-pay + balance after MPIHP pays 70% of the 85th percentile of the allowable amount	\$15 co-pay + balance after MPIHP pays 50% of the 70th percentile of the allowable amount

* See insert for MPTF Service Area Map for a listing of the 107 ZIP code boundaries.

Hospital Out-of-pocket for All MPIHP/Blue Shield Participants <i>Out-of-pocket costs for all Participants, regardless of their location in relation to the MPTF Service Area.</i>		
Provider Choices Hospitals	Participant Cost Before August 1, 2009	Participant Cost On and After August 1, 2009
Blue Shield Network Hospitals* (Excluding outpatient surgeries and including at least one overnight stay.)	NONE	\$100 for inpatient overnight hospital admission + balance of contracted charges after MPIHP pays 90% of the contracted rate
Out-of-network Hospital (Not a Blue Shield Preferred Provider. Excluding outpatient surgeries and including at least one overnight stay.)	Balance after MPIHP pays 70% of allowable amount	\$100 for inpatient overnight hospital admission + balance after MPIHP pays 50% of the allowable amount
Hospital Emergency Room Services: No network requirement	\$50 co-pay, waived if ultimately admitted	\$100 co-pay + 10% of allowable (\$100 co-pay, waived if ultimately admitted)

* In-network means either MPTF or Blue Shield providers.

Hospital Co-insurance

- **In-network** (outpatient surgeries at MPTF or Blue Shield-contracted hospitals or surgery centers): Participants will pay a new co-insurance. MPIHP will pay 90% of contracted charges, and the Participant's share will be 10%.
- **Out-of-network** (not an MPTF or Blue Shield-contracted provider): Participant out-of-pocket will increase. MPIHP will reimburse 50% of the allowable amount (a decrease from the current 70%), and the Participant will pay the remaining balance, up to the billed amount.

Out-of-pocket Limits, Excluding Co-pays <i>Out-of-pocket costs for all MPIHP/Blue Shield Participants, regardless of their location in relation to the MPTF Service Area. Represents the maximum annual financial exposure for an individual, excluding co-pays.</i>		
Provider Choices	Participant Cost Before August 1, 2009	Participant Cost On and After August 1, 2009
In-network: Hospitals and Professionals (MPTF or Blue Shield providers)	\$800	\$1,000
Out-of-network: Professionals	\$1,100	No limit
Out-of-network: Hospitals	No limit	No limit

* In-network means either MPTF or Blue Shield providers.

Annual Out-of-Pocket Limits, Excluding Co-pays

The maximum annual financial exposure for an individual, excluding co-pays. (See annual Stop Loss information in your Summary Plan Description for further information.)

- **In-network:** Patients will pay no more than \$1,000 for in-network expenses for hospital and professional charges combined. (Applicable co-pays will still be taken.) The current limit is \$800.
- **Out-of-network:** There will be *no limit* on out-of-pocket costs for a patient to use out-of-network physicians or hospitals. (Currently there is a \$1,100 limit on out-of-network professional charges, and no limit on out-of-network hospital charges.)

ACTIVE HEALTH BENEFIT ELIGIBILITY

Eligibility Change in 2011: There will be *no* change in eligibility requirements for health benefits until August 1, 2011, when there will be a modest increase in the number of work hours required to *maintain* health eligibility.

- Currently, the requirement for initial health eligibility* is 600 hours, and that will not change. Thereafter, 300 hours are required every 6 months to *maintain* your health eligibility.

- Starting August 1, 2011, 400 work hours will be needed every six months to *maintain* your health eligibility following initial eligibility.

* Initial Health Benefits Eligibility is when you have never been eligible before, or have not been eligible for benefits in any of the five (or more) prior consecutive Eligibility Periods.

HEALTH NET, KAISER AND OXFORD PARTICIPANTS

Health Net, Kaiser and Oxford: Out-of-pocket Costs

Changes to Participant out-of-pocket costs, including co-pay, co-insurance and out-of-pocket limits.

	Participant Cost Before August 1, 2009	Participant Cost On and After August 1, 2009
Co-pays: For Health Net, Kaiser, and Oxford's In-network Providers	\$0 or \$5	\$15
Chiropractic Co-pay: For Health Net and Kaiser, through the ASH Network	\$10	\$15
Out-of-pocket limits: For Oxford's Out-of-network Providers (<i>excluding co-pays</i>)	\$1,500 per individual/ \$3,000 per family maximum, including deductible, plus the remaining balance, up to the billed amount	\$8,000 per individual/ \$16,000 per family maximum, including deductible, plus the remaining balance, up to the billed amount
Co-insurance: For Oxford's Out-of-network Providers (<i>excluding co-pays</i>)	Hospital: 20% co-insurance, after deductible Professionals: 20% of the 90th percentile of allowable, after deductible, plus the remaining balance, up to the billed amount	Hospital: 30% co-insurance, after deductible Professionals: 30% of the 70th percentile of allowable, after deductible, plus the remaining balance, up to the billed amount

Out-of-pocket Costs

- **Health Net, Kaiser and Oxford's In-network Co-pay Increase:**
All co-pays will increase to \$15 for each office visit. Participants currently pay either nothing or \$5.
- **Health Net and Kaiser Chiropractic Co-pay through the ASH Network:**
Co-pays will increase to \$15 for each office visit. Participants currently pay \$10.
- **Oxford's Out-of-network Provider Out-of-pocket limits:** The maximum annual financial exposure for an *individual* using Oxford out-of-network providers is \$8,000 plus the remaining balance, up to the billed amount, including the deductible and excluding co-pays. For a family, the limit is \$16,000.
- **Oxford's Out-of-network Co-insurance:** Participants will pay 30% co-insurance, after the deductible, for *hospital care*. They will pay 30% of the 70th percentile of allowable, after deductible, plus the remaining balance, up to the billed amount, for *professional services*.

MEDCO PRESCRIPTION DRUG PLAN CHANGES

Changes in prescription drug benefit coverage that will result in increased out-of-pocket expense will be effective August 1, 2009, for all Participants who have the prescription drug benefit (*See the Prescription Drug charts on page 5*).

The MPI Health Plan continues to offer a no-premium, low co-pay prescription drug benefit through the expansive nationwide Medco network of participating pharmacies. (*See the Medco Prescription Drug Changes charts on the next page.*)

Out-of-pocket Co-pay Increase

The prescription drug co-pay is the pre-determined flat fee a Participant must pay prior to any payment of benefits by the MPI Health Plan.

- **Higher co-pays:** Increased co-pays will apply for prescription medications for all Participants who have the Medco prescription drug benefit.
- **Brand Name Prescriptions:**
 - **Full cost difference:** If you purchase a brand-name drug when a generic is available, you will pay your *generic* drug co-payment *plus the difference* in cost between the brand name and generic drug.
 - **No exceptions:** This additional cost will apply *even if* your doctor has indicated “dispense as written” on the prescription.
- **Maintenance Medications:** These are medications taken on a long-term basis to treat chronic health issues such as high blood pressure, high cholesterol and other problems.
 - **Higher cost for retail purchase:** There will be a significantly higher out-of-pocket Participant cost for ongoing purchase of maintenance (long-term use) medications at a participating retail pharmacy.
 - **Limit of two retail purchases:** Active and Retired Participants will be allowed to fill a maintenance prescription only twice at a retail pharmacy. Thereafter, coverage will require use of the “Medco By Mail” service for fills. For continued retail purchases beyond the allotted two, the Participant will pay 100% of the cost of the medication.

- Using Medco’s mail order service: Go to the Plans’ website at www.mpiphp.org/forms/claims/claims.asp and click on “prescription” to download the mail order forms. To have the forms mailed to you, call extension 251 at the West Coast Plan Office. Medco is available online at www.medco.com, or call their Member Services toll-free at 800.987.5247.
 - **Medication Coverage Limitations:**
 - Proton Pump Inhibitors: Prescription medications such as Nexium and Prevacid, commonly used for the treatment of heartburn/acid reflux, will no longer be a covered benefit, as over-the-counter options are available.
 - Non-sedating Antihistamines: Prescription medications such as Clarinex and Allegra, used for the treatment of allergies and other sinus-related health issues, will no longer be a covered benefit, as over-the-counter options are available.
- Please Note:* As always, there is an appeal mechanism available for situations where the Participant’s doctor feels there are valid clinical reasons the over-the-counter option is not sufficient.

Out-of-pocket Participant Costs for Prescription Purchases

ACTIVE Participants: Prescription Drug Co-Pays		
Prescription Choices	Co-pay Before August 1, 2009	Co-pay On and After August 1, 2009
<i>Retail: Up to a 30-Day Supply*</i>		
Generic	\$10	\$10
Preferred brand	\$20	\$25
Brand name	\$30	\$40
<i>Mail Order: Up to a 90-Day Supply</i>		
Generic	\$20	\$25
Preferred brand	\$40	\$65
Brand name	\$60	\$100

RETIRED Participants: Prescription Drug Co-Pays		
Prescription Choices	Co-pay Before August 1, 2009	Co-pay On and After August 1, 2009
<i>Retail: Up to a 30-Day Supply*</i>		
Generic	\$5	\$5
Preferred brand	\$15	\$20
Brand name	\$25	\$30
<i>Mail Order: Up to a 90-Day Supply</i>		
Generic	\$10	\$12
Preferred brand	\$30	\$50
Brand name	\$36	\$75

* After August 1, 2009, all Active and Retired Participants who have the Medco prescription benefit will be able to fill a maintenance medication prescription twice at a retail pharmacy, but will thereafter be required to use the “Medco By Mail” mail order service for continued fills. On the third retail purchase, the pharmacy will charge the patient 100% of the cost for the medication.

COORDINATION OF BENEFITS CHANGES

Starting August 1, 2009, MPIHP will use a different method to calculate the coordination of benefits between the MPI Health Plan and other Participant coverage. The new method will be used for both medical and prescription drug coverage.

MPIHP/Blue Shield Coordination of Benefits

Prior to August 1, 2009, your other health insurance calculates its payment, then MPIHP calculates its payment and applies it to the remaining balance. Most of the time, the remaining balance would be paid in full.

After August 1, 2009, your other health insurance will calculate its payment, then MPIHP will calculate its normal benefit payable. If your other health insurance already paid more than the MPIHP would have paid had MPIHP been primary, no additional payment will be paid toward that bill. *Please Note:* This new method of coordinating payments may result in out-of-pocket expense for the patient.

Couples with dual coverage under MPIHP (both are eligible, covered Participants) will not be impacted by this change, nor will Participants enrolled in Health Net, Kaiser or Oxford.

Prescription Drug Coordination of Benefits

Prescription drug plan coordination of benefits rules will apply on and after August 1, 2009. These rules will utilize the same process as the medical benefits coordination process, described above.

In addition, Medco will coordinate drug claims with Medicare Part B, where applicable. Although the major benefit under Medicare Part B is payment for physicians’ services, there are some limited medications/treatments that are covered and will be coordinated through MPIHP’s prescription drug plan.

PENSION AND INDIVIDUAL ACCOUNT PLANS BENEFIT CHANGES

Effective August 1, 2009

- **Pension Benefit:** The Active Pension benefit rates will remain the same.
- **Pension Increase – for Current Retirees and Survivors:**
 - **13th and 14th Checks:** Any Participants who retired on or before August 1, 2009, will be entitled to this additional payment on or about November 1 of 2009, 2010 and 2011. (The “13th and 14th checks” are an amount, equivalent to two monthly pension checks, that is paid in addition to the regular monthly pension benefit received by a Retiree or surviving spouse.)
 - Exclusions: This increase does not apply to anyone who retires after August 1, 2009.
- **Individual Account Plan (IAP):** The current IAP percentage contribution will continue to apply.

2009 BENEFIT CHANGES QUESTIONS ANSWERED

MPI Health Plan Benefit Changes

Effective August 1, 2009, Unless Otherwise Noted

Q1 What are the health benefit changes and who will be impacted?

- A For those Participants who have selected the MPIHP/ Blue Shield plan, in general the changes include:**
- **MPTF Health Center Physician Co-pay:** A new \$5 co-pay required for use of the MPTF Health Centers for each doctor visit.*
 - **Blue Shield Provider Co-pay:** An increase of \$5, from \$25 to \$30, co-pay for use of a Blue Shield contracting provider if the Participant resides within the MPTF Service Area.
 - **Hospital Admission Co-pay:** \$100 co-pay for hospital admission. (Excluding outpatient surgeries)
 - **Emergency Room Co-pay:** Emergency room co-pay will increase by \$50, from \$50 to \$100, which will be waived if the individual is admitted to the hospital from the emergency room (\$100 hospital admission co-pay still applies).
 - **In-network Hospital Co-insurance:** Hospital in-network reimbursement rate will be 90%.
 - **Out-of-network Hospital Co-insurance:** Hospital out-of-network reimbursement rate will be 50%.
 - **Professional Out-of-network Co-insurance:** Professional out-of-network reimbursement rate will be 50% of the allowable amount. (The reimbursement rate for Professional in-network charges will remain at 90%.)
 - **Out-of-pocket Limit:** An increase in the out-of-pocket limit, the maximum annual financial exposure for an individual, excluding co-pays.
 - In-network (Hospital and Professional) will be \$1,000.
 - Out-of-network – there will be no limit on out-of-pocket costs.
 - **Coordination of Benefits Rules:** The Coordination of Benefits rules regarding coordinating with other health plans will change. After August 1, 2009, if your other health insurance already paid more than the MPIHP would have paid had MPIHP been primary, no additional payment will be made toward that bill. (Couples with

dual coverage under MPIHP – where both are eligible, covered Participants – will not be impacted by this change, nor will those covered by Health Net, Kaiser or Oxford.)

For those Participants who have one of the HMO Plans or Oxford

- **Health Net, Kaiser and Oxford Co-pays:** Will increase to \$15, where currently they are either \$0 or \$5.
- **Health Net and Kaiser Chiropractic through ASH Networks:** Co-pay increase of \$5, from \$10 to \$15 per visit.
- **Oxford Out-of-pocket Limits for Out-of-network Providers (excluding co-pays):** Increase from \$1,500 Individual/\$3,000 Family to \$8,000 Individual/\$16,000 Family.
- **Oxford Co-insurance for Out-of-network Providers (excluding co-pays):** For *hospitals*, co-insurance will increase to 30%, after deductible (from 20%). For *professionals*, it will increase to 30% of the 70th percentile of allowable, after deductible, plus the remaining balance, up to the billed amount (was 20% of the 90th percentile).

For those Participants who have the Medco prescription drug benefit, the following changes will apply:

- **Co-pays:** All Participants, including those who have chosen an HMO option, will have higher co-pays for prescription medications.
- **Maintenance Medications:** All Active and Retired Participants will be able to fill a maintenance medication prescription only twice at a retail pharmacy, but will thereafter be required to use the “Medco By Mail” mail-order service for continued fills.
- **Brand Name Prescriptions:** If you purchase a brand name drug when a generic equivalent is available, you will pay your *generic* drug co-payment *plus the difference in cost* between the brand name and generic drugs. This additional cost will apply *even if* your doctor has indicated “dispense as written” on the prescription.

* Office visit co-pays apply to all doctor visits, whether primary care or specialist, as well as physical therapy and acupuncture visits, and the annual physical exam benefit. They do not apply to chiropractic.

** As always, there is an appeal mechanism available for situations where the participant’s doctor feels there are valid clinical reasons why the over-the-counter options are not sufficient.

- **Medication Coverage Exclusions:** The prescription drug benefit will no longer cover Proton Pump Inhibitors (PPIs) and non-sedating antihistamines (NSAs). PPIs are commonly used for the treatment of heartburn/acid reflux such as Nexium and Prevacid, and NSAs are drugs such as Clarinex. Participants will need to use the over-the-counter options.**
- **Coordination of Benefits:** The Plan will institute a prescription drug plan coordination of benefits. See Question #13 for determining which plan is primary.
- **Medicare Benefit Coordination:** Medco will coordinate prescription drug claims with Medicare Part B, where appropriate.

Q2 Will the MPI Health Plan start coordinating benefits with individual insurance plans?

A No. The MPIHP will continue coordinating benefits only with any other *group* health plans you or your dependents have.

Q3 Do I have to use a Blue Shield preferred provider if I am an MPIHP/Blue Shield Participant?

A No, however, the most cost-effective option for MPIHP/Blue Shield Plan Participants residing in Los Angeles County remains the six MPTF Health Centers. The next best option is to use a Blue Shield preferred provider.

Q4 How much more will I have to pay to see my physician if I am an MPIHP/Blue Shield Participant?

A Although there is an increase in the co-pay, there are cost saving options available. The most cost-effective option is to use Motion Picture & Television Fund (MPTF) health centers and their contracted referral providers for covered services. This option will require a \$5 co-pay for each physician visit.

Using a Blue Shield preferred provider also offers a cost savings, but not as significant as with the MPTF health centers. The co-pay for Participants who reside within the MPTF Service Area but choose to use a Blue Shield provider will be \$30 per office visit, in addition to the Participant coinsurance of 10% of the contracted rate.

Participants who reside within the MPTF Service Area and choose to use a non-MPTF/non-Blue Shield provider, will pay a \$30 co-pay per office visit, with a 50% coinsurance of the allowable amount. In addition, the patient will be responsible for any balance billed to them by the physician, up to the total amount billed.

For Participants residing outside the MPTF Service Area, using a physician who is not part of either the Blue Shield or MPTF networks is the most expensive option. This option will require the patient to pay a \$15 co-pay, plus a 50% coinsurance of the allowable amount, *plus* the patient/Participant will be responsible for any balance billed by the physician's office.

Q5 When the MPTF Health Center physician refers me to a specialist, will I still have to pay a \$5 co-pay?

A Yes. You will pay a \$5 co-pay for the MPTF physician appointment, and then another \$5 co-pay when you see the specialist.

Q6 Is there a way to get a referral from MPTF without having to pay \$5?

A No. The referral must be made by an MPTF physician.

Q7 It's not practical for me to use the Health Centers. How can I find out if my physician is part of the Blue Shield network?

A Blue Shield has a list of preferred providers on their website, www.blueshieldca.com, or simply ask your provider's office if they contract with Blue Shield. Participants may call MPIHP Participant Services at 818 or 310.769.0007, ext. 244. Outside of Southern California, call toll free 888.369.2007, ext. 244.

Q8 As an MPIHP/Blue Shield Participant, if I go to a non-contracting hospital and I am admitted through the emergency room, how much will I have to pay?

A The \$100 emergency room co-pay will be waived if you are admitted to the hospital, but the \$100 co-pay upon admission to the hospital for an overnight stay will still apply. In addition, the Plan will pay 90% of the allowable facility charges (in- or out-of-network). You will pay a maximum out-of-pocket cost of \$1,000 for the facility only. Out-of-Network professional charges are payable at 50% of allowed charges. Thus your maximum out-of-pocket will be \$1,100 (\$1,000 plus the \$100 co-pay), plus any out-of-network professional charges in excess of the Plan's 50% of allowable reimbursement, once admitted.

If you are *not* admitted to the hospital, services performed in the emergency room, whether a contracted facility or not, will be paid at 90% for covered services, less the \$100 co-pay.

Q9 Will I still have to pay a \$100 co-pay if I have outpatient surgery?

A No. The \$100 co-pay will not apply to same-day surgeries, only to those hospital admissions that result in an overnight or longer stay.

Q10 Why are brand name drugs so much more costly than generics?

A Brand-name drugs cost significantly more. When originally developed, a medication is protected under a patent so that research and development costs can be recouped. When the patent expires, it is legal and much less expensive for generic versions (which have precisely the same active ingredients) to be produced, saving money for Participants and the Plan. With the high cost of prescription drugs, this savings can be significant.

Q11 Will my pharmacy be aware that my co-pay is now higher?

A Yes. The new changes will be included in retail pharmacy computer databases effective August 1, 2009.

Q12 If I have two insurance coverages for my prescriptions, how will I know which plan should pay first?

A The same coordination of benefits rules that apply to your medical coverage will be followed, including the Birthday Rule for dependent children. Basically, a plan in which you are enrolled as an employee rather than as a dependent is primary. (*Please see*

page 46 of the July 2007 Active Health Summary Plan Description, or page 34 of the July 2007 Retiree Health Summary Plan Description for more details.)

Q13 How can I find out if my ZIP code is included in the MPTF Service Area?

- A This benefits summary includes a detailed list of all ZIP codes included in the MPTF Service Area (see insert). Participants can also find the list on our website: www.mpiphp.org, or call MPIHP Participant Services at 818 or 310.769.0007, ext. 244.

Q14 Can I get an annual physical exam from any physician?

- A Those Participants who live in Los Angeles County must use one of the MPTF Health Centers for their annual physicals. That has not changed. After August 1, 2009, the co-pay will be \$5. For all other Participants age 13 and older who live outside Los Angeles County, the MPI Health Plan will cover up to \$300 annually for a physical exam. This did not change.

Q15 How can I save money on my health plan expenditures?

- A Participants will continue to spend less with MPIHP's comparatively low co-pays, and for most Participants, no or low deductibles. While there have been increases in out-of-pocket costs for the MPIHP/Blue Shield plan, Participants can spend less by using MPTF/TIHN-referred providers or Blue Shield preferred providers. In addition, all Participants can save on out-of-pocket costs by using generic drugs over brand name, and by taking advantage of the mail order option whenever possible for up to a 90-day prescription supply through Medco.

Q16 What will I pay if I have the MPIHP/Blue Shield Plan and Medicare?

- A The MPI Health Plan coordinates its benefit reimbursements with Medicare. If MPIHP's payment would be more than Medicare paid, we will pay the difference between the two payments, up to the Blue Shield contracted rate.

Q17 Please explain the health eligibility change.

- A There will be **no** change in eligibility requirements until **August 1, 2011**. Effective August 1, 2011, there will be an increase in the required number of hours that must be worked in order to maintain health eligibility. Currently, the requirement is 600 hours for initial health eligibility and 300 hours every 6 months to maintain health eligibility. Starting August 1, 2011, to maintain health eligibility, 400 hours must be worked in each 6 month benefit period following initial eligibility.

MPI Pension and Individual Account Plans Benefit Changes

Q18 What Pension increases have been ratified?

- A The Active benefit rate will remain the same.

A Retiree increase has been ratified to provide Retirees and Survivors who retired on August 1, 2009, or earlier with the "13th and 14th checks," to be paid out in November of 2009, 2010 and 2011. **This increase does not apply to anyone who retires after August 1, 2009.**

Q19 If I'm retired right now, will I get the Retiree Increase?

- A Only those Participants who retired on August 1, 2009, or **earlier** will get the 13th and 14th checks. The Participants who retire after August 1, 2009, will not receive the 13th and 14th checks.

Q20 What are the 13th and 14th checks and how does it increase my Pension?

- A In November 2009, 2010 and 2011, in addition to your regular monthly pension benefit, you will receive an additional payment equivalent to two monthly pension checks.

Q21 Will taxes be withheld from any 13th and 14th checks I receive?

- A If the amount is equal to \$750 or more, the MPI Pension Plan must withhold 20% for federal taxes. You can avoid this mandatory withholding by choosing to directly roll over the total amount to an IRA.

Q22 Was there an Individual Account Plan (IAP) increase in the 2009 contract?

- A No. The current IAP percentage contribution will continue to apply. This did not change.

WE THOUGHT YOU'D LIKE TO KNOW...

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.

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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212.634.5252

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888.758.5200

Main Fax:

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Website: www.mpiphp.org

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

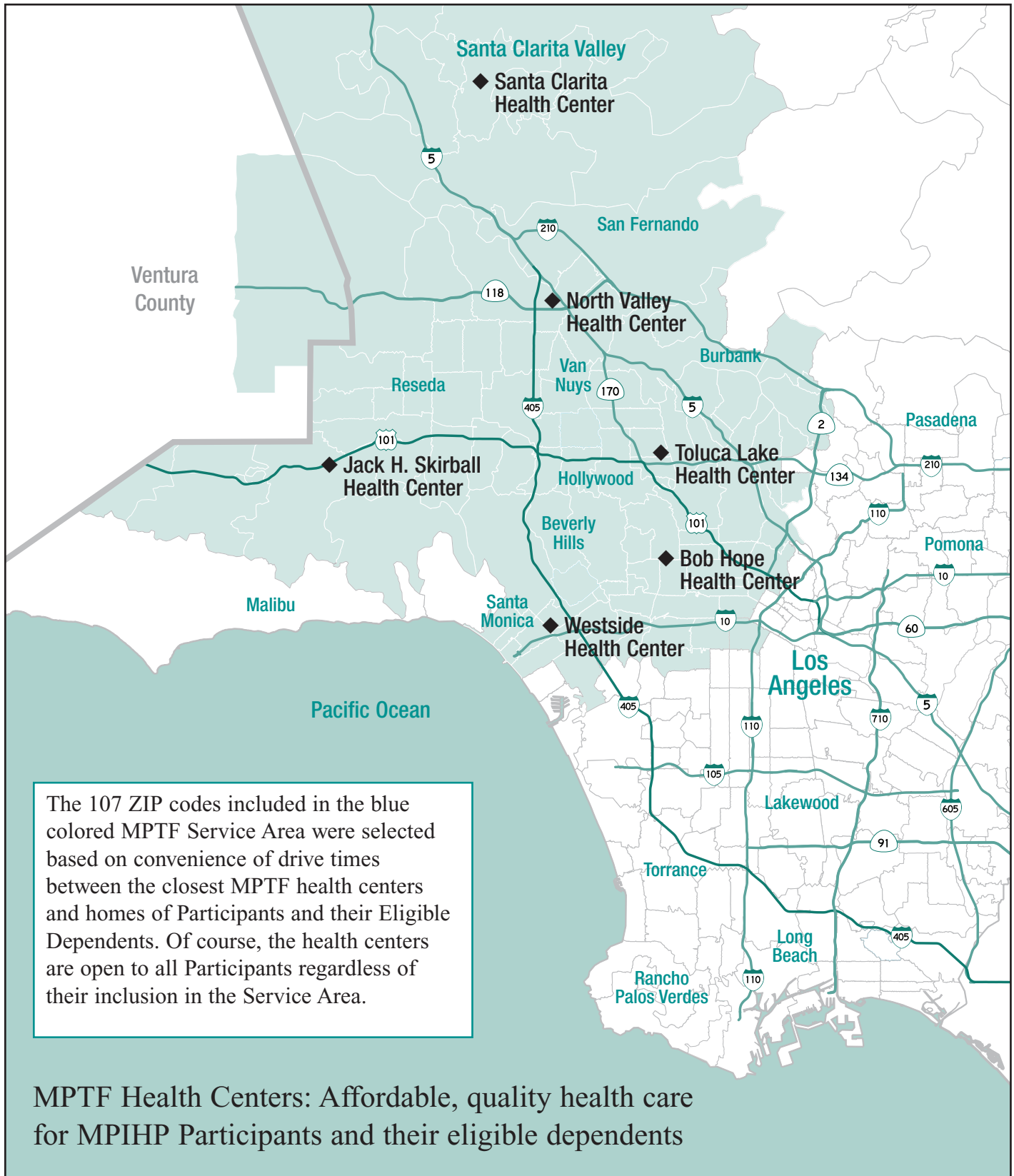
Attn: *For Your Benefit*

P.O. Box 1999

Studio City, CA 91614-0999



MOTION PICTURE & TELEVISION FUND SERVICE AREA BY ZIP CODE



Service Area indicated in blue. ZIP code listing on back of page.

MPTF 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.

Service Area ZIP Codes

The MPTF Service Area is based on Participant residence within a defined set of 107 ZIP codes located in the Los Angeles area. The ZIP codes were identified based on a comprehensive evaluation of realistic drive times, not of actual distance, to the closest MPTF health center. MPIHP/Blue Shield Participants and their eligible dependents, whether living in the Service Area or not, may choose to use any of the six health centers.

90004	90036	90290	91302	91350	91411
90005	90038	90401	91303	91351	91423
90006	90039	90402	91304	91352	91436
90007	90046	90403	91306	91354	91501
90008	90048	90404	91307	91355	91502
90010	90049	90405	91311	91356	91504
90016	90057	91020	91316	91364	91505
90018	90064	91040	91321	91367	91506
90019	90066	91042	91324	91377	91522
90020	90067	91201	91325	91381	91601
90024	90068	91202	91326	91384	91602
90025	90069	91203	91331	91387	91604
90026	90077	91204	91335	91390	91605
90027	90095	91205	91340	91401	91606
90028	90210	91207	91342	91402	91607
90029	90211	91208	91343	91403	91608
90034	90212	91214	91344	91405	93063
90035	90232	91301	91345	91406	

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