



FALL | 2021

MPI

COVID-19 UPDATE

Last Updated on October 15, 2021

Motion Picture Industry Pension & Health Plans' Plan of Action in Response to COVID-19

Following are steps MPI has taken, to-date, in response to COVID-19.

Important Information Regarding Extensions of Deadlines Related to Claims, Appeals, COBRA, and Special Enrollment during the COVID-19 Outbreak Period:

Due to the various challenges that individuals are facing as a result of the COVID-19 pandemic, certain participant deadlines in health and pension plans such as the Motion Picture Industry Pension, Health and Individual Account Plans ("MPI") have been extended by order of the Department of Labor.

Specifically, the "outbreak period" will not be counted when MPI calculates your deadlines for certain actions. The "outbreak period" is defined as the period from March 1, 2020 until 60 days after the COVID-19 National Emergency ends (or such other date as the federal government requires, which may be earlier and may be specific to different states or geographic regions). The following deadlines are included in the extension:

- (i) The period to request special enrollment in the MPI Health Plan after losing other health coverage or acquiring a new dependent due to birth, marriage, adoption or placement for adoption.
- (ii) The deadlines for filing a benefit claim or an appeal of a denied claim (or other adverse benefit determination).
- (iii) The 60-day COBRA election period and the 60-day period for notifying the Fund Office of a COBRA qualifying event or disability determination.



Motion Picture Industry Pension & Health Plans

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(iv) The deadlines for paying initial and monthly COBRA premiums.

Note that the “outbreak period” will also be disregarded in determining the deadline for the MPI Health Plan to provide COBRA election notices to qualified beneficiaries.

Please refer to the Summary Plan Descriptions for details regarding the various MPI deadlines, and feel free to contact the MPI office at 855-275-4674 or by email at service@mpiphp.org if you have any questions regarding how these rules may apply to you.

No Out-of-Pocket Costs for COVID-19 Diagnostic Testing:

For Anthem Blue Cross Participants (Active Plan + Non-Medicare-Eligible Retirees)

There is no cost share for Participants for COVID-19 testing for the duration of the national public health emergency period. Testing is covered only if ordered by a physician or other authorized health care provider.

For Kaiser Permanente Participants

There is no cost share for Participants for COVID-19 testing for the duration of the National Emergency period. Testing is covered only if ordered by a physician or other authorized health care provider.

For Health Net Participants

There is no cost share for Participants for COVID-19 testing for the duration of the national public health emergency period. Testing is covered only if ordered by a physician or other authorized health care provider.

For Oxford Health Plans Participants

There is no cost share for Participants for COVID-19 testing for the duration of the national public health emergency period. Testing is covered only if ordered by a physician or other authorized health care provider.

For Anthem Blue Cross Medicare Advantage Participants (Medicare-Eligible Retirees)

There is no cost share for Participants for COVID-19 testing for the duration of the national public health emergency period. Testing is covered only if ordered by a physician or other authorized health care provider.

COVID-19 Treatment Information:

Following is updated information for each of the health plans of the Motion Picture Industry Health Plan (MPIHP). Please note this information changes frequently.

For Anthem Blue Cross Participants (Active Plan + Non-Medicare-Eligible Retirees)

There is no Participant cost share for diagnosis and treatment of COVID-19 by In-Network providers at In-Network facilities through the last day of the month following the end of the

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national emergency period. For Out-of-Network providers and facilities, services are covered at 100% of the In-Network Allowed Amount for COVID-19 diagnosis and treatment through the last day of the month following the end of the national emergency period. Balance billing for amounts over the In-Network Allowed Amount may apply when services are obtained from Out-of-Network providers and facilities.

For Health Net Participants

There is no Participant cost share for the treatment of COVID-19 for the duration of the national public health emergency period.

For Kaiser Permanente Participants

There is no Participant cost share for the treatment of COVID-19 for the duration of the national public health emergency period.

For Oxford Health Plans Participants

There is no Participant cost share for diagnosis and treatment of COVID-19 by In-Network providers at In-Network facilities through the last day of the month following the end of the national emergency period. For Out-of-Network providers and facilities, services are covered at 100% of the In-Network Allowed Amount for COVID-19 diagnosis and treatment through the last day of the month following the end of the national emergency period. Balance billing for amounts over the In-Network Allowed Amount may apply when services are obtained from Out-of-Network providers and facilities.

Update on the Financial Markets:

The Motion Picture Industry Pension Plan (MPIPP) investment professionals have been anticipating and preparing for a market downturn and have taken pre-emptive action to minimize the impacts of these market changes. MPIPP is a long-term investor with a well-diversified portfolio including a large portion of investments that do not have a strong correlation to the world financial markets. Our investment strategy is built to weather the inevitable financial storms that occur over the decades and take advantage of appropriate and prudent investment opportunities when they arise.

Telemedicine Benefit Reminder:

Participants are reminded that if their provider allows for tele-visits, they may have a telemedicine visit through your primary care provider or specialist at the same benefit as an office visit (co-payment and co-insurance apply). Alternatively, several of the health plans offered through the Plans provide an online telemedicine portal.

If you are not feeling well, telemedicine is a helpful option because it allows you to visit with a medical provider who can evaluate your symptoms and tell you if you should visit a local health provider in person for COVID-19 testing.

Participants enrolled in Anthem Blue Cross are reminded that if their provider allows for tele-visits, they may have a telemedicine visit through their primary care provider or specialist at the same benefit as an office visit (co-payment and co-insurance apply). **Participants may also**

visit with a provider using LiveHealth Online (www.livehealthonline.com) and pay no co-payment or coinsurance.

Participants enrolled in Anthem Medicare Preferred Plan (Medicare Advantage) may use telemedicine for medically necessary visits with their primary care provider or specialist for a \$0 co-payment so long as the provider accepts Medicare. LiveHealth Online (www.livehealthonline.com) is also available 24/7 at no co-payment.

Participants enrolled in Kaiser Permanente or the Kaiser Permanente Senior Advantage Plan should call (833) 574-2273 to schedule a telemedicine visit. Or, Participants can make an appointment online at kp.org/getcare or with the Kaiser Permanente app. There will not be a required copayment to use this benefit.

Participants enrolled in Health Net or the Health Net Seniority Plus Plan may call (800) 835-2362 to use their telemedicine benefit or visit www.Teladoc.com. Participants will not be required to pay a co-payment through July 25, 2020.

Participants enrolled in the Oxford Health Plans and the Oxford Medicare Advantage Plan may seek a tele-visit visit through their primary care provider or specialist at the same benefit as an office visit (co-payment and co-insurance apply). **Alternatively, Participants may use telemedicine through Amwell (<https://amwell.com/cm/>) and Participants will not be required to pay a co-payment or coinsurance. This telemedicine benefit is in effect through September 30, 2020.**

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