

Motion Picture Industry Health Plan 2023 COBRA RATES

Open Enrollment is during the month of July. This is when you will have the opportunity to change your selection of benefit options offered by the Motion Picture Industry Health Plan (MPIHP). If you make any changes to your benefits during Open Enrollment, those changes will be effective August 1, 2023.

Listed below are the regular monthly premium rates for MPIHP's COBRA Continuation of Coverage ("COBRA") benefit plans. Please note that for the month of July you will be paying your current rate. However, if you change your health plan or coverage, an adjusted premium rate will begin on August 1, 2023. COBRA rates are subject to change every January 1.

CALIFORNIA RESIDENTS ONLY

CORE BENEFITS: <i>Hospital, medical and prescription drug coverage only.</i>			
Benefit Type:	<u>One Participant</u>	<u>Two Participants</u>	<u>Three+ Participants</u>
Anthem Blue Cross PPO	\$777.63	\$1,633.02	\$2,566.18
Kaiser Permanente HMO	\$621.19	\$1,304.51	\$2,049.96
Health Net HMO	\$827.85	\$1,667.85	\$2,449.34
NON-CORE BENEFITS: <i>Hospital, medical, prescription drug, vision, and dental coverage (Delta Dental PPO).</i>			
Anthem Blue Cross PPO	\$823.98	\$1,730.36	\$2,719.15
Kaiser Permanente HMO	\$667.54	\$1,401.85	\$2,202.93
Health Net HMO	\$874.20	\$1,765.19	\$2,602.31
NON-CORE BENEFITS: <i>Hospital, medical, prescription drug, vision, and dental coverage (DeltaCare USA DMO).</i>			
Anthem Blue Cross PPO	\$804.80	\$1,681.37	\$2,639.06
Kaiser Permanente HMO	\$648.36	\$1,352.86	\$2,122.84
Health Net HMO	\$855.02	\$1,716.20	\$2,522.22

RESIDENTS OUTSIDE OF CALIFORNIA

CORE BENEFITS: <i>Hospital, medical and prescription drug coverage only.</i>			
Benefit Type:	<u>One Participant</u>	<u>Two Participants</u>	<u>Three+ Participants</u>
Anthem Blue Cross PPO	\$697.74	\$1,465.26	\$2,302.55
Oxford POS (Oxford for NY, NJ, CT ONLY)	\$936.49	\$1,966.63	\$3,090.43
NON-CORE BENEFITS: <i>Hospital, medical, prescription drug, vision, and dental coverage (Delta Dental PPO).</i>			
Anthem Blue Cross PPO	\$744.09	\$1,562.60	\$2,455.52
Oxford POS (Oxford for NY, NJ, CT ONLY)	\$982.84	\$2,063.97	\$3,243.40

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OPEN ENROLLMENT 2023
MOTION PICTURE INDUSTRY HEALTH PLAN
 COBRA Continuation Coverage - Election Form

1	Name:	Social Security Number:	Notice Date: June 2023
	Election Form Due Date: July 21, 2023		Eligibility Event: Open Enrollment

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), you have the right to purchase continuing health care coverage through the Motion Picture Industry Health Plan (MPIHP) for up to 18 months from your termination of coverage date. Your right to continuation coverage includes the benefits detailed in the table below: please refer to the reverse side of this form for current COBRA rates and costs. Please note that for a lower monthly premium, you may elect Core Benefits coverage, which offers lesser benefits. Please note life insurance coverage is not available under COBRA coverage.

	Benefit Coverage Group		Elected Coverage (Check only one box)
2	Non-Core Benefits: Medical, Hospitalization, Prescription Drug, Vision, and Dental Coverage	Participant only	<input type="checkbox"/>
		Participant plus one dependent	<input type="checkbox"/>
		Participant plus two or more dependents	<input type="checkbox"/>
	Core Benefits: Medical, Hospitalization, and Prescription Drug Coverage Only	Participant only	<input type="checkbox"/>
		Participant plus one dependent	<input type="checkbox"/>
		Participant plus two or more dependents	<input type="checkbox"/>

Dependents listed below must be covered under the same medical and dental plans as the Participant.

	<u>Dependent Name</u>	<u>Social Security Number</u>	Add	Remove	<u>Dependent Name</u>	<u>Social Security Number</u>	Add	Remove
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please send your completed form and payment to: Motion Picture Industry Health Plan, P.O. Box 1999 • Studio City, CA 91614-0999

If you have any questions, please email MPI's Participant Services Center at service@mpihp.org, or call toll-free (855) ASK-4MPI (855-275- 4674), from 6 a.m. to 6 p.m. PST, Monday through Friday.

CERTIFICATION AND ELECTION: I have read and understand the COBRA Continuation Coverage - Election Form. I elect to continue MPIHP coverage under the provisions of COBRA as indicated above.

Mailing Address _____ City, State, Zip _____

Signature: _____ Phone Number () _____ Email: _____ Date: _____