

JANUARY | 2023

MPI

BENEFITS GUIDE

 Health Plan

 Pension Plan

 Individual Account Plan



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

Benefits Guide

DEAR PARTICIPANT:

This brochure is intended for use by Participants of the Motion Picture Industry Pension & Health Plans ("Plans") and should be used in conjunction with the *Summary Plan Description (SPD)* for the following plans:

- ▶ Motion Picture Industry Health Plan:
Active Summary Plan Description
- ▶ Motion Picture Industry Health Plan:
Retiree Summary Plan Description
- ▶ Motion Picture Industry Pension and Individual Account Plans:
Summary Plan Description

Please note, in the event there is any difference between the terms set forth in an SPD and the terms set forth in this document, the terms of the SPD (including any subsequent modifications) will govern.

You are always welcome to contact the Plans' Participant Services Center by telephone at (855) ASK-4MPI (855-275-4674), or by email using the Contact Us tab at www.mpiphp.org, for any questions you may have about the Plans. For more detailed information, visit our website at www.mpiphp.org.

Thank you for your participation,

BOARD OF DIRECTORS

Motion Picture Industry Pension & Health Plans



Special Rules for Former Participants of Other Pension and Health Plans

If you are a former Participant of a pension or health plan that has merged into any of the Plans, your benefits may vary based on variations in the merger contracts. For this reason, it is important that you carefully review the Appendix section of the *Summary Plan Description(s)* that the Plans sent you. If you need another copy, please call the Plans' office at the number listed on the inside front cover.



We are Here for You!

- ▶ Has your address changed?
- ▶ Do you need forms?
- ▶ Did you get married, divorced, or have a child?

Contact us at (855) ASK-4MPI (855-275-4674), or by using the Contact Us tab at www.mpiphp.org.



MPI

PARTICIPANT SERVICES CENTER

Email

Use the Contact Us tab at www.mpiphp.org

Call Toll-Free

(855) ASK-4MPI or
(855) 275-4674
Hours: 6 am to 6 pm
(Pacific Time)

Fax

(818) 766-1229 – California
(212) 634-4952 – New York

Website

www.mpiphp.org

Mailing Address

MPIPHP
P.O. Box 1999
Studio City, CA 91614-0999

Office Locations

11365 Ventura Boulevard
Studio City, California 91604
(818) 769-0007
Hours: 8 am to 5 pm (Pacific Time)

145 Hudson Street, Suite 6-A
New York, New York 10013
(212) 634-5252
(888) 758-5200 – Toll Free
Hours: 9 am to 5 pm (Eastern Time)

The Plans maintain administrative offices in California and New York.

The Plans' West Coast office maintains all records pertaining to your eligibility and processes all claims for benefits. Please address any inquiry, claim or correspondence to the West Coast office, and remember to include the Participant's Social Security Number or identification number.

For information regarding health plan benefits, please contact MPI at the California office number listed above.

©2023 MPIPHP

Table of Contents

2	MOTION PICTURE INDUSTRY PENSION & HEALTH PLANS REFERENCE				
4	HEALTH PLAN ELIGIBILITY				
4	Qualifying Standards for Active Health Benefits	11	Life Insurance	19	Disability Retirement Pension Benefit
4	Qualifying and Eligibility	12	Open Enrollment	19	Types of Benefit Payment Options
4	Initial Eligibility	12	Surviving Spouse Coverage	19	Required Minimum Distributions (Age 70 1/2)
4	Eligibility Notification	13	HEALTH PLAN COORDINATION OF BENEFITS	20	Death Benefit - Before Retirement
5	Qualifying Periods for Continuing Health Eligibility	13	Your Spouse	20	Death Benefit - After Retirement
5	Eligible Dependent Family Members	13	Your Dependent Children	20	Working After Retirement (Re-Employment)
5	Premiums	13	HEALTH PLAN RETIREE BENEFITS	20	Re-Employment Accruals
5	Divorce Notification Requirements	13	Qualification Requirements		
5	Termination of Domestic Partnership	13	Effective Date	22	INDIVIDUAL ACCOUNT PLAN ELIGIBILITY
6	Eligibility Extensions	14	Benefit Changes Upon Retirement	22	What is the Individual Account Plan?
7	HEALTH PLAN BENEFITS	16	PENSION PLAN ELIGIBILITY	22	Vesting Requirements
7	Medical/Hospital Plans	16	What is the Pension Plan?	22	IAP BENEFITS
7	Additional Benefits	16	Vesting Requirements	23	IAP RETIREMENT BENEFIT TYPES
10	UCLA-Motion Picture & Television Fund Health Centers + Motion Picture Preferred Providers	17	PENSION PLAN BENEFITS	23	Retirement Benefits
10	Exer Urgent Care Clinics	18	Significant Pension & IAP Milestones	23	Early Withdrawal of Account Balance
10	Member Assistance Program	19	PENSION PLAN RETIREMENT BENEFIT TYPES	23	Disability Benefit
10	Telemedicine Through Live Health On-Line	19	Normal Retirement Pension Benefit	23	Types of Benefit Payment Options
10	Wellness Program	19	Unreduced Early Retirement Pension Benefit	23	Death Benefit – Before Retirement
10	Hearing Aid Network	19	Reduced Early Retirement Pension Benefit	23	Death Benefit – After Retirement
11	CVS Maintenance Choice Program (90-Day Supply Prescriptions)	19	RETIREMENT PROCESS TIMELINE		
11	Dental Plans				
11	Prescription Benefits				

Motion Picture Industry Pension and Health Plans Reference

QUESTIONS?

Please refer to your *SPDs* or visit our website at www.mpiphp.org. If you need to speak with a representative, please call toll-free (855) ASK-4MPI or (855) 275-4674.

Please note the following departments at the Plans' office.

► Participant Services

- Benefits Changes Inquiries
- Claims Inquiries
- Health Benefits

► Retirement Benefits

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

► Eligibility

- Address Changes
- Adding Dependents
- Plan Enrollments

► Medical Review

- Preauthorizations
- Health Claims Appeals/Requests for Review
- Nursing Care
- Home Intravenous Therapy
- Case Management and Home Hospice
- Claims

► Motion Picture Preferred Providers ("MP3")

- Referrals
- Provider Network

► Employer Contracts

- Agreements
- Contribution-related Issues
- Missing Hours



CHANGE OF ADDRESS

Notify the Motion Picture Industry Health Plan ("Health Plan"), the Motion Picture Industry Pension Plan ("Pension Plan") and the Motion Picture Industry Individual Account Plan ("IAP") whenever you or one of your dependents has a change of address.

Note:

Your Social Security Number or tax identification number and signature are required on all address changes. For your protection, address changes will not be taken over the telephone.

ACCESS TO FORMS OR INFORMATION

To access forms required for changing any personal information on file with the Pension Plan, IAP or Health Plan, please visit www.mpiphp.org and select "Forms." In the event you need further assistance, contact us at (855) 275-4674.

**MOTION PICTURE
INDUSTRY**
HEALTH
PLAN

Health Plan Eligibility

QUALIFYING STANDARDS FOR ACTIVE HEALTH BENEFITS

Eligible Employer(s) make the appropriate contributions to the Health Plan in accordance with the Trust Agreement.

QUALIFYING AND ELIGIBILITY

Eligibility for a six-month Benefit Period¹ is determined on a monthly basis and is based on specific six-month Qualifying Periods.

This means that if you are a Participant with continuing eligibility, this monthly eligibility review process probably will not affect you.

However, should you become ineligible, your eligibility for benefits will be reviewed on the first of each month until you re-qualify. It is possible to re-qualify for Health Plan benefits within just one month of becoming ineligible.

Thereafter, your eligibility will be reviewed only when your current benefits are set to expire.

INITIAL ELIGIBILITY

The commencement of eligibility for a six-month Benefit Period is determined on a monthly basis.

If you have never been eligible before, or have not been eligible for benefits in any of the five (or more) prior consecutive Eligibility



Periods, you may only become eligible for benefits under one of the following circumstances:

- 1 After you have worked a minimum of 600 hours in a Qualifying Period; or
- 2 After you have earned a combined total of at least 600 hours in two consecutive Qualifying Periods.

Your benefits will start at the beginning of the Eligibility Period that follows; after that, your eligibility will only be reviewed when your benefits are set to expire.

As an example of initial eligibility, if you began work on December 4, 2018 and reach 600 hours by April 15, 2019, then you would have satisfied the 600 hour requirement for the Qualifying Period of October 21, 2018 through April 20, 2019 and would

be eligible for coverage for the Eligibility Period of July 1, 2019 through December 31, 2019.

Note:

Excess hours earned for initial eligibility are not credited to your Bank of Hours.

ELIGIBILITY NOTIFICATION

The Health Plan will mail you information and materials relevant to your participation in it.

For initial eligibility, the Health Plan will contact your Employer(s) and Union to obtain your mailing address. However, you should contact the Plans at (855) 275-4374 or by email via the Contact Us button to ensure your mailing address is on file.

You will be given a choice of hospital/medical and dental plans, which are described in detail in the SPD.

¹“Benefit Period” means the six calendar months commencing the first day of the third month immediately following the applicable Qualifying Period.

For the newly eligible, you should respond promptly and completely to all Health Plan requests for information in order for your enrollment to be completed.

QUALIFYING PERIODS FOR CONTINUING HEALTH ELIGIBILITY

Eligibility for Active Health Plan benefits is determined on a monthly basis. After satisfying the initial eligibility requirement of 600 work hours in a single six-month period or two consecutive six-month periods, you must work at least 400 hours in subsequent Qualifying Periods to maintain health benefits during the corresponding Eligibility Period.

ELIGIBLE DEPENDENT FAMILY MEMBERS

Please be aware that you must complete and submit a Beneficiary Enrollment form to determine eligibility for all of your dependent family members. Birth certificates, marriage certificates, Spousal Coordination of Benefits forms, and/or other forms of documentation (e.g., divorce or custody documents) are required to make this determination.

Your eligible dependents are:

- ▶ Your lawful spouse;
- ▶ Your lawful domestic partner, if enrolled in an HMO (i.e., Kaiser Permanente, Health Net or DeltaCare USA);
- ▶ Your unmarried biological children who have not reached age 19 for the Active and Retiree Health Plan (23, if a full-time student);

- ▶ Any unmarried legally adopted children, or children placed with you for adoption, who have not reached age 19 (age 23, if a full-time student);
- ▶ Any unmarried stepchild, foster child, and/or any child for whom you (the Participant) are legal guardian. In each case, the child must live with you in a parent-child relationship, be dependent upon you for support and maintenance, and such child must not have reached age 19 (23, if a full-time student);
- ▶ Any child required to be recognized under a Qualified Medical Child Support Order.
- ▶ Your dependent children up to age 26 are eligible for medical coverage in the Active Health Plan (does not apply to Retiree Health Plan), including coverage for medical, hospital and prescription drugs.

Note:

For Active Health Plan Participants medical coverage will be extended to your dependent children up to age 26, dental and vision coverage is not included. However, your dependent children are eligible for dental and vision coverage up to age 19 or to age 23, if he or she is a full-time student.

PREMIUMS

If you are an Active Health Plan Participant, you must pay premiums for continuing coverage of your dependents and/or yourself, no matter which health plan you choose. If you become an Active Health Plan Participant and you choose to enroll your dependents, you will receive

Health Plan Premium Notices specifying the amount due for each ongoing Eligibility Period.

DIVORCE NOTIFICATION REQUIREMENTS

You must notify the Eligibility Department immediately in the event of a divorce and submit a copy of the final decree of divorce. A divorced spouse is not eligible for Health Plan benefits. He or she becomes ineligible for benefits at the end of the month in which the date of the final decree of dissolution of marriage or divorce is entered. However, your divorced spouse may be eligible to elect Consolidated Omnibus Budget Reconciliation Act (COBRA) benefits, as described in the Active Health Plan SPD and the Retiree Health Plan SPD.

If you fail to notify the Eligibility Department of a change in your marital status and the Health Plan pays a claim for your former spouse for services rendered after the divorce date, you will be held personally liable for reimbursement to the Health Plan for benefits and expenses, including attorneys' fees and costs incurred by the Health Plan as a result of your statements, actions or failure to notify the Health Plan. The amount of any such overpayment may be deducted from the benefits to which you would otherwise be entitled.

TERMINATION OF DOMESTIC PARTNERSHIP

In the event of a termination or dissolution of a domestic partnership, you must notify the Eligibility Department

immediately and provide the date of termination or dissolution of the domestic partnership. Coverage for domestic partners terminates at the end of the month in which the domestic partnership ends either by the filing a Notice of Termination of Domestic Partnership with the Secretary of State or by entry of a decree of dissolution in the Superior Court. A terminated domestic partner is not eligible to elect continuation coverage under COBRA.

ELIGIBILITY EXTENSIONS

Bank of Hours

For each Qualifying Period following Initial Eligibility, hours earned in excess of 400 will be credited to your Bank of Hours, up to a maximum of 450. If hours earned in a subsequent Qualifying Period do not equal 400, the Health Plan will automatically draw down the balance of hours required to reach 400 from your bank to establish eligibility for the new benefit period. In each subsequent Qualifying Period, if the combination of hours worked, plus banked hours, equal or exceed the 400 hours required for continuing eligibility, you will remain eligible.

However, if hours worked and bank hours do not equal the required amount, all remaining bank hours will be canceled and you will have to re-qualify by working the required number of hours or more in one Qualifying Period.

Family and Medical Leave Act

The Family and Medical Leave Act of 1993 ("FMLA") provides that

most Employers must continue to provide health insurance to eligible Employees during a qualifying family or medical leave as though they had been continuously employed.

If you fail to work at least 400 hours in a Qualifying Period due to a family or medical leave covered by FMLA, your leave time, up to 12 work weeks during any 12-month period, may be considered work-time for the purpose of maintaining your health benefits if certain conditions are met.

Short-Term Disability – Six-Months Extension

If you lost eligibility because you were unable to work due to an illness or injury requiring a physician's care, your disability may still be counted as work time. Eight hours for each weekday in



the Qualifying Period (excluding holidays and weekends) for which you were paid disability benefits (or would have been paid such benefits if you resided in California) will be credited to the actual dates for which you received payment. These disability hours are added to any credited work hours (not to your Bank of Hours) for the Qualifying Period. If the total is 400 hours or more, your eligibility will be extended for the new Benefit Period with full benefits.

Long-Term Disability – 18 Months Extension

If you lose your eligibility for benefits and are totally disabled (you are unable to work at your normal occupation or perform similar job functions at the time eligibility is terminated), you may remain eligible for medical and prescription benefits under the MPIHP/Anthem Blue Cross PPO plan. Hospital benefits are not included in this extension, nor are vision, dental or life insurance benefits.

Your Dependents are not covered under this extension. However, they can continue their medical/hospital, vision and dental coverage under COBRA.

Permanent Disability Extension – Retirement

If you retire under the Disability Retirement Pension Benefit requirements of the Pension Plan, you will be entitled to Retiree health benefits effective on the date of your retirement certification, regardless of age, if you meet certain requirements.

Health Plan Benefits



MEDICAL/HOSPITAL PLANS

Participants and their eligible Dependents in the Active Health Plan or in the Retiree Health Plan, who are not Medicare-eligible, may enroll in one of the following medical/hospital plans:

- ▶ Motion Picture Industry Health Plan (MPIHP)/Anthem Blue Cross PPO
- ▶ Health Net HMO¹
- ▶ Kaiser Permanente HMO¹
- ▶ Oxford Health Plans POS²

Participants and their eligible Dependents in the Retiree Health Plan, who are Medicare-eligible, may³ enroll in one of the following medical/hospital plans:

- ▶ Anthem Medicare Preferred PPO
- ▶ Health Net Seniority Plus HMO^{1,4}
- ▶ Kaiser Permanente Senior Advantage HMO^{1,5}
- ▶ Oxford Health Plans POS^{2,6}

ADDITIONAL BENEFITS

In addition, you will receive:

- ▶ Dental benefits through Delta Dental or DeltaCare USA
- ▶ Vision benefits through Vision Service Plan (VSP)
- ▶ Prescription drug benefits for Active Participants and non-Medicare-eligible Retirees is through CVS Caremark; for Medicare-eligible Retirees, prescription drug benefits are through SilverScript⁶
- ▶ Life insurance benefits through Union Labor Life Insurance Co.
- ▶ Behavioral health benefits for our Active Participants and non-Medicare-eligible Retirees is through Optum Behavioral Health; behavioral health services for Medicare-eligible Retirees is through their respective health plans

1. Currently available in California only.

2. Currently available in New York, New Jersey and Connecticut only.

3. Medicare-eligible Retirees and their Medicare-eligible Dependents must be enrolled in Medicare Part A and Part B.

4. For more information about benefits available, call Health Net at (800) 935-6565.

5. For more information about benefits available, call Kaiser Permanente at (800) 464-4000.

6. Medicare-eligible Participants enrolled in Anthem Medicare Preferred PPO, Health Net Seniority Plus and Oxford Health Plans will be enrolled in the SilverScript Employer Part D Prescription Drug Plan. Medicare-eligible Participants enrolled in Kaiser Permanente Senior Advantage HMO will be enrolled in Kaiser Permanente's Prescription Drug Program.

Health Plan Benefits: Medical/Hospital Plans

BENEFITS ▶	Out-of-Network Coverage	Annual Deductible	Annual Out-of-Pocket Maximum	Hospital Services	Emergency Services WITHIN OR OUTSIDE SERVICE AREA
MOTION PICTURE INDUSTRY HEALTH PLAN / ANTHEM BLUE CROSS For Active and Retiree Participants not enrolled in Medicare Advantage	▶ Yes, however, balance billing may occur	▶ None	▶ In-Network: \$1,000 per person for Coinsurance; does not include Co-Payments ▶ Out-of-Network: Unlimited	▶ In-Network Facility: Coinsurance is 10% of the Contracted Amount, plus \$100 Co-Payment per admission ▶ Out-of-Network Facility: Coinsurance is 50% of the Allowable Amount, plus \$100 Co-Payment per admission; Balance Billing may apply	▶ In-Network: Coinsurance is 10% of the Contracted Amount, plus \$100 Co-Payment (If admitted, emergency room Co-Payment will be applied to hospital admission) ▶ Out-of-Network: Coinsurance is 10% of the Allowable Amount, plus \$100 Co-Payment (If admitted, emergency room Co-Payment will be applied to hospital admission); Balance Billing may apply
ANTHEM MEDICARE PREFERRED PLAN/ MEDICARE ADVANTAGE	▶ Can go In-Network or Out-of-Network, so long as the provider accepts Medicare; prior-authorizations for services may apply	▶ None	▶ \$1000	▶ \$100 Co-Payment per admission	▶ Coverage is worldwide and is limited to what is allowed under the Medicare fee schedule
HEALTH NET	▶ Only in an emergency	▶ None	▶ \$1,500 per person up to \$4,500 per family for both Coinsurance and Co-Payment	▶ No charge	▶ \$35 Co-Payment (waived if admitted to a hospital) ▶ All Covered Services, when medically necessary, are available anywhere in the world from any licensed physician, surgeon or general hospital
KAISER PERMANENTE	▶ Only in an emergency	▶ None	▶ \$1,500 per person up to \$3,000 per family for both Coinsurance and Co-Payment	▶ No charge	▶ \$35 Co-Payment (waived if admitted to a hospital) ▶ All Covered Services, when medically necessary, are available anywhere in the world from any licensed physician, surgeon or general hospital
OXFORD HEALTH PLANS	▶ Yes, however, balance billing may occur	▶ In-Network: No charge ▶ Out-of-Network: \$500 per person up to \$1,000 per family	▶ In-Network: \$0 ▶ Out-of-Network: \$8,000 per person up to \$16,000 per family for Coinsurance and Deductible; does not include Co-Payments	▶ In-Network: No charge ▶ Out-of-Network: Deductible plus 30% Coinsurance; Balance Billing may apply	▶ \$25 Co-Payment (waived if admitted to a hospital) ▶ All Covered Services, when medically necessary, are available anywhere in the world from any licensed physician, surgeon or hospital; Balance Billing may apply

These are only a summary of some benefits available to you through the Health Plan. Please refer to your SPD for a more detailed description.

Physician Visits*	Urgent Care Visits	Laboratory Tests & Diagnostic Imaging	Comprehensive Physical Exams*	Telemedicine
<ul style="list-style-type: none"> ► UCLA-MPTF and MP3: \$5 Co-Payment and 100% coverage for Covered Services ► In-Network within MPTF area: Coinsurance is 10% of the Contracted Amount, plus \$30 Co-Payment ► In-Network out of MPTF area: Coinsurance is 10% of the Contracted Amount, plus \$15 Co-Payment ► Out-of-Network within MPTF area: Coinsurance is 50% of the Allowable Amount, plus \$30 Co-Payment; Balance Billing may apply ► Out-of-Network out of MPTF area: Coinsurance is 50% of the Allowable Amount, plus \$15 Co-Payment; Balance Billing may apply 	<ul style="list-style-type: none"> ► Same as Physician Visits ► Exer Urgent Care visits are a \$15 Co-Payment and no Coinsurance 	<ul style="list-style-type: none"> ► In-Network: Coinsurance is 10% of the Contracted Amount ► Out-of-Network: Coinsurance is 50% of the Allowable Amount; Balance Billing may apply 	<ul style="list-style-type: none"> ► Applicable Co-Payment and Coinsurance apply ► For adults with addresses listed inside of Los Angeles County: May use a UCLA-MPTF Health Center Provider to be covered, with a \$5 Co-Payment and no Coinsurance** ► For adults with addresses listed outside of Los Angeles County: Annual Exam is covered, see Physician Visits for details ► For children (i.e., below age 18): See Physician Visits for details 	<ul style="list-style-type: none"> ► Provided by LiveHealth Online; visit www.livehealthonline.com ► \$5 Co-Payment ► Any telemedicine visit through any other platform will be treated as a Physician Visit with applicable Co-Payments and Coinsurance
<ul style="list-style-type: none"> ► \$5 Co-Payment 	<ul style="list-style-type: none"> ► \$5 Co-Payment 	<ul style="list-style-type: none"> ► Medically necessary tests are covered at 100%; prior-authorizations may apply 	<ul style="list-style-type: none"> ► \$0 Co-Payment 	<ul style="list-style-type: none"> ► Provided by LiveHealth Online; visit www.livehealthonline.com ► No Co-Payment
<ul style="list-style-type: none"> ► \$15 Co-Payment for office visits ► No charge for inpatient visits and no Balance Billing ► Out-of-Network: Not covered 	<ul style="list-style-type: none"> ► \$35 Co-Payment 	<ul style="list-style-type: none"> ► No charge 	<ul style="list-style-type: none"> ► \$15 Co-Payment 	<ul style="list-style-type: none"> ► Provided by Teladoc; visit www.Teladoc.com/hn or call (800) 835-2362 ► No Co-Payment
<ul style="list-style-type: none"> ► \$15 Co-Payment for office visits ► No charge for inpatient visits and no Balance Billing ► Out-of-Network: Not covered 	<ul style="list-style-type: none"> ► \$15 Co-Payment 	<ul style="list-style-type: none"> ► No charge 	<ul style="list-style-type: none"> ► \$15 Co-Payment 	<ul style="list-style-type: none"> ► For the appointment and advice line, please call (833) 574-2273 ► For telephone and video visits, no Co-Payment
<ul style="list-style-type: none"> ► In-Network: \$15 Co-Payment for office visits; no charge for inpatient visits ► Out-of-Network: Deductible plus Coinsurance is 30%; Balance Billing may apply 	<ul style="list-style-type: none"> ► In-Network: \$15 Co-Payment ► Out-of-Network: Deductible plus 30% Coinsurance; Balance Billing may apply 	<ul style="list-style-type: none"> ► In-Network: No charge ► Out-of-Network: Deductible plus 30% Coinsurance; Balance Billing may apply 	<ul style="list-style-type: none"> ► In-Network: No charge ► Out-of-Network: Not covered except for children under age 19. The benefit is paid after the Deductible plus Coinsurance of 30% 	<ul style="list-style-type: none"> ► Provided by Amwell, Teladoc and Doctor on Demand ► \$5 Co-Payment

*Address requirement applies to the date of service

**Alternatively, may use any Provider with a \$100 Co-Payment, and 10% Coinsurance (In-Network Provider) or 50% Coinsurance (Out-of-Network Provider)

Health Plan Benefits

UCLA-MOTION PICTURE & TELEVISION FUND HEALTH CENTERS + MOTION PICTURE PREFERRED PROVIDERS

The UCLA-Motion Picture & Television Fund (UCLA-MPTF) Health Centers provide cost savings and access to Providers with a unique understanding of the needs of Industry Participants and their eligible Dependents. The UCLA-MPTF Health Centers are located in the Los Angeles, California area, and provide referrals to Motion Picture Preferred Providers (MP3), a group of contracted specialists and ancillary Providers.

The UCLA-MPTF Health Centers' service area is within a defined set of ZIP codes where the five health centers are located. The ZIP codes were identified based on a comprehensive evaluation of realistic drive times, not on actual distance, to the closest UCLA-MPTF Health Centers.

Participants, whose mailing address on file with the Health Plan is in the County of Los Angeles, may use the UCLA-MPTF Health Centers for their annual Comprehensive Medical Exam.

Participants enrolled in the MPIHP/Anthem Blue Cross plan have the option to see Providers participating in MP3. Participants will only be required to pay a \$5 Co-Payment for office visits to Providers participating in MP3. Participants visiting a Specialist in MP3 will have covered services paid at 100% of the Allowable Amount; a referral is required.

EXER URGENT CARE CLINICS

Participants using the MPIHP/



Anthem Blue Cross network can visit Exer Urgent Care clinics and pay a \$15 Co-Payment. Use of these clinics will not require Participants to pay additional Coinsurance.

MEMBER ASSISTANCE PROGRAM

Optum's Member Assistance Program, Live and Work Well, is designed to provide professional and confidential assistance to employees experiencing various life challenges that may affect their health, personal well-being or job performance.

TELEMEDICINE THROUGH LIVE HEALTH ON-LINE

Telemedicine allows a patient to visit with a physician by phone or to engage in online video communication using a computer, smartphone or tablet. It is intended to provide low-cost medical care for after-hours or when a Participant is away from home.

Participants using the MPIHP/Anthem Blue Cross network may use Live Health Online to receive care from a medical Provider.

Participants will be required to pay a \$5 Co-Payment at the time of service for this covered benefit and will not be required to pay additional Coinsurance.

Participants enrolled in Health Net, Kaiser Permanente or Oxford should contact their respective health plan about access to telemedicine.

WELLNESS PROGRAM

The Health Plan's Wellness Program offerings include: webinars, podcasts, smoking-cessation programs, diabetes prevention programs, healthy weight programs and workshops, gym discounts and much more.

For more information on the Wellness Program, please visit www.mpiphp.org/home/wellness, or contact the Wellness Program at either wellness@mpiphp.org or by calling (800) 654-WELL.

HEARING AID NETWORKS

HearUSA is offered as a hearing aid network for Active Participants and for non-Medicare-eligible Retirees enrolled in the MPIHP/Anthem Blue Cross, Health Net

and Kaiser Permanente.

Medicare-eligible Participants enrolled in the Anthem Medicare Preferred PPO Plan should use the Hearing Care Solutions hearing aid network.

Through these networks, Participants have access to significant discounts on state-of-the-art hearing aids and accessories, as well as to more than 4,000 independently practicing audiologists and hearing care professionals.

CVS MAINTENANCE CHOICE PROGRAM (90-DAY SUPPLY PRESCRIPTIONS)

Participants who use the CVS Caremark mail order pharmacy benefit have the option of filling prescriptions for maintenance drugs at participating CVS retail pharmacies. This option is offered as an alternative to the standard CVS Caremark mail order option.

Those Participants who would like to use a retail pharmacy to fill a maintenance drug prescription should have their physician write or call-in a new prescription to a CVS retail pharmacy for a 90-day supply of their medication. CVS Caremark mail order Co-Payments will apply.

LIFE INSURANCE

A life insurance benefit is payable in-full to your beneficiary in the event of your death from any cause (on or off the job) while you are insured.

DENTAL PLANS

Participants may enroll in either:

- Delta Dental PPO
- DeltaCare USA

	DELTA DENTAL PPO	DELTACARE USA
Plan Availability	Available Nationwide	Available in California Only
Dentists Available	The dentist of your choice, anywhere in the world. Using Delta Dental PPO dentists may reduce your Out-of-Pocket expense.	Must use selected DeltaCare affiliated dentists only.
Costs to You for Most Services	You pay 20% of the Usual, Customary and Reasonable Rate	No cost to you
Deductible	\$25 annually per person, up to a maximum of \$50 per family	No Deductible
Annual Maximum	\$2,000 per person, per calendar year	No annual maximum
Orthodontics	Eligible Dependent Children only Pay 50% of Usual, Customary and Reasonable Rates, \$1,000 Lifetime Maximum	Eligible Dependents: Children: \$1,100 Adults: \$1,500 Start-up Fee: \$250

PRESCRIPTION BENEFITS

Participant Co-Payments for prescription drug coverage through CVS Caremark are as follows. The Co-Payments apply to Participants enrolled in the Active Health Plan. For Co-Payments for those Participants who are enrolled in the Retiree Health Plan, please see page 14.

ACTIVE'S PRESCRIPTION	RETAIL CO-PAYMENT (30-DAY SUPPLY)	MAIL ORDER CO-PAYMENT (90-DAY SUPPLY)
Generic Drug	\$10	\$25
Preferred Brand Drug	\$25	\$65
All Other Brand Drugs	\$40	\$100



The reduction in life insurance and elimination of the additional Accidental Death and Dismemberment provision is the principal difference between the Active Health Plan and Retiree Health Plan life insurance benefit.

PARTICIPANT COVERAGE	
Active	\$10,000 + Accidental Death & Dismemberment
Retired	\$2,000

OPEN ENROLLMENT

Each July, for an effective date of August 1st, the Health Plan holds a Open Enrollment period so that you can select a different health plan for you and your Dependents.

Note:

Enrollment for Motion Picture Industry Health Plan/Anthem

Blue Cross and/or the DeltaCare USA is open year-round.

SURVIVING SPOUSE COVERAGE

- 1 If you die without retiring and were married at least two years with at least 15 Qualified Years⁷ and 20,000 Credited Hours, your eligible, surviving spouse can receive extended health coverage as follows:
 - ▶ If you were under age 62, your surviving spouse will be granted one year of coverage for each of your Qualified Years.
 - ▶ If you were age 62 or older, your surviving spouse will be granted lifetime coverage or coverage until he or she remarries.
- 2 If you die and were retired and married less than two years, your surviving spouse will be granted coverage for six months.
- 3 If you die and were retired and married at least two years and have:
 - ▶ **15 Qualified Years and 20,000 Credited Hours⁷**
Your surviving spouse will be granted lifetime coverage or coverage until he or she remarries, if you were at least age 62⁷ at the time of your death.
 - ▶ **20 Qualified Years and 20,000 Credited Hours**
Your surviving spouse will be granted lifetime coverage or coverage until he or she remarries, if you were at least age 62⁸ at the time of your death.
 - ▶ **30 Qualified Years and 55,000 Credited Hours**
Your surviving spouse will be granted lifetime coverage or coverage until he or she remarries, if you were at least age 61⁸ at the time of your death.
 - ▶ **30 Qualified Years and 60,000 Credited Hours**
Your surviving spouse will be granted lifetime coverage or coverage until he or she remarries, if you were at least age 60⁸ at the time of your death.
 - ▶ **Permanent and Total Disability**
Your surviving spouse will be granted one year of coverage for each of your Qualified Years of health coverage (10 Qualified Years and 10,000 Credited Hours).

7. To qualify, you must have at least three Qualified Years after the year you turn age 40, and at least one Qualified Year in any of the Plan years 2000 through 2015.

8. If death occurs prior, your spouse will receive one year of coverage for each Qualified Year.

Health Plan Coordination of Benefits

Multi-income households are often covered by different employer health plans, and sometimes, it is hard to understand whose benefits apply. The Health Plan has defined specific procedures and guidelines to help coordinate benefits with other insurers and apportion coverage.

YOUR SPOUSE

► Other Insurance Available

If health insurance is available to your spouse through his/her employer, he or she must enroll in such coverage, regardless of cost. This other insurance will serve as his or her primary coverage, and the Health

Plan will serve as secondary insurance for your spouse.¹

► Other Insurance Unavailable

If your spouse is unemployed, or if health insurance is otherwise unavailable and/or not offered through his or her employer, the Health Plan will provide primary coverage for medical, hospital, prescription drugs, dental and vision benefits.

In this case, Participants and their dependents enrolled in the Motion Picture Industry Health Plan/Anthem Blue Cross and Oxford Health Plans are required to provide annual confirmation that other insurance coverage is

unavailable to your spouse. The Health Plan will send to you a Coordination of Benefits form. This form must be completed and sent to the Plans' office. If it is not timely received, health coverage for your spouse will be suspended.

YOUR DEPENDENT CHILDREN

Unless there is a premium cost (or if your spouse has a birth month that is later than yours), eligible, dependent children also must be enrolled in the insurance available to your spouse through his/her employer. If they are not enrolled, the Health Plan will not provide coverage for your dependent child(dren).

1. The Health Plan will continue to serve as primary insurer for dental and vision benefits.

Health Plan Retiree Benefits

Participants who meet the basic requirements to participate in the Retiree Plan may request a "health-only retirement" without first commencing their benefits under the Motion Picture Industry Pension Plan or the Motion Picture Industry Individual Account Plan. Participants may submit their health-only retirement application form up to six months, but no less than two complete calendar months, prior to their elected health-only retirement date. The month the form is signed is not considered a

complete calendar month.

QUALIFICATION REQUIREMENTS

Retiree Health Plan benefits are only effective upon retirement from the Motion Picture Industry Pension Plan if either of the following requirements are met:¹

- 20 Qualified Years and 20,000 Credited Hours; or
- 15 Qualified Years and 20,000 Credited Hours² for which contributions have been paid to the Retiree Health Plan.

EFFECTIVE DATE

- **Age 62**
Retired with 15 Qualified Years and 20,000 Hours;²
- **Age 62**
Retired with 20 Qualified Years and 20,000 Hours;
- **Age 61**
Retired with 30 Qualified Years and 55,000 Hours;
- **Age 60**
Retired with 30 Qualified Years and 60,000 Hours;
- **Any age**
Retired with 10 Qualified Years and 10,000 Hours, and:

Health Plan Retiree Benefits

- 1 Totally and permanently disabled at the time of retirement;
- 2 Not on a Break-in-Service; and
- 3 Entitled to a Social Security Administration disability award (or terminally ill).

BENEFIT CHANGES UPON RETIREMENT

While most of your benefits under the Retiree Plan remain the same as when you were in the Active Plan, there are a few differences of which you should be aware:

- ▶ You and any Medicare-eligible Dependents must enroll in Medicare Parts A and B in order to have medical, hospital and prescription drug coverage through the Retiree Plan.
- ▶ Mental health and chemical dependency benefits for you and your Medicare-eligible Dependents is through your Medicare Advantage plan (i.e., Anthem Medicare Preferred PPO, Health Net Seniority Plus HMO, Kaiser Permanente Senior Advantage HMO, Oxford Health Plans POS).
- ▶ Coordination of Benefit rules change to comply with Medicare Advantage and Part D requirements.
- ▶ Life insurance is reduced from \$10,000 to \$2,000. You may convert from \$500 to \$8,000 of your group life insurance to a private policy with The Union Labor Life Insurance Company without a physical examination. If you are interested in this

conversion, contact the Plan Office immediately upon the termination of your active life insurance.

- ▶ Your Dependents are covered only until age 19 unless they satisfy the requirements for being a full-time student, in which case coverage may continue until attainment of age 23.
- ▶ Your prescription Co-Payments will change per the chart below.

Note:

The Board of Directors retain the right to change the Plan of benefits in their sole discretion, and any changes made after you retire will apply to you and your eligible Dependent(s).

CVS CAREMARK CO-PAYMENTS Non Medicare-Eligible Retirees	RETAIL (30-DAY SUPPLY)	CVS PHARMACY RETAIL (90-DAY SUPPLY)	CVS MAIL (90-DAY SUPPLY)
Tier 1: Generic Drugs	\$5	\$12	\$12
Tier 2: Preferred Brand Drugs	\$20	\$50	\$50
Tier 3: Non-Preferred Brand Drugs	\$30	\$75	\$75

SILVERSCRIPT CO-PAYMENTS Medicare-Eligible Retirees	RETAIL (30-DAY SUPPLY)	RETAIL (NON-CVS) (90-DAY SUPPLY)	CVS PHARMACY RETAIL (90-DAY SUPPLY)	CVS MAIL (90-DAY SUPPLY)
Tier 1: Generic Drugs	\$5	\$15	\$12	\$12
Tier 2: Preferred Brand Drugs	\$20	\$60	\$50	\$50
Tier 3: Non-Preferred Brand Drugs	\$30	\$90	\$75	\$75

1. For information on Health Plan only retirement, please call the Plan Office.

2. To qualify, you must have at least 3 Qualified Years after the year you turn age 40, and at least 1 Qualified Year in any of the Plan years 2000 through 2015.

**MOTION PICTURE
INDUSTRY**
**PENSION
PLAN**

Pension Plan Eligibility



WHAT IS THE PENSION PLAN?

The Motion Picture Industry Pension Plan ("Pension Plan") is a Defined Benefit Plan that provides you a monthly lifetime benefit.

VESTING REQUIREMENTS

You must satisfy certain requirements to be entitled to and Vested in your Pension Plan benefit. Once you become Vested, you cannot lose the benefits. However, in order to Vest, you must meet the following requirements:

- ▶ As of Computation Year 2000, you need only five Vested Years to become Vested in the Pension Plan;

Note:

If you were on a Break in Service¹ at the beginning of year 2000, you were required to earn at least one of the five Vested Years after 1999.

- ▶ Prior to Plan Year 2000, other Vesting rules apply.

1. A Break in Service is defined as two, consecutive Computation Years with less than 200 Vested Hours in each year.

Pension Plan Benefits

Your monthly benefit is based on Credited Hours. To earn benefits, you must work a Qualified Year (400 Credited Hours in a Computation Year). The following benefit factors became effective August 1, 2006.

UP TO 10 QUALIFIED YEARS:

The monthly benefit rate for the first 10 Qualified Years is \$.03729 per Credited Hour provided the Participant works at least 400 Credited Hours in a Qualified Year. For example, 1,000 Credited Hours in your seventh year will earn an additional benefit of \$37.29 per month payable at Normal Retirement Age.

 7 QUALIFIED YEARS	 1K CREDITED HOURS IN THE 7TH YEAR	 ACCRUED BENEFIT RATE	 CREDITED HOURS	 PER MONTH
		\$.0372	x 1,000	= \$37.29

11TH TO 20TH QUALIFIED YEARS:

The monthly benefit rate for the eleventh and subsequent Qualified Years is \$.04972 per Credited Hour provided the Participant works at least 400 Credited Hours in a Qualified Year. For example, 1,000 Credited Hours in your eleventh year will earn an additional benefit of \$49.72 per month payable at Normal Retirement Age.

 11 QUALIFIED YEARS	 1K CREDITED HOURS IN THE 11TH YEAR	 ACCRUED BENEFIT RATE	 CREDITED HOURS	 PER MONTH
		\$.0497	x 1,000	= \$49.72





AFTER THE 20TH QUALIFIED YEAR:

After the twentieth Qualified Year, the 400 Credited Hours requirement will not apply. You will earn benefits even if you accumulate less than 400 Credited Hours in a Computation Year at a monthly benefit rate of \$.04972 per Credited Hour. For example, 400 Credited Hours in your 23rd Year will earn an additional benefit of \$14.92 per month payable at Normal Retirement Age.

 20 QUALIFIED YEARS	 300 CREDITED HOURS IN THE 21ST YEAR	 ACCRUED BENEFIT RATE	 CREDITED HOURS	 PER MONTH
		\$.0497	x 300	= \$14.92

PROJECTED ESTIMATED PENSION BENEFIT:

Assumes 15 Qualified Years and 2,000 Credited Hours per year.

QUALIFIED YEARS		CREDITED HOURS		CREDITED HOURS	 ACCRUED BENEFIT RATE	 PER MONTH			
FIRST	10	x	2,000	=	20,000	x	\$.03729	=	\$745.80
SUBSEQUENT	5	x	2,000	=	10,000	x	\$.04972	=	\$497.20
TOTAL MONTHLY LIFE ANNUITY BENEFIT AT NORMAL RETIREMENT AGE									\$1,243.00

Note: Different benefit rates apply to hours earned before a Break in Service.

Significant Pension Plan & IAP Milestones

1 QUALIFIED YEAR

- ▶ Eligible in Pension Plan & Vested in the IAP

5 VESTED YEARS

- ▶ Vested in Pension Plan

10 QUALIFIED YEARS

- ▶ Reduced Early Retirement Pension Benefit Age 62-64 without Retiree Health Plan
- ▶ With 10,000 Hours, Disability Retirement with Retiree Health Plan

15 QUALIFIED YEARS

WITH 20,000 HOURS + ADDITIONAL REQUIREMENTS

- ▶ Reduced Early Retirement Pension Benefit Age 62-64 with Retiree Health Plan at Age 62

20 QUALIFIED YEARS

WITH 20,000 HOURS

- ▶ Reduced Early Retirement Pension Benefit Age 55-64 with Retiree Health Plan at Age 62

30 QUALIFIED YEARS

WITH 50,000 HOURS

- ▶ Unreduced Early Retirement Pension Benefit at Age 62 with Retiree Health Plan at Age 62

WITH 55,000 HOURS

- ▶ Unreduced Early Retirement Pension Benefit at Age 61 with Retiree Health Plan at Age 61

WITH 60,000 HOURS

- ▶ Unreduced Early Retirement Pension Benefit with Retiree Health Plan at Age 60
- ▶ **Special Reduced Early Pension Benefit Retirement Age 55-59 with Retiree Health Plan at Age 60**



Pension Plan Retirement Benefit Types



NORMAL RETIREMENT PENSION BENEFIT

Generally, the Normal Retirement Age is 65, if Vested.

UNREDUCED EARLY RETIREMENT PENSION BENEFIT

If you have at least 30 Qualified Years and you are:



REDUCED EARLY RETIREMENT PENSION BENEFIT

- ▶ You have 20 or more Qualified Years and are age 55 to age 64; or
- ▶ You have 10 or more Qualified Years and are age 62 to age 64.

AGE	64	63	62	61	60	59	58	57	56	55
% FACTOR	92.5	86.0	80.0	74.5	69.0	64.0	59.5	55.5	52.0	49.0

SPECIAL REDUCED EARLY RETIREMENT PENSION BENEFIT

If you have at least 30 Qualified Years and 60,000 Credited Hours, you may retire on or after attaining age 55 under the Special Reduced Early Retirement Pension Benefit provision of the Pension Plan. These factors are higher than for Reduced Early Retirement Pension Benefits.

AGE	59	58	57	56	55
% FACTOR	92.8	86.2	80.4	75.4	71.0

DISABILITY RETIREMENT PENSION BENEFIT

You will be eligible to receive a Disability Retirement Pension Benefit if you meet all of the following requirements:

- ▶ You have received a Social Security Administration disability award (totally and permanently disabled for at least 6 months);
- ▶ You are an Active status Participant with no Break in Service; and
- ▶ You have accumulated at least 10 Qualified Years and 10,000 Credited Hours.

Note:

The Social Security Administration disability award and its 6-month requirement may be waived if you are terminally ill with less than two years to live. Contact the Retirement Benefits Department immediately in this situation.

TYPES OF BENEFIT PAYMENT OPTIONS

- ▶ Life Annuity
- ▶ Qualified Joint & 50% Survivor Annuity
- ▶ Joint & 100% Survivor Annuity
- ▶ Joint & 75% Survivor Annuity
- ▶ Joint & 50% Pop-up Annuity
- ▶ Joint & 100% Pop-up Annuity
- ▶ Ten-Years-Certain and Life Annuity

REQUIRED MINIMUM DISTRIBUTION (AGE 70½)

If you continue to work past age 70½, the IRS requires the Pension Plan to pay you a monthly

Pension Plan Retirement Benefit Types

pension benefit beginning the April 1st after the year you reach age 70½ under Required Minimum Distribution (RMD) rules.

Note:

Even though you may be receiving a RMD, you may not be entitled to a benefit under the Pension Plan rules, unless you formally apply for Retirement.

Beginning in 2022, if you are eligible to commence your RMD on April 1, 2022 or later, you may make a one-time election to defer the receipt of your RMD until April 1 of the year following the attainment of age 72.

DEATH BENEFIT - BEFORE RETIREMENT

- ▶ If you are married and Vested, the Qualified Spouse may elect:

OPTION 1

- A monthly pension benefit for his/her lifetime that will start on the later of:

- Ⓐ the first of the month following the Participant's death; or
- Ⓑ the Participant's earliest retirement date under the Plans.

OPTION 2

- A one-time lump sum payment of the Present Value of the monthly pension benefit described above.
- ▶ If you are single or do not have a Qualified Spouse, your beneficiary(ies) will receive:
- Onetime payment of the Employee Contributions (including Unclaimed Vacation

and Holiday Pay) plus any accrued interest, if applicable.

Note:

A Qualified Spouse has been legally married to a Participant for at least 365 days.

DEATH BENEFIT - AFTER RETIREMENT

If you elected a form of retirement benefit with a survivor benefit, it will be paid in accordance with the option you elected upon your retirement.

WORKING AFTER RETIREMENT (RE-EMPLOYMENT)

- ▶ If you return to work in the motion picture Industry during the first two calendar months following your Retirement Date, your monthly pension payments will cease until there are two consecutive calendar months in which no Industry work is performed.
- ▶ If you work after your Retirement Date or are guaranteed 50 or more Credited Hours in a



Payroll Month following your retirement, your monthly pension will be permanently reduced or forfeited.

- ▶ Additionally and as a result, the Pension Plan may pay benefits on your behalf to which you are not entitled. In this case, the Pension Plan may seek reimbursement.
- ▶ Additional rules apply if you are retired with an Unreduced Early Retirement Pension Benefit and you work 400 or more Credited Hours in a Computation Year prior to reaching age 65. If both of these conditions are met, all future, monthly Pension Plan benefits will be permanently forfeited until the month following your 65th birthday.

Note:

Beginning the April 1st after the year you reach age 70½, you can work unlimited hours and still receive your monthly pension.

RE-EMPLOYMENT ACCRUALS

You may earn additional benefits if you earn 870 or more Credited Hours in a Computation Year after retirement. In this case, your pension benefit will be adjusted annually, as follows:

- ▶ The current monthly pension amount, plus
- ▶ Additional accrual based on 870+ Credited Hours earned in a Computation Year.

Note:

If re-employment occurred before age 65, these benefit adjustments accrue and will not be payable until you reach age 65.

**MOTION PICTURE
INDUSTRY**

INDIVIDUAL
ACCOUNT
PLAN

Individual Account Plan Eligibility



WHAT IS THE INDIVIDUAL ACCOUNT PLAN?

The Motion Picture Industry Individual Account Plan ("IAP") is a Defined Contribution Plan that provides you either a lump sum or monthly benefit.

VESTING REQUIREMENTS

Effective August 1, 2000, in order to Vest in the IAP, you must earn:

- ▶ One Qualified Year.

Note:

If you had at least one Qualified Year before August 1, 2000, you must earn at least one Credited Hour on or after August 1, 2000. Other Vesting rules apply prior to the Plan Year 2000.

Individual Account Plan Benefits

The IAP is completely Employer-funded. The amount of your benefit will be your account balance at retirement.

Your benefit consists of the following:

- ▶ **Employer Percentage of Compensation Contribution** – a negotiated percentage of regular basic wages for Covered Participants; or
- ▶ **Employer Hourly Contributions** (if applicable) – a negotiated amount for each Credited Hour worked or guaranteed; and
- ▶ **Net Investment Income** – based on prior year's ending balance.

Note:

You must work a Qualified Year to receive Employer contributions for that Plan Year.

Individual Account Plan Retirement Benefit Types

RETIREMENT BENEFITS

- ▶ The amount of your IAP benefit at the time of retirement is your statement balance through the latest Plan Year, plus any employer contributions allocated during the year of retirement, and an adjustment for investment gains or losses through the calendar quarter preceding your Retirement Date.
- ▶ IAP benefit will be payable after a minimum of two months following the commencement of your Pension Plan benefit and the receipt of an affidavit declaring that you are no longer working in the motion picture Industry.
- ▶ If you return to work in the Industry during the first two calendar months immediately following your Retirement Date, your IAP payment will not be processed until there are two consecutive calendar months in which you perform no Industry work.

Note:

An affidavit will be required declaring that you have not worked in the Industry for two months following your Retirement Date.

EARLY WITHDRAWAL OF ACCOUNT BALANCE

If you are Vested under the IAP, but not Vested in the Pension Plan, you may apply for an Early Withdrawal after a Break in Service.

DISABILITY BENEFIT

If you do not meet the requirements to qualify for a Disability Retirement Pension Benefit under the Pension Plan, you still may be eligible to receive the IAP balance, if all these conditions are met:

- ▶ Disability prevents you from engaging in any gainful employment.
- ▶ Your total and permanent disability has been at least six months in duration.
- ▶ A Social Security Administration disability award has been issued to you on or after June 26, 2002, or instead, the Benefits/Appeals Committee may rely on a physician's certification. The certification may also be for the purpose of waiving the required six-month period of disability and must state that you are:
 - Terminally ill with a life expectancy of less than two years; and
 - Because of this illness, you cannot engage in any gainful employment.

TYPES OF BENEFIT PAYMENT OPTIONS

- ▶ Lump sum
- ① Payment directly to you (with 20% mandatory federal tax withholding).
- ② Direct rollover to a traditional IRA (no tax withholding).



- ▶ Annuity purchase through an insurance company, with the same benefit option chosen under the Pension Plan.

DEATH BENEFIT - BEFORE RETIREMENT

If you are married and Vested, your Qualified Spouse may elect:

- ▶ Lump sum, or
- ▶ Monthly annuity

If you are single, or do not have a Qualified Spouse, your beneficiary will receive:

- ▶ Lump sum

DEATH BENEFIT - AFTER RETIREMENT

If you elected a form of retirement benefit with a survivor benefit, survivor benefits will be paid in accordance with the option you elected. If you elect a lump sum and die after commencement of Pension Plan benefits but prior to receiving payment from the IAP, the benefit will be paid to your beneficiary or estate.

Retirement Process Timeline

Applicable to the
Pension Plan and the IAP



6-12 MONTHS

BEFORE RETIREMENT

- Use the self-service tools on the Plans' website to plan and research your retirement options and eligibility.
 - Contact the Plans for a benefit estimate.
 - Decide on your desired Retirement Date.



3-6 MONTHS

BEFORE RETIREMENT

- Using the Contact Us tab on the Plans' website, request an initial one-page Retirement Application declaring your intent to retire and lock-in a Retirement Date.
- Complete your retirement application.
- Gather required documents.
- Apply for Medicare Parts A and B, if age 65 or older.



2 MONTHS

BEFORE RETIREMENT

- Your Retirement Application is due.

For example, if your desired Retirement Date is June 1st, your retirement application must be submitted no later than March 31st. You may submit your application as early as six months before your desired Retirement Date.

- Your Benefit Election Package will be sent approximately two months before your selected Retirement Date, but only after receiving your initial Retirement Application.
 - Schedule appointment with a retirement counselor after receiving your Benefit Election Package.



30 DAYS

BEFORE RETIREMENT

- Benefit election and retirement forms are due.
- Required legal documentation is due.
- Any election changes must be made prior to your retirement date.



RETIREMENT DATE

- Receive your first monthly Pension Plan payment.



0-2 MONTHS

AFTER RETIREMENT

- Relax! No working in the motion picture Industry during this period.
- Your IAP retirement affidavit will be sent to you at the end of this period.

In the event there is an inconsistency between this written communication and the provisions of the Pension Plan and IAP Trust Agreement, the provisions of the Pension Plan and IAP Trust Agreement shall govern.



AFTER 2 MONTHS

NO-WORK PERIOD

- Your IAP distribution process will begin within two weeks following receipt of your retirement affidavit.
 - You may return to work in the Industry, but your monthly pension benefit may be suspended if you work 50 hours* in a Payroll Month.

** Changed from 40 hours effective December 22, 2019.*



DID YOU KNOW?

Did you know that the Plans' website offers many self-service tools? You can review Frequently Asked Questions, retirement preparation videos, and benefit estimates.



MPI PARTICIPANT PORTAL

- ▶ View Pension/IAP statements
- ▶ Review payment history
- ▶ Review hours and contributions received each year
- ▶ Download and print Pension Plan forms, such as direct deposit and tax withholding forms
- ▶ Review benefit estimates
- ▶ Request a retirement application



PARTICIPANT SERVICES CENTER

Email

Use the Contact Us tab at
www.mpiphp.org

Call Toll-Free

(855) ASK-4MPI or
(855) 275-4674
Hours: 6 am to 6 pm
(Pacific Time)

Fax

(818) 766-1229 – California
(212) 634-4952 – New York

Website

www.mpiphp.org

Mailing Address

MPIPHP
P.O. Box 1999
Studio City, CA 91614-0999

Office Locations

11365 Ventura Boulevard
Studio City, California 91604
(818) 769-0007
Hours: 8 am to 5 pm
(Pacific Time)

145 Hudson Street, Suite 6-A
New York, New York 10013
(212) 634-5252
(888) 758-5200 – Toll Free
Hours: 9 am to 5 pm
(Eastern Time)