ANTHEM MEDICARE PREFERRED (PPO) MEDICAL PLAN

FREQUENTLY ASKED QUESTIONS

1. **What does it mean that Medicare-eligible retirees will be enrolled in the Anthem Medicare Preferred (PPO) Medical Plan?**
    - The Motion Picture Industry Health Plan (MPIHP) is changing the medical coverage for its Medicare-eligible retirees enrolled in the MPIHP Retiree Plan. Those Medicare-eligible retirees currently enrolled in the MPIHP/Anthem Blue Cross Plan will be enrolled in MPIHP's new Anthem Blue Cross Medicare Advantage Plan.
    - The new plan will include a combination of Medicare Part A (hospital benefits) and Medicare Part B (doctor and outpatient) benefits.
    - The new plan is called **Anthem Medicare Preferred (PPO) Medical Plan** (it is also known as the Anthem Medicare Advantage plan).
    - **This change only applies to Medicare-eligible retirees.**

2. **Why is this change happening?**
    - Changing to a Medicare Advantage plan allows MPIHP to take advantage of subsidies offered by Medicare. That means the actual cost of medical care is shared between Medicare and MPIHP.
    - The Anthem Medicare Preferred (PPO) Medical Plan allows MPIHP to save money and is a good long term plan for sustaining benefits for all MPIHP retirees and future generations of retirees.

3. **Who will be affected by this change?**
    - This applies only to participants, spouses and dependents who are in the MPIHP Retiree Plan, and are Medicare-eligible.
    - If you are actively working, even though you may be Medicare-eligible, this does not apply to you as you and your family are still in the MPIHP Active Plan.
    - This change will not affect Medicare-eligible retirees who are Kaiser Permanente Senior Advantage Plan, Health Net or Oxford Health Plan members.

4. **When will this change happen?**
    - This change to the new **Anthem Medicare Preferred (PPO) Medical Plan** will take effect **July 1, 2018.**

5. **Does this change affect my other benefits through MPIHP?**
    - No, this change is only for medical coverage.
    - This plan does not affect your pension, vision, dental, prescription or life insurance benefits.

6. **What is meant by Medicare-eligible?**
    - Medicare is a government-funded health insurance for people aged 65 or older, who are retired, or do not have medical coverage through another group plan.
    - People under 65 with certain disabilities or with End-Stage Renal Disease (ESRD) (permanent kidney failure) may also qualify for Medicare.
    - Medicare health insurance is an "individual insurance," which means it applies only to those who are eligible for it, but not spouses/dependents.
    - Non-Medicare-eligible spouses and dependents will remain fully covered under the regular MPIHP Retiree Plan.

7. **Is there any action I need to take now?**
    - There is **no action** you need to take if you are**:**
        - Currently enrolled in the MPIHP/Anthem Blue Cross Plan;
        - Are Medicare-eligible; and
        - Are enrolled in Medicare Part A and Part B.
    - You will be **automatically enrolled** in the Anthem Medicare Preferred (PPO) Medical Plan, effective July 1, 2018.

8. **What if I live outside of the U.S.?**
    - If you are a permanent resident outside of the United States, you are not entitled to receive Medicare and therefore you are not Medicare-eligible.
    - All non-Medicare-eligible retirees will remain the regular retiree MPIHP/ Anthem Blue Cross Plan

9. **With this new plan, do I need to continue to pay my Medicare Part B premiums?**
    - **YES.** Medicare Part B premiums are charged by Medicare and paid directly to Medicare (usually as a deduction in your Social Security Administration check).
    - Medicare Part B premiums are not charged by MPIHP or paid to MPIHP. You must continue to pay your Medicare Part B premiums to Medicare to retain your enrollment in the Anthem Medicare Preferred (PPO) Medical Plan.

10. Will the Anthem Medicare Preferred (PPO) Medical Plan benefits be like the existing MPIHP/Anthem Blue Cross Plan?

- **Yes**, the Anthem Medicare Preferred (PPO) Medical Plan is very similar to the current MPIHP/Anthem Blue Cross Plan.
- The Anthem Medicare Preferred (PPO) Medical Plan is a Medicare Advantage plan (also called Medicare Part C plan), so there are some Medicare rules that must be followed, **but the MPIHP Board of Directors have designed the new Anthem Medicare Preferred (PPO) Medical Plan to closely match the existing retiree plan:**
  - There is no monthly premium, and zero deductibles.
  - Co-pays will remain the same, and are reduced for selected services such as preventive services.
  - Please review the **Retiree Benefit Comparison chart** at the end of this document for a quick sample of most commonly used benefits.

11. Do Medicare Advantage plans have limited coverage?

- There are many different types of Medicare Advantage plans, and they have different levels of coverage.
- The Anthem Medicare Preferred (PPO) Medical Plan is a PPO and has added benefits to closely match the existing MPIHP Retiree Plan.

12. Is there a provider network for the Anthem Medicare Preferred (PPO) Medical Plan?

- **Yes**, however, you can see **any provider in or out-of-network** for the same co-pay and benefits as long as he or she accepts Medicare.
- **No referrals** will be required for either in-network or out-of-network providers as long as you are seen by a provider who accepts Medicare.

13. What if my doctor does not accept Medicare?

- **You must only see providers who accept Medicare.**
- If a provider does not accept Medicare, you will have to select a new provider who accepts Medicare. The Anthem Medicare Preferred (PPO) Medical Plan does not cover services rendered by non-Medicare providers.
- If you accept services from a provider who does not accept Medicare, you will be entirely responsible for the cost of your services. MPIHP will not cover these services.
- Be sure to ask all your providers if they accept Medicare. Most providers accept Medicare, but not all.

14. What if my doctor accepts Medicare but refuses to take Medicare Advantage plans?

- **You should contact the Anthem First Impressions Customer Service team. They will contact your provider and explain how the plan works through Medicare.** [Anthem

First Impressions Welcome Team at (833)794-0311 between 5:00 am to 6:00 pm PT Monday through Friday or you can visit them at **www.anthem/ca.com].**

- Your provider does not have to join the Anthem Medicare Advantage Network to accept patients with a Medicare Advantage plan**.**
- Out-of-Network providers who accept Medicare are still paid by Medicare through the Anthem Medicare Advantage plan.

15. Are referrals for specialists required under the new plan?

- **No.** You do not need a referral for specialists. You may choose your own providers, in or out-of-network.
- However, you must only see providers who accept Medicare.

16. What are the differences with this new plan?

- One difference is that you must only use Medicare-accepting providers.
- While medical coverage and co-pays remain the same, the Anthem Medicare Preferred (PPO) Medicare Plan has enhanced coverage that includes LiveHealth Online (telemedicine), hearing aids, routine foot care, acupuncture, chiropractic, foreign travel emergency care, expanded mental health and substance abuse coverage, special discounts, weight loss programs, fitness club memberships (Silver Sneakers), and additional wellness programs at no extra cost to you.
- The new plan provides the convenience of a no-cost nurse line service, available 24 hours a day, 365 days a year.
- Please see the Retiree Benefits Comparison charts at the end of this document for a quick glance at some of the benefits under this new plan.

17. Will there be Prior Authorization required for services under the Anthem Medicare Preferred (PPO) Medical Plan?

- Yes, there will be some services that may require a Prior Authorization under the Anthem Medicare Preferred (PPO) Medical Plan.
- To inquire about the services that may need a Prior Authorization, you or your provider may contact Anthem First Impressions Welcome Team at the number listed on page 9.

18. What if I already have another Medicare Advantage plan through my spouse, or one that I purchased myself?

- According to Medicare rules, **you can only be enrolled in one Medicare Advantage plan at a time.**
- If you already have another Medicare Advantage plan outside of your MPIHP coverage, and you want to keep that plan, you should contact MPIHP as soon as possible to discuss your choice of plan.

- If you do not contact MPIHP, you will be enrolled in the Anthem Medicare Preferred (PPO) Medical Plan, which will cause Medicare to automatically dis-enroll you from your other (non-MPIHP) Medicare Advantage plan.

19. What are my options if I do not want to enroll in the Anthem Medicare Preferred (PPO) Medical Plan?

- Enrollment in the Anthem Medicare Preferred (PPO) Medical Plan is not mandatory, but MPIHP now only offers Medicare Advantage plans (with the exception of the Oxford Plan for NY, NJ, CT residents only) to its Medicare-eligible retiree population.
- You may decide to enroll in one of MPIHP's other plans available to Medicare-eligible retirees (Kaiser Senior Advantage/Health Net/Oxford Health Plan (East Coast only) during open enrollment.
- The Kaiser and Health Net plans are also Medicare Advantage plans, so they require the Medicare-eligible retiree to be enrolled in Medicare Part A and Part B.
- If you and your Medicare-eligible dependent are enrolled in a Medicare Advantage plan outside of MPIPHP, you may dis-enroll from the Anthem Medicare Preferred (PPO) Medical Plan by using the **Opt-Out** form.
- If you opt out, MPIHP will not cover the cost of any outside medical service or plan premiums you may purchase outside of MPIHP.
- Opting out of the Anthem Medicare Preferred (PPO) Medical Plan only affects your medical coverage. It does not affect your dental, vision and prescription benefits.
- Opting out of the **Anthem Medicare Preferred (PPO) Medical Plan** does not affect the coverage of your eligible dependents; they will remain in their current coverage for medical, dental, vision, and prescription drugs.

20. What is the Opt-Out process?

- To opt out of the Anthem Medicare Preferred (PPO) Medical Plan, you must do so in writing.
- The Opt-Out form can be found in the Enrollment Guide packet that you will receive from Anthem Blue Cross in April 2018.
- You may also call MPIHP's Participant Services Center at (855) 275-4674 to request an Opt-Out form.

21. What information will I be receiving from MPIHP and Anthem Blue Cross?

- In March 2018, MPIHP will send an introductory **Notice of Change** letter which includes basic information about the new Anthem Medicare Preferred (PPO) Medical Plan.
- In early-April 2018, Anthem will be sending you an **Enrollment Guide.** The Enrollment Guide explains the new benefits and the opt-out process in detail.
- Once you are enrolled in Anthem Medicare Preferred (PPO) Medical Plan, Anthem will also send you a **Welcome Kit** in mid-June 2018.

- In mid-June you will also receive a **new medical insurance ID card** for the Anthem Medicare Preferred (PPO) Medical Plan.
- **Your effective date for the new Anthem Medicare Preferred (PPO) Medical Plan will be July 1, 2018.**

22. Will I receive a new medical insurance ID card?

- **Yes**. In mid-June, 2018 Anthem Blue Cross will mail you a new Anthem Medicare Preferred (PPO) Medical Plan **medical insurance ID card.**
- The new card will be co-branded with both Anthem and MPIHP's logos.
- Effective July 1, 2018, you must use your new ID card for all medical services.
- Be sure to inform your doctors of the change in medical plan; show your new card at all provider offices and for all medical services.
- While your original Medicare red, white and blue card will no longer be used for medical services, do not discard this card.
- If you do not receive your new medical insurance ID card, you can contact **Anthem First Impressions Welcome Team at (833)794-0311 between** 5:00 am to 6:00 pm PT Monday through Friday or you can visit them at **www.anthem.com/ca/.**
- You may also download and print your new ID card once you complete your member registration by going to **https://www.anthem.com/ca/register/.**

23. If I am an MPIHP "dual," how will the coverage work for me?

- Because you have dual status, you will be placed in a special Medicare Advantage plan that functions in a way such that you have primary and secondary coverage all-in-one plan.
- The dual Plan is called **0P**; this means zero co-pay.
- You will have zero co-pays just as you do now under your MPIHP primary and MPIHP secondary coverage.

24. Who is responsible for paying my claims for services under the Anthem Medicare Preferred (PPO) Medical Plan?

- All covered services will be paid through the Anthem Medicare Preferred (PPO) Medical Plan.
- Your Medicare accepting providers must bill Anthem directly – **they should not bill Medicare directly.**
- Be sure to show your new **Anthem Medicare Preferred (PPO) Medical Plan ID card** every time you seek medical services.
- Directions on how to send bills to **Anthem Medicare Preferred (PPO) Medical Plan** is on your ID card.
- **MPIHP will not be handling your claims for services after July 1, 2018, nor will MPI have information regarding claims status.**

- **For all claims inquiries, you should contact Anthem.**

25. What if I have a grievance or want to appeal a claim denial?

- **All grievances and appeals related to your Anthem Medicare Preferred (PPO) Medical Plan coverage will be handled by Anthem Blue Cross** in coordination with Medicare rules.
- The MPI Benefits / Appeals Committee will no longer hear grievances or appeals pertaining to claims for participants enrolled in the Anthem Medicare Preferred (PPO) Medicare Plan.

26. What are the different "Parts" of Medicare?

- There are 4 different Parts to Medicare:
  - **Medicare Part A (Hospital Insurance) helps cover:**
    - Inpatient care in hospitals
    - Skilled nursing facility care
    - Hospice care
    - Home health care
  - **Medicare Part B (Outpatient Medical Insurance) helps cover:**
    - Services from doctors and other health care providers
    - Outpatient care
    - Home health care
    - Durable medical equipment
    - Many preventive services
  - **Medicare Part C (Medicare Advantage):**
    - Includes all benefits and services covered under Part A and Part B
    - May also include Medicare prescription drug coverage (Part D) as part of the plan
    - Run by Medicare-approved private insurance companies that follow rules set by Medicare
    - May include extra benefits and services for an extra cost
  - **Medicare Part D (Medicare prescription drug coverage):**
    - Helps cover the cost of prescription drugs
    - Run by Medicare-approved private insurance companies that follow rules set by Medicare
    - May help lower your prescription drug costs and help protect against higher costs in the future.

USEFUL CONTACTS:

Anthem First Impressions Welcome Team
(833) 794-0311
5:00 am to 6:00 pm PT, Monday through Friday
www.anthem/ca.com

Medicare
1-800-MEDICARE (1-800-633-4227)
TTY: **1-877-486-2048**
24 hours a day, 7 days a week
www.Medicare.gov
https://www.medicare.gov

Motion Picture Industry Health Plan
Participant Services Center
(855) 275-4674
6:00 am to 7:00 pm PT, Monday through Friday
https://www.mpiphp.org/

Medicare & You 2018 Handbook
Web at https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.p

Comparison between the current MPIHP Retiree Plan and the new Anthem Medicare Preferred (PPO) Medical Plan*

BENEFIT CATEGORIES	CURRENT ANTHEM BLUE CROSS RETIREE PLAN**	ANTHEM MEDICARE PREFERRED (PPO) PLAN
Annual Deductible	$0	$0
Annual OOP Maximum	$1000 Co-Insurance	$1000
Primary Care Physician and Specialist Visits	• Preferred UCLA-MPTF Centers: $5 Co-pay • In-network: 10% Co-Insurance plus $15-30 co-pay • Out-of-Network: 50% Co-insurance plus $15-30 Co-pay	$5 Co-pay
Annual Physicals	• Applicable Co-pay and Co-insurance (see above)	$0 Co-Pay
Mental Health and Substance Abuse Treatments	• In Optum Network: $25 Co-pay per visit • Out-of-Optum Network: 50% Co-insurance • 30 visits per year and 14 inpatient days per lifetime	$5 Co-pay No limitations on visits or inpatient days
Hospital Care – Inpatient	• In-Network: 10% Co-insurance plus $100 Co-pay per admission • Out-of-Network: 50% Co-insurance plus $100 Co-pay per admission	$100 Co-pay per admission
Emergency Room Visits	• 10% co-insurance plus $100 Co-pay plus balance of changed amount when out-of-network	$100 Co-pay
Ambulance Services	• Covered at 90% by MPI and 10% Co-insurance • Out-of-network patient responsibility is up to billed amount	$0 Co-pay per one-way trip
Urgent Care	• Same as Primary Care Physician visits	$5 Co-pay
Skilled Nursing Facility Care benefits period	• Same as hospital inpatient; up to 90 days for Participant following a minimum 3 day stay in a hospital	$0 Co-pay for days 1-100 No Prior Hospital stay required.
Hearing Aids	• In-Network: 90% of the allowable amount, up to a maximum dollar limit of $1,386 per ear • Out-of-Network: 50% of the allowable amount up to a maximum dollar limit of $1,386 per ear	$0 Co-pay for 1 routine exam every 12 months $0 Co-pay for hearing aids, $3000 maximum benefit every 36 months.
Physical, Occupational and Speech Therapy	• 10% Co-insurance with a $15 or $30 Co-pay • Out-of-Network: $94.50 per visit at 50% Co-Insurance with $15-30 Co-Pay • Limited to 16 visits per year for Physical and Occupational • Limited to 32 visits per year for Speech	$5 Co-pay
Chiropractic Services (Medicare Covered)	• $0 Co-pay. • Limited to 20 visits per year	$0 Co-pay
Acupuncture	• 10% coinsurance with a $15 Co-pay • Limited to 20 visits per year	$5 Co-pay per visit Limited to 20 visits per year
Telemedicine	• $20 Co-pay per call	$0 Co-Pay
Diabetic Supplies (Lancets, lancet device & blood glucose test strips	• In- Network 10% Co-insurance • Out-of-Network: 50% Co-Insurance	$0 Co-pay for a 30-day supply on each purchase

*This table compares only a few of the most commonly used services

**For eligible charges, after Medicare benefits are applied, MPI will pay up to its normal benefit; you may be responsible for remaining balance over and above the Co-pay.

Comparison between the current MPI Retiree Plan and the new Anthem Medicare Preferred (PPO) Plan for (DUALS)

BENEFIT CATEGORIES	CURRENT ANTHEM BLUE CROSS RETIREE PLAN**	ANTHEM MEDICARE PREFERRED (PPO) PLAN
Annual Deductible	$0	$0
Annual OOP Maximum	$1000 Co-Insurance	$0
Primary Care Physician and Specialist Visits	• Preferred UCLA-MPTF Centers: $5 Co-pay • In-network: 10% Co-Insurance plus $15-30 co-pay • Out-of-Network: 50% Co-insurance plus $15-30 Co-pay	$0 Co-pay
Annual Physicals	• Applicable Co-pay and Co-insurance (see above)	$0 Co-Pay
Mental Health and Substance Abuse Treatments	• In Optum Network: $25 Co-pay per visit • Out-of-Optum Network: 50% Co-insurance • 30 visits per year and 14 inpatient days per lifetime	$0 Co-pay No limitations on visits or inpatient days
Hospital Care – Inpatient	• In-Network: 10% Co-insurance plus $100 Co-pay per admission • Out-of-Network: 50% Co-insurance plus $100 Co-pay per admission	$0 Co-pay per admission
Emergency Room Visits	• 10% co-insurance plus $100 Co-pay plus balance of changed amount when out-of-network	$0 Co-pay
Ambulance Services	• Covered at 90% by MPI and 10% Co-insurance • Out-of-network patient responsibility is up to billed amount	$0 Co-pay per one-way trip
Urgent Care	• Same as Primary Care Physician visits	$0 Co-pay
Skilled Nursing Facility Care benefits period	• Same as hospital inpatient; up to 90 days for Participant following a minimum 3 day stay in a hospital	$0 Co-pay for days 1-100 No Prior Hospital stay required.
Hearing Aids	• In-Network: 90% of the allowable amount, up to a maximum dollar limit of $1,386 per ear every 3 years. • Out-of-Network: 50% of the allowable amount up to a maximum dollar limit of $1,386 per ear every 3 years.	$0 Co-pay for 1 routine exam every 12 months $0 Co-pay for hearing aids, $3000 maximum benefit every 36 months.
Physical, Occupational and Speech Therapy	• 10% Co-insurance with a $15 or $30 Co-pay • Out-of-Network: $94.50 per visit at 50% Co-Insurance with $15-30 Co-Pay • Limited to 16 visits per year for Physical and Occupational • Limited to 32 visits per year for Speech	$0 Co-pay
Chiropractic Services (Medicare Covered)	• $0 Co-pay. • Limited to 20 visits per year	$0 Co-pay
Acupuncture	• 10% coinsurance with a $15 Co-pay • Limited to 20 visits per year	$0 Co-pay per visit Limited to 20 visits per year
Telemedicine	• $20 Co-pay per call	$0 Co-Pay
Diabetic Supplies (Lancets, lancet device & blood glucose test strips	• In- Network 10% Co-insurance • Out-of-Network: 50% Co-Insurance	$0 Co-pay for a 30-day supply on each purchase

*This table compares only a few of the most commonly used services

**For eligible charges, after Medicare benefits are applied, MPI will pay up to its normal benefit; you may be responsible for remaining balance over and above the Co-pay.