MOTION PICTURE INDUSTRY PENSION & HEALTH PLANS®

Summary of Benefits and Coverage

What this Plan Covers & What it Costs - 2016

Anthem Blue Cross PPO Active Plan

Coverage for: Participant + Dependents

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the plan document at www.mpiphp.org or by calling 1-855-275-4674.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$ 0	
Are there other deductibles for specific services?	No	
Is there an out–of–pocket limit on my expenses?	Out of Network: None. $1,000 for in-network providers, per calendar year	Because you save money when you use network providers
What is not included in the out–of–pocket limit?	•Co-payment •Remaining balance up to the billed amount for out-of-network providers	Because there is a significant increase in patient out-of-pocket expenses when a provider is out-of-network
Is there an overall annual limit on what the plan pays?	No	
Does this plan use a network of providers?	Yes. See www.anthem.com for a list of participating doctors.	Because use of in-network providers significantly reduces patient financial responsibility
Do I need a referral to see a specialist?	No. However, by getting a referral for an Industry Health Network (TIHN) provider Participants can save out-of-pocket costs.	Because a referral to a specialist within TIHN will save the Participant out-of-pocket costs
Are there services this plan doesn't cover?	Yes	For a comprehensive list of non-covered services, consult the Summary Plan Description, pages 63-64. Examples include: cosmetic surgery and infertility treatments.

- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 10% would be $100.
- **Co-pays** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay your co-insurance of 50% plus the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **co-insurance amounts** and **co-payments**.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Out-of-network providers allowable amount based on "reasonable and customary" rates
	Specialist visit	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Out-of-network providers allowable amount, based on "reasonable and customary" rates
	Other practitioner office visit	10% co-insurance plus co-pay	50% co-insurance plus co-pay	For exclusions, see pages 63-64 of the Summary Plan Description.
	Preventive care/screening/immunization	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Adult immunizations are limited by the Summary Plan Description and Summaries of Material Modification. Comprehensive Physical Exams for adults who reside within Los Angeles County must be performed through the Wellness Program at the Motion Picture & Television Funds.
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	50% co-insurance	Must be prescribed by a physician
	Imaging (CT/PET scans, MRIs)	10% co-insurance	50% co-insurance	Must be prescribed by a physician

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition	Generic drugs	Retail: $10 Co-pay Mail Order: $25 Co-pay (90 day supply)	Retail: $10 Co-pay Mail Order: $25 Co-pay (90 day supply)	The first two times that you purchase a long-term drug at a participating retail pharmacy, you'll pay your retail co-pay for up to a 30 day supply. After the second purchase at retail, you are required to use mail order or you'll pay the entire cost if you continue to purchase it at retail. If you purchase a brand-name medication when a generic medication is available, you will **pay the generic co-payment, plus the difference in cost** between the brand and the generic. Prior authorization is required for some medications including compounds and Hepatitis C drugs.
	Preferred brand-name drugs	Retail: $25 Co-pay Mail Order: $65 Co-pay (90 day supply)	Retail: $25 Co-pay Mail Order: $65 Co-pay (90 day supply)	
	All other brand-name drugs	Retail: $40 Co-pay Mail Order: $100 Co-pay (90 day supply)	Retail: $40 Co-pay Mail Order: $100 Co-pay (90 day supply)	
	Specialty drugs	Retail: $40 Co-pay Mail Order: $100 Co-pay (90 day supply)	Retail: $40 Co-pay Mail Order: $100 Co-pay (90 day supply)	
If you have outpatient surgery	Facility (i.e., ambulatory surgery center)	10% co-insurance plus co-pay	Plan covers up to a maximum benefit of $350	For out-of-network provider: up to the maximum benefit noted
	Physician/surgeon fees	10% co-insurance plus co-pay	50% co-insurance plus co-pay	
If you need immediate medical attention	Emergency room services	10% co-insurance plus $100 co-pay	10% co-insurance plus $100 co-pay	
	Emergency medical transportation	10% co-insurance	10% co-insurance	
	Urgent care	10% co-insurance plus co-pay	50% co-insurance plus co-pay	

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you have a hospital stay	Facility (e.g., hospital room)	10% co-insurance plus $100 co-pay	50% co-insurance plus $100 co-pay	See Summary Plan Description for exclusions, including investigational procedures, beginning on page 43.
	Physician/surgeon fee	10% co-insurance plus co-pay	50% co-insurance plus co-pay	See Summary Plan Description for exclusions, including investigational procedures, beginning on page 43.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$5 co-pay	50% co-insurance	Benefit through OptumHealth. 1-800-888-2998, www.optumhealth.com].
	Mental/Behavioral health inpatient services	$0	50% co-insurance plus co-pay	
	Substance use disorder outpatient services	$5 co-pay	50% co-insurance	
	Substance use disorder inpatient services	$0	50% co-insurance plus co-pay	
If you are pregnant	Prenatal and postnatal care	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Dependent children are excluded from this coverage.
	Delivery and all inpatient services	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Dependent children are excluded from this coverage.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Nursing assistants and nursing aides are Plan exclusions.
	Rehabilitation services	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Physical/Occupational/Aquatic/ Osteopathetic manipulative therapies are limited to 16 treatments annually. Cardiac rehabilitation is limited to 32 treatments per lifetime.
	Habilitation services	10% co-insurance plus co-pay	50% co-insurance plus co-pay	Physical/Occupational/Aquatic/ Osteopathetic manipulative therapies are limited to 16 treatments annually. Cardiac rehabilitation is limited to 32 treatments per lifetime.
	Skilled nursing care	10% co-insurance plus co-pay	50% co-insurance	Participants - 90 days annually Dependents -60 days annually
	Durable medical equipment	10% co-insurance	50% co-insurance	Durable medical equipment may be purchased or rented once every two years. For more, see page 57 of the Summary Plan Description.
	Hospice service	0%	0%	Home Hospice only
If you need eye care	Eye exam (VSP Vision Services – 1-800-877-7195)	$20 co-pay Exam once per year	$20 co-pay plus up to $40 once per year	Exam covered only once per year. Eye exams required by an employer and medical or surgical treatment of eyes is covered under the MPI Health Plan.
	Glasses	$20 co-pay Frames covered up to $145 Lenses - $0	Frames covered up to $55 Single vision lenses – up to $40	Lenses covered only once per year and frames once every two years. Corrective eyewear required by an employer and replacement lenses or frames not covered.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you need dental care	Basic benefits (Delta Dental PPO – nationwide 1-800-335-8227)	20% of allowable rate for PPO; 30% of allowable rate for Premier PPO; $25 annual deductible per person; up to a $50 maximum per family	50% of UCR rates; $25 annual deductible per person; up to a $50 maximum per family (out-of-network deductible is combined with in-network deductible)	Maximum of $2,000 per person per calendar year
	Basic benefits (DeltaCare USA – CA only 1-800-422-4234)	0%/No deductible	No benefit	

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This is not a complete list. Check your plan document for other excluded services.)

- Cosmetic Surgery, Weight Control Services, Drugs and Surgeries, Infertility, Experimental/Investigational Procedures, Homeopathic Treatment
- See S.P.D. Active Participants pages 62-64 ;

Other Covered Services (This is not a complete list. Check your plan document for other covered services and your costs for these services.)

- Acupuncture, Chiropractic treatment, Temporomandibular Joint Dysfunction (TMJ), Midwives
- Orthotics
- Wellness Program provided by the Industry Health Network (TIHN) (See Summary Plan Description pages 121-122.)

Your Rights to Continue Coverage:

The Consolidated Omnibus Budget Reconciliation Act (COBRA) offers the opportunity to purchase continued health care coverage in certain circumstances where your coverage would otherwise terminate. Under COBRA, if you lose coverage from the Motion Picture Industry (MPI) Active Health Plan due to termination of employment (for a reason other than gross misconduct) or a reduction of hours, you may purchase continued coverage under the group plan for you, your enrolled spouse and dependent children for up to 18 months. If you elect continuation coverage through COBRA, **you must pay the full cost of coverage plus 2% each month to MPI**.

You will have 60 days from the later of your Termination of Coverage date or the date of your notice to elect continuation coverage through COBRA by submitting your COBRA Extended Health Coverage Election Form and Notice. Once you elect to purchase continuation coverage, you will have an additional 45 days to make your first payment to MPI. **Until MPI receives your payment, you will not have health insurance coverage after your Termination of Coverage date.**

COBRA requires that there be no break in your health insurance coverage. Therefore, your payment must be for coverage from your Termination of Coverage date to the date that MPI receives your payment. When MPI receives your payment, you will be covered retroactively to your Termination of Coverage date. If you have incurred any medical expenses in that time, MPI will reprocess those claims.

If you are eligible for Medicare, you must enroll in Medicare Part B in order to purchase continuation coverage through COBRA. Once enrolled, Medicare becomes your primary coverage and MPI becomes your secondary coverage. Please refer to MPI's Summary Plan Description for additional information regarding Coordination of Benefits.

For more information about your rights to continue coverage, contact MPI at 1-855-275-4674 or visit us at **www.mpiphp.org**. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or **www.dol.gov/ebsa**, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or **www.cciio.cms.gov**.

Your Grievance and Appeals Rights:

If you believe your claim has not been paid appropriately and wish to appeal a determination, you must submit your request in writing to:

Benefits/Appeals Committee
Motion Picture Industry Health Plan
P.O. Box 1999
Studio City, CA 91614-0999

Your request must state specifically why you disagree with your benefits determination and include any and all additional information and evidence you wish the Committee to consider. **You must appeal within 180 days of your receipt of the Explanation of Benefits** or you will lose your right to have the benefit determination reviewed, unless, at a later date, you produce new information and evidence that was not previously available when the initial benefit determination was made. Generally, the Benefits/Appeals Committee (BAC) will consider your appeal within 60 days of its receipt. If an extension is necessary based on special circumstances, you will be informed. You will be notified of the BAC's decision within five days of its determination.

Upon request and free of charge, you will be provided with any documents pertinent to your claim, the identity of any health care professionals who were utilized in the determination process, any rules, guidelines, protocols or criteria and any scientific or clinical judgments relied on in reaching a decision on your claim. The Plan pays only those benefits established by the Plan's Directors, and the BAC shall have the discretion and final authority to interpret and apply the Plan of Benefits, the Trust Agreement and any rules governing the Plan. The decision of the BAC shall be final and binding on all parties, including the Participant and any party claiming by or through the Participant, subject to the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act (ACA) requires most people to have health care coverage that qualifies as minimum essential coverage. This plan does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act (ACA) establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefit it provides.

About these Coverage Examples:

These examples are based on average Anthem PPO Prudent Buyer costs for California. They show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,340
- **Plan pays** $6,840
- **Patient pays** $500

Sample care costs for Provider:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,340**

Patient pays:

Deductibles	$0
Co-insurance	$160
Co-pays	$190
Limits or exclusions	$150
Total	**$500**

Note: $1,000 maximum for Participant out-of-pocket expenses with contracting providers. (Does not include required co-pays)

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $2,500
- **Plan pays** $1,110
- **Patient pays** $1,390

Sample care costs for Provider:

Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$2,500**

Patient pays:

Deductibles	$0
Co-insurance	$220
Co-pays	$1,090
Limits or exclusions	$80
Total	**$1,390**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages for Anthem PPOs.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **co-insurance, deductibles**, and **co-payments** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-insurance**, **deductibles**, and **co-payments**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.