

MPI

CWA Benefits Overview

October | 2020



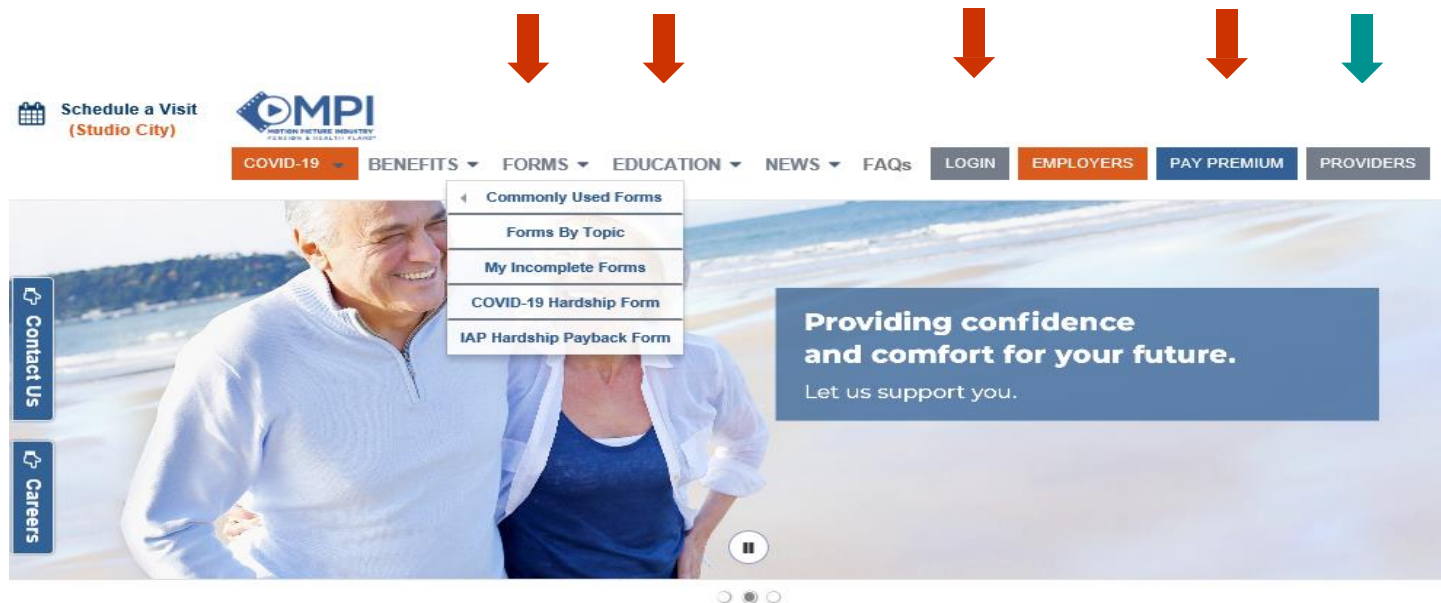


GENERAL DISCLAIMER

- ▶ The information presented here is general, high level and educational in nature.
- ▶ Please see the Plans' Trust Documents and the Summary Plan Description ("SPD") for the complete set of rules that cover the Plans.
- ▶ In case of any inadvertent errors, the rules defined in the Trust Documents and SPDs will govern.

MPI WEBSITE

WWW.MPIPHP.ORG



Learn about your benefits at MPI.

HEALTH PLAN



The Health Plan offers a variety of top-notch health care coverage options to both its active and retired participants.

PENSION & IAP

The Pension Plan and the Individual Account Plan offer participants several retirement benefit options.

ELIGIBILITY

Eligibility for health care benefits and retirement benefits is based on meeting certain qualifying standards.

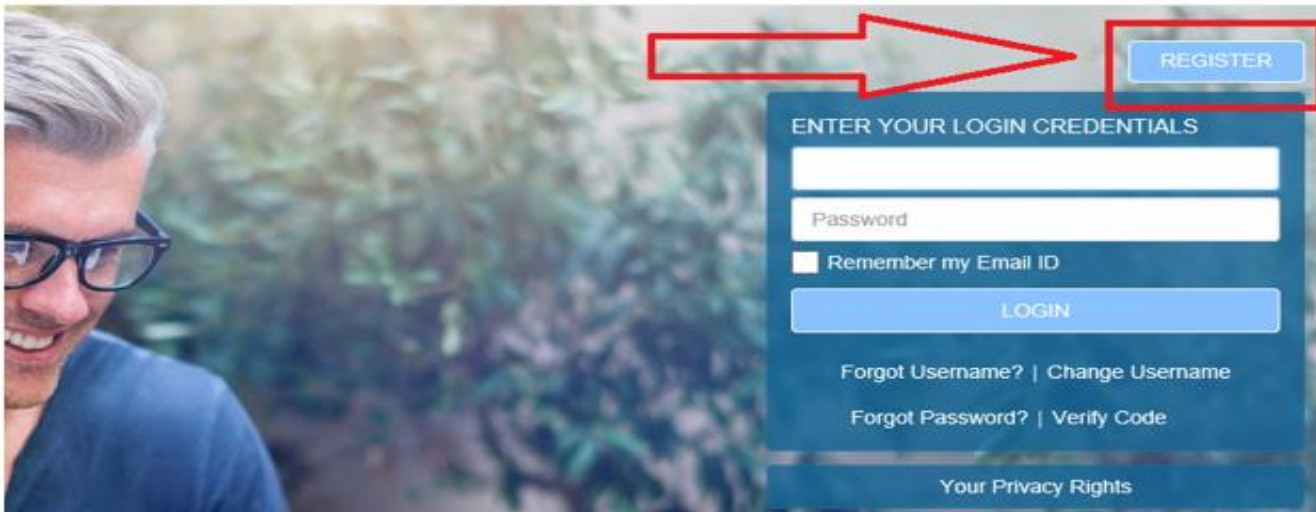
CREATING YOUR ON-LINE ACCOUNT

REGISTERING

Participants and all adult dependents can each create their own Participant Portal account. To do so, first navigate to the Login page on MPI's website by clicking the **LOGIN** link on the top right:



On the Login page, click on the link for **REGISTER**



Enrollment page instructions

On the Enrollment page, you will enter your information:

MPI WEBSITE

ONLINE ACCOUNT

MPI MOTION PICTURE INDUSTRY PENSION & HEALTH PLANS

ELIGIBILITY CLAIMS PENSION PREMIUMS FORMS EDUCATION FAQs MORE LOG OUT

Welcome **Laura Love (m12345678)**

My MPI Health Eligibility

CURRENT PERIOD: NOV 01, 2019 - APR 30, 2020

Status: **ELIGIBLE**

DEPENDENTS **1**

< **Dan Love** **ELIGIBLE** >

Health Plan
Motion Picture Industry Health Plan/Anthem Blue Cross
Enrolled

Dental Plan
Delta Dental PPO
Enrolled
Important Information Regarding Adult Dependents Ages 19 - 23

View Eligibility History

Work History

Export to Excel

From 5/13/2018 To 11/30/2019 SEARCH RESET

Rows per page 10 1/11

Employer Name	Union	From Date	To Date	Hours
MOTION PICTURE INDUSTRY PENSION AND HEALT...	Unions & Named Employers Group Designation	11/24/19	11/30/19	56.0

CONTACT INFORMATION - LINKS

Motion Picture Industry Pension & Health Plans

11365 Ventura Blvd.
Studio City, CA 91604

145 Hudson Street, Suite 6A
New York, NY 10013

(855) 275-4674

“Contact Us” on the Website
www.mpiphp.org

Educational Videos
<https://www.mpiphp.org/home/education/retirement/video>



A woman and a young girl are sitting cross-legged on a grassy field, meditating. The woman is in the background, slightly out of focus, wearing a white tank top and dark pants. The girl is in the foreground, wearing a white tank top and light blue pants, with her hands clasped in front of her. The background is a lush green field with tall grass and trees, creating a bokeh effect. The text "Active Health Plan" is overlaid in the center of the image.

Active Health Plan

ACTIVE HEALTH PLAN

QUALIFYING FOR HEALTH BENEFITS

- ▶ A **Qualifying Period** is a six-month period in which you must work the minimum required hours in the Industry.
- ▶ An **Eligibility Period** is the corresponding six-month period in which you will be covered by the MPI health plan.
- ▶ As a new Participant, you must work a minimum of **600 hours** in one or two consecutive Qualifying Periods to meet the initial eligibility requirement.
- ▶ **To maintain eligibility** you must work a minimum of **400 hours** in a Qualifying Period.
- ▶ If you work **less than 400 hours** in five consecutive Qualifying Periods, **you will need to requalify** with 600 hours in one or two consecutive Qualifying Periods.

ACTIVE HEALTH PLAN QUALIFYING FOR HEALTH BENEFITS, cont.

- ▶ **Note:** Contributions are reported to MPI under the following conditions:
- ▶ Employers who are signatory to the Agreement were advised that effective March 03, 2019 Pension and Health contributions are payable on behalf of individuals who are employed to work as a Lead Parking Production Assistant or Parking Production Assistant in New York City and have **worked at least 180 days as a Lead Parking Production Assistant and/or Parking Production Assistant for a signatory employer since February 12, 2018**
- ▶ Contributions can only be reportable to MPI if they meet the above-bulleted requirement. The Union and the AMPTP coordinate to keep track of this and MPI is provided with a list of individuals who meet this criteria by the AMPTP every time it is updated.

ACTIVE HEALTH PLAN ENROLLMENT

Once you have met the **initial qualifications** for the Active Health Plan you will receive a **Benefit Enrollment Packet** which includes:

- ▶ **Beneficiary Enrollment Form**
- ▶ Benefit Selection Form
- ▶ Spousal Coordination of Benefit Forms 1 – 3
- ▶ Other Parent Insurance Information Form
- ▶ Full Time Student Certification Form
- ▶ Application for Coverage (Adopted child, Foster Child or Legal Guardian)



Form: 130_V01

ACTIVE + RETIREE HEALTH PLANS

Enrollment + Beneficiary Designation Form

Instructions

- This form is used to enroll you and your dependents in the Active and Retiree Health Plans through the Motion Picture Industry Pension & Health Plans (MPIPHP) and to designate the beneficiary(ies) of your life insurance.
- Information submitted by you to the Plan Office will be used to update records at the Motion Picture Industry Pension, Individual Account and Health Plans.
- Benefits will **not** commence and claims will not be paid until your Enrollment + Beneficiary Designation Form is received in the Plan Office. Please note that **it must be completed and signed by the Participant** before it will be accepted as a valid record.
- Remember to update your Pension Plan Beneficiary Form if you have Motion Picture Industry Pension Plan benefits.
- If additional space is needed, you may attach an additional form.

COMPLETE THIS FORM & RETURN TO:
Motion Picture Industry Pension & Health Plans
 P.O. Box 1999, Studio City, CA 91614-0999
 ▶ Faxes, emailed or copied versions of this form will **not** be accepted.
 ▶ **Questions?** Email service@mpiphp.org or call MPiPHP toll-free at (855) 275-4674 from 6 a.m. to 7 p.m. PST, Monday through Friday.

Participant

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER / NPI ID
MAILING ADDRESS			CITY	STATE	ZIP CODE
MARITAL STATUS (CHECK ONE) <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single			DATE OF MARRIAGE	DATE OF DIVORCE	SPOUSE DATE OF DEATH

Health Plan: Dependents
 List all of your eligible dependents in the spaces provided below. Consult your *Summary Plan Description* for the documents required to determine eligibility for dependents. Social Security numbers for all dependents must be provided.

YOUR BIOLOGICAL CHILDREN UNDER 26 YEARS OF AGE

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

YOUR NON-BIOLOGICAL CHILDREN UNDER 26 YEARS OF AGE

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

Life Insurance: Beneficiaries
 The next section relates to the life insurance portion of your benefits and should be completed carefully. Please be aware that unless your spouse or designee is also listed below, s/he will not be considered your beneficiary. Your beneficiary must claim the life insurance within two years of your date of death. If your beneficiary does not make a claim within this two-year period, the benefit shall be irrevocably forfeited and donated to the Motion Picture & Television Fund. Designate your Beneficiary and any Contingent Beneficiaries in the spaces below, in order of preference. **If the benefit is to be shared ("Joint"), please specify.** If you check "Yes," the benefit will be divided equally. If you check "No," the first listed beneficiary will be the only one paid. If there is no other person you wish to designate, you may list the Motion Picture & Television Fund or any other charitable organization. If additional space is needed, you may attach a separate piece of paper.

Life Insurance Beneficiary

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	AGE
MAILING ADDRESS			CITY	STATE
			ZIP CODE	JOINT BENEFICIARY? <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTINGENT BENEFICIARY(IES)

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	AGE
MAILING ADDRESS			CITY	STATE
			ZIP CODE	JOINT BENEFICIARY? <input type="checkbox"/> YES <input type="checkbox"/> NO

▶ I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge all information provided on this document is true, correct and complete. I acknowledge that it is fraudulent to knowingly fill out this form with any information that is false.

SIGNATURE OF PARTICIPANT REQUIRED _____ DATE _____ UNION OR GUILD _____ REV 07-19-19

ACTIVE HEALTH PLAN ELIGIBLE DEPENDENTS

- ▶ **Lawful Spouse**
- ▶ **Children including:**
 - ▶ Biological Children
 - ▶ Legally Adopted Children
 - ▶ Children placed with you for Adoption
 - ▶ Stepchildren, Foster Children
 - ▶ Any Child for whom you are the Legal Guardian
 - ▶ Any Child required to be recognized under a Qualified Medical Child Support Order.



ACTIVE HEALTH PLAN

QUALIFYING & MAINTAINING HEALTH BENEFITS

Qualifying Periods

Work the Required Hours in this Period*

09/20/2020 —03/20/2021



10/25/2020 —04/24/2021



11/22/2020 —05/22/2021



12/27/2020 —06/19/2021



01/24/2021 —07/24/2021



02/21/2021 —08/21/2021



Eligibility Periods

Health Benefits start in this Period

06/01/2021 —11/30/2021

07/01/2021 —12/31/2021

08/01/2021 —01/31/2022

09/01/2021 —02/28/2022

10/01/2021 —03/31/2022

11/01/2021 —04/30/2022

***600** Hours for Initial Qualification; ***400** hours each Qualifying Period thereafter



QUALIFYING BANK OF HOURS

These are the hours you work in excess of the required 400 in a Qualifying Period, except during the initial qualification.

- ▶ You can accumulate a maximum of **450 hours** in the bank.
- ▶ If you do not work the required hours in a Qualifying Period, MPI will use your bank of hours to maintain your health coverage for the next Eligibility Period.

HEALTH PLAN OPTIONS

Active

(any age)



Non-Medicare Retiree

(age 60-64)



Medicare-Eligible Retiree

(age 65+ or disabled)



MEDICAL & HOSPITAL

MEDICAL & HOSPITAL

MEDICAL & HOSPITAL

Anthem Blue Cross PPO

Anthem Blue Cross PPO

Anthem Medicare Preferred PPO Plan

**Oxford POS
Incl Behavioral Health
NY, NJ & CT**

**Oxford POS
Incl Behavioral Health
NY, NJ & CT**




**Oxford POS (coordinates with Medicare)
Incl Behavioral Health
NY, NJ & CT**

PREMIUMS: YES

PREMIUMS: NO

PREMIUMS: NO

HEALTH PLAN OPTIONS

Active (any age) 	Non-Medicare Retiree (age 60-64) 	Medicare-Eligible Retiree (age 65+ or disabled) 
VISION	VISION	VISION
VSP	VSP	VSP
DENTAL	DENTAL	DENTAL
Delta Dental	Delta Dental	Delta Dental
PRESCRIPTION	PRESCRIPTION	PRESCRIPTION
Express Scripts	Express Scripts	Express Scripts Medicare (PDP)
PREMIUMS: YES	PREMIUMS: NO	PREMIUMS: NO



ACTIVE HEALTH PLAN PREMIUMS

When applicable, Participants are responsible for making payments to maintain their and/or enrolled Dependent(s) health coverage.

- ▶ **Who Pays a Premium?**
Active Participants
- ▶ **How Often I Have to Pay?**
Premium payments are due quarterly at a minimum, however, you have the option to pay semi-annually or annually, as well.

ACTIVE HEALTH PLAN PREMIUMS: COST

MINIMUM PAYMENT AMOUNTS SHOWN (QUARTERLY)	RATE GROUP 1	RATE GROUP 2
Participant ONLY	\$0	\$63
Participant * One Dependent	\$75	\$132
Participant * Two or More Dependents	\$150	\$204

ACTIVE HEALTH PLAN OPEN ENROLLMENT



- ▶ Occurs during the month of **July** each year for enrollment effective August 1.
- ▶ During Open Enrollment, you may change your:
 - ▶ Medical/Hospital, and
 - ▶ Dental Coverage.

NOTE:

Enrollment in the Anthem Blue Cross PPO Plan & Delta Dental PPO Plan is open all year.

A woman with blonde hair is jogging outdoors on a paved path. She is wearing a grey long-sleeved shirt and has white earbuds in her ears. She is holding a red smartphone in her right hand. The background consists of lush green trees and a bright, sunny sky. The text 'Pension Plan' is overlaid in a large, white, sans-serif font, with '(A DEFINED BENEFIT PLAN)' in a smaller, white, sans-serif font below it.

Pension Plan

(A DEFINED BENEFIT PLAN)



PENSION PLAN VESTING



=



400+

CREDITED
HOURS

1

QUALIFIED
YEAR

- ▶ Under the Pension and IAP, vesting refers to a **Participant's right to receive Pension benefits.**
- ▶

Once you become Vested in the Pension Plan, they **cannot forfeit** their retirement benefits.



PENSION PLAN **VESTING REQUIREMENTS**

5



**QUALIFIED
YEARS**

- ▶ A Participant needs **5 Qualified Years to be Vested.**
- ▶ Once you become Vested in the Pension Plan, you **cannot forfeit** your retirement benefits.

PENSION PLAN RETIREMENT FORMULA

A formula used to calculate the
Pension Benefit you will earn upon retirement:



YEARS
OF SERVICE

AGE
AT RETIREMENT

HOURS
WORKED

PENSION PLAN

WHEN CAN A PARTICIPANT RETIRE?

NORMAL RETIREMENT	REDUCED EARLY RETIREMENT	UNREDUCED EARLY RETIREMENT Need at least 30 Qualified Years +
65 Need 5 Qualified Years	62-64 Need at least 10 Qualified Years	60 60,000 Credited Hours
	55-64 Need at least 20 Qualified Years	61 55,000 Credited Hours
	55-59 60,000+ Credited Hours 30 Qualified Years	62 50,000 Credited Hours

PENSION PLAN: EARLY RETIREMENT

REDUCED vs. **SPECIAL REDUCED**

AGE AT RETIREMENT	REDUCED EARLY RETIREMENT %	SPECIAL REDUCED EARLY RETIREMENT %
55	49.0%	71.0%
56	52.0%	75.4%
57	55.5%	80.4%
58	59.5%	86.4%
59	64.0%	92.8%

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145 Hudson Street, Suite 6A
New York, NY 10013

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video](https://www.mpiphp.org/home/education/retirement/video)

