



## **BOARD OF TRUSTEES ANNOUNCE PENSION AND HEALTH PLAN CHANGES**

### **Pension and Health Plan News**

The Board of Trustees is delighted to announce that, for the first time, retirees age 68 or younger will be able to take partial withdrawals from the Supplemental Pension Plan (for more details on this change, refer to the article on page 4). Previously, retirees that chose to receive a benefit from the Supplemental Plan were required to cash out their entire account. Now they can choose smaller withdrawals. Participants have been asking for this enhancement for quite some time and we've been working on it almost as long. So it gives the Plans great pleasure to announce its implementation.

In addition, effective January 1, 2009, participants will vest sooner in the Supplemental Plan with 36 Credited Service Months (details on page 2).

In the winter issue of Spotlight on Benefits, we informed participants about the ongoing challenges facing the Health Plan, including the adverse effects of the current economic conditions and the expected doubling of Certified Retiree enrollment in the coming years. At that time, we announced strategic benefit adjustments designed by the Board of Trustees to prevent these challenges from adversely affecting the sound financial footing that our Health Plan currently enjoys.

As part of their ongoing effort to ensure the long-term financial stability of the Health Plan for all participants, the Board of Trustees has implemented some pharmaceutical benefit plan changes effective April 1, 2009 (the details begin on page 3).

These changes will help to protect the Health Plan by promoting the use of generic and preferred brand drugs, as well as over-the-counter alternatives. We estimate that these strategic pharmaceutical benefit plan changes will provide the Health Plan with an annual savings of \$1.3 million. Combined with the changes that went into effect earlier this year (dependent premium and deductible increase, and 80th percentile non-network reasonable and customary reimbursement percentile), these changes will provide the Health Plan with an estimated annual savings of \$2.1 million. Furthermore, by choosing to use a generic or a preferred brand drug, you will also save money.

After intensive evaluation, the Board of Trustees is confident that these changes represent a prudent course of action to help maintain the level of benefits for which the DGA-Producer Health Plan is known. As always, they remain diligent and ready to face the challenges inherent in providing such a diverse and outstanding level of benefits to all participants and their families.

One important program that speaks to the diversity of benefits available through the Health Plan is LiveWell, our nurse-based Personal Health Management Program (details on page 5). As we've mentioned in previous newsletters, we believe that by managing certain chronic conditions before they escalate, we can not only improve

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## DGA-PRODUCER PENSION & HEALTH

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Pension and Health Plans

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The Pension and Health Plans were created as a result of the Directors Guild of America's collective bargaining agreements with producer associations representing the motion picture, television and commercial production industries.

The DGA-Producer Pension and Health Plans are separate entities from the DGA and are administered by a Board of Trustees made up of DGA representatives and Producers' representatives.

# Pension and Health Plan News

CONTINUED FROM PAGE 1

our quality of life, but significantly reduce healthcare costs for both ourselves and the Health Plan.

One of the reasons we implemented this program was because we noticed that a considerable group of Health Plan participants were affected by one of the four covered conditions (diabetes, coronary artery disease, asthma, and low back pain) and we wanted to provide a program that would allow them to effectively acquire the skills needed to manage their condition. We encourage any participant who is contacted by our LiveWell representatives to participate in this free, voluntary, and fully confidential program.

If you have any questions regarding these changes, or any questions regarding your Pension or Health Plan benefits, please do not hesitate to contact our offices.

## Supplemental Plan 3 Year Vesting

The Board of Trustees is pleased to announce that, beginning in 2009, participants will become fully vested in the Supplemental Pension Plan sooner. Vesting in the Supplemental Plan was previously earned with 60 CSMs or five Plan Credit Years. The Pension Protection Act of 2006 requires faster vesting for employer contributions to a defined contribution plan, such as the Supplemental Plan.

Effective January 1, 2009, a participant will become fully vested in the employer portion of contributions in the Supplemental Plan upon earning 36 Credited Service Months (CSMs), which is equivalent to three Plan Credit Years.

The participant's Supplemental Plan account balance is comprised of employee contributions, employer contributions and income earned on those contributions. A participant is always fully vested in the employee contributions portion of their account as well as any rollovers of qualified funds into the Supplemental Plan. However, they become vested in the employer contributions portion of their account on the earliest of the following dates:

- ❖ The participant's 60th birthday;
- ❖ The date on which the participant becomes disabled;
- ❖ The date the participant dies;
- ❖ The date on which the participant shall have earned 36 CSMs as determined under the Basic Plan; or
- ❖ The date on which the participant shall have earned three Plan Credit Years as determined under the Basic Plan.

Once vested with 36 CSMs or more, a participant may not elect a withdrawal of their employee contributions from the Supplemental Plan.

If you have any questions regarding vesting, please contact the Pension Department at (323) 866-2200, Extension 404 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 404.

# Board of Trustees Announce Pharmacy Benefit Plan Changes Effective April 1, 2009

The Board of Trustees of the DGA-Producer Health Plan has always worked diligently to maintain the financial stability of the Plan for current and future participants. While the Plan's financials remain sound, the Trustees remain determined to take action whenever potential challenges to the stability of the Health Plan arise.

As part of the ongoing effort to ensure the financial stability of the Health Plan while maintaining the exceptional benefits that Plan participants are accustomed to, the Board of Trustees has implemented the following modest pharmaceutical benefit plan changes effective April 1, 2009. These changes were passed by the Board of Trustees after careful evaluation. They are designed to provide significant cost savings and allow the Health Plan to continue to provide an excellent array of benefits to our participants.

## Participant Pays the Difference

When a participant chooses to take a brand-name drug when a generic equivalent is available, the participant will pay the cost difference between the brand-name drug and the generic drug, plus the generic co-pay. This change in payment also applies even if your physician has indicated the brand-name drug on the prescription.

For example (see chart below), if a participant chooses to take Zocor (cost: \$100) instead of its generic

equivalent, simvastatin (cost: \$50), the participant will pay the difference between the two drugs (\$50) plus the generic co-pay (\$10), for a total of \$60. The participant that chooses to take the generic equivalent will only pay the generic co-pay (\$10). Note: the actual costs of the drugs may differ. The costs used here are for illustrative purposes only.

Zocor® prescription cost.....\$100  
 Simvastatin prescription cost.....\$50



### Participant pays

Generic drug co-payment at retail.....\$10  
 Cost difference between brand and generic equivalent .....\$50  
 Total.....\$60

The Participant Pays the Difference program applies only to generic equivalents, where the drug is the exact same drug certified by the FDA. (See the Generic Equivalents vs. Generic Alternatives info box on this page for more information.)

If you are using a brand-name drug that has no generic equivalent (like Lipitor) then this program will have no effect on your co-pay. Further, if you are already using a generic or switch to a generic before April 1, then your co-pay will remain \$10 for retail, and \$25 for a 90-day supply via mail order.

SEE [RX PLAN CHANGES](#) ON PAGE 9

## Generic Equivalents

A generic equivalent has the same active ingredients as the brand name drug and is identical, or bioequivalent to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic equivalents are certified by the FDA as the exact same drug as the brand name drug. As noted above, Simvastatin is the generic equivalent for Zocor. If you are currently taking Zocor and do not switch to Simvastatin, you will pay the difference in the cost between Zocor and Simvastatin plus the generic co-pay.

## Generic Alternatives

A generic alternative drug is not the same as a generic equivalent. Generic alternatives usually contain different active ingredients but are intended to achieve the same effect as the brand. For example, Simvastatin is a generic alternative for Lipitor, which does not have a generic equivalent. If you are taking Lipitor, your co-pay will not change. Under the new pharmacy benefit changes, you can continue to take Lipitor. You will not be asked to switch to a generic alternative and your co-pay will not change.

# Introducing Supplemental Plan Partial Distributions

The DGA-Producer Pension Plans have always strived to provide participants with a smooth transition into a fulfilling and well-earned retirement. After successfully implementing the acceptance of qualified rollovers into the Supplemental Plan, we continue to broaden our retirement options with the introduction of partial distributions from the Supplemental Plan. Partial distributions will give eligible participants greater flexibility and control over their retirement funds.

Beginning April 1, 2009, retirees age 60-68 will have the ability to take partial distributions from their Supplemental Plan account. Previously, a participant was required to take the full amount of their Supplemental Account at the time of retirement, either in a lump sum payment, an annuity or a combination of the two.

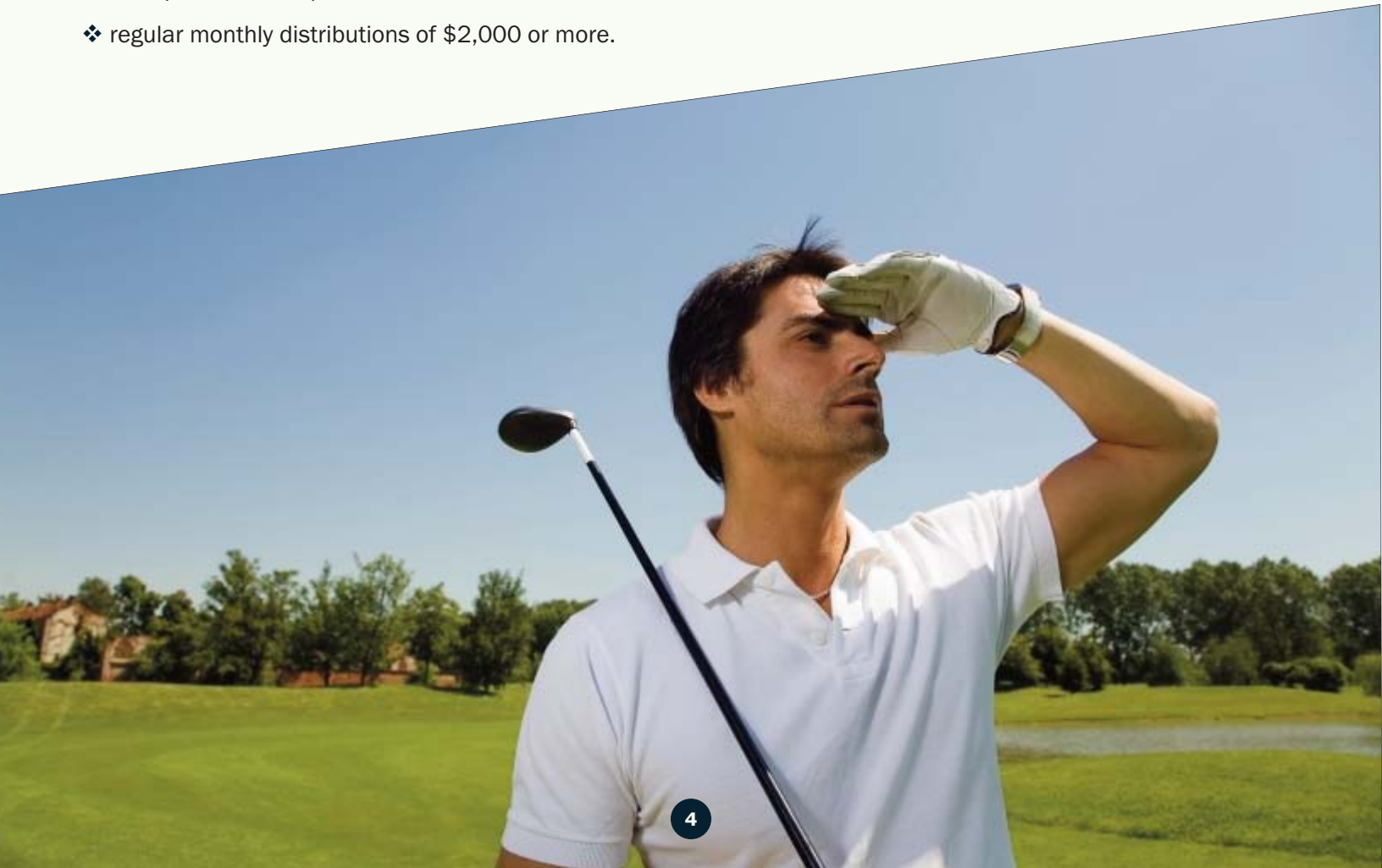
Now, in addition to the lump sum or monthly annuity options, this new benefit will give retirees the option to elect to receive:

- ❖ partial distributions of \$5,000 or more, no more than once per calendar quarter; or
- ❖ regular monthly distributions of \$2,000 or more.

The balance of the participant's Supplemental Plan account will remain in their account until withdrawn by the participant or his or her beneficiaries. The balance will be subject to the investment gains or losses experienced by the Supplemental Plan.

Participants may also elect to rollover all or part of their partial distribution to a qualified plan that accepts rollovers, such as an IRA or other retirement plan. Taxes are not withheld on rollover distributions to another qualified plan. By electing a partial distribution from the Supplemental Plan, participants are considered retired with regard to Health Plan eligibility. Accordingly, please make sure you have discussed the implications on your Health Plan eligibility with the Plans before making this important decision.

If you have any questions regarding partial distributions, or applying for retirement benefits please contact the Pension Department at (323) 866-2200, Extension 404 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 404.



# LiveWell

live well • work well • be well



## Health Plan's LiveWell Program

### Improving Quality of Life While Reducing Healthcare Costs

There is an old proverb that says the beginning of health is to know the disease. Learning about your condition is the first step on the road to improving your health and quality of life. The DGA-Producer Health Plan's LiveWell program provides participants with a free, voluntary, and confidential nurse-based Personal Health Management Program designed to give our participants the skills they require to effectively manage their chronic condition. Currently, the program focuses on the following four conditions:

- ❖ Diabetes (adult and pediatric);
- ❖ Coronary artery disease (CAD);
- ❖ Asthma (adult and pediatric); and
- ❖ Low back pain.

If you have one of these conditions, we strongly believe that a personal health management program can not only

help improve your quality of life, but can significantly reduce healthcare costs for both you and the Health Plan.

LiveWell is administered by SHPS, an industry leader in Personal Health Management. You can rest assured that your personal information is protected under strict confidentiality guidelines that comply with strict Federal regulations. Furthermore, any health information you choose to share will remain confidential in accordance with Federal law.

As part of the LiveWell program, nurses offer strategies to help you manage the complicated health issues associated with your condition. Your personal Nurse Advocate works to enhance the relationship you have with your doctor, which can increase your compliance with your physician-directed treatment plans and reduce the amount of unnecessary care you may receive.

SEE **LIVEWELL** ON PAGE 10

# Spotlight on MPTF

**Bob Hope Health Center**  
335 N. La Brea Avenue  
Los Angeles, CA 90036  
(323) 634-3850  
Open weekdays 8:30 am – 5 pm

**Jack H. Skirball Health Center**  
23388 Mulholland Drive  
Woodland Hills, CA 91364  
(818) 876-1050  
Open weekdays 8 am – 9 pm  
Saturday, Sunday, Holidays 9 am - 4 pm

**North Valley Health Center**  
11550 Indian Hills Road #200  
Mission Hills, CA 91345  
(818) 876-4770  
Open weekdays 8:30 am – 5 pm

**Santa Clarita Health Center**  
25751 McBean Parkway #210  
Valencia, CA 91355  
(661) 284-3100  
Open weekdays 8:30 am – 5 pm  
Saturday 8:30 am – 2 pm

**Toluca Lake Health Center (right)**  
4323 Riverside Drive  
Burbank, CA 91505  
(818) 556-2700  
Open weekdays 7 am – 6 pm  
Saturday 8 am – 4 pm

**Westside Health Center**  
1950 Sawtelle Blvd #130  
Los Angeles, CA 90025  
(310) 996-9355  
Open weekdays 8 am – 6 pm  
Saturday 9 am – 1 pm



# Six So Cal Health Centers

## MPTF Health Centers provide high quality, hassle-free health care exclusively to entertainment industry professionals.

The provider networks that the DGA-Producer Health Plan contracts with (Blue Cross of California for California participants and BlueCard for participants outside California) gives participants an expansive selection of doctors and specialists to choose from. What's more, the Health Plan provides participants living in Southern California with access to an outstanding and personalized source of medical care: the Motion Picture & Television Fund's TIHN Health Centers.

The Motion Picture and Television Fund (MPTF) has always shown a strong commitment to providing members of the entertainment community and their families with high quality care. The MPTF's six TIHN (TIHN stands for The Industry Health Network) Health Centers give DGA-Producer Health Plan participants access to top-notch health care. Regardless of which center you visit, you will receive quality care from a dedicated team of physicians, nurses, and practitioners.

### Utilizing TIHN Health Centers Saves You Money

Obtaining a referral for a network specialist, pediatrician, and/or hospital can significantly reduce out-of-pocket expenses for

covered services. When you use a TIHN facility and a TIHN primary care physician, you have a fixed co-pay of \$10.

In addition, when your physician refers you to a specialist, you have the same co-pay (for hospitalization you will pay the regular 10% co-insurance). Furthermore, when you use a TIHN physician and referred specialist, your deductible is waived for those visits. Whether you need a cardiologist, dermatologist, or obstetrical care, TIHN's specialty care network of more than 500 physicians ensures that you can get the specialized care you need when you need it.

### Flexibility Geared Towards Entertainment Industry Professionals

With evening, Saturday, Sunday, and even holiday hours available, there is a health center that can accommodate your busy schedule (TIHN Health Center hours are available on page 6.) The MPTF will always attempt to schedule your appointment for the earliest time available, and will make every attempt to schedule you with your primary care physician for urgent care appointments. Often, same-day appointments can be made.

SEE [MPTF HEALTH CENTERS](#) ON PAGE 11

## MPTF Health Center Costs at a Glance

TIHN Facility Visit	\$10 copay
TIHN Specialist Referral	\$10 copay
TIHN Hospital Referral	10% coinsurance
TIHN Comprehensive Physical Exam	\$0 (once every 12 months age 41 and over, or once every 24 months between age 19 and 40)
TIHN Deductible	\$0

# Ask the Pharmacist:



## Facts About Generic Drugs

According to a survey conducted by Medco, the Health Plan's pharmacy benefit provider, nearly 40% of consumers say they're not knowledgeable about generic drugs, and what we don't know about generics could be costing us a lot of money. With the upcoming changes to the prescription drug plan (see article beginning on page 3), we felt that it would be a good idea to provide some facts about generic drugs.

- ❖ Food and Drug Administration (FDA) approved generics are bioequivalents of their brand-name counterparts. That means they have the same effect on the body as brand-name medications. Generic drugs must meet the same strict FDA standards for quality, strength, purity, stability and safety as brand-name drugs.

- ❖ Generic drugs typically cost 30 to 80 percent less than their brand-name counterparts. Many plans (including ours) charge lower co-payments for generics.

- ❖ Even when your doctor writes a prescription for a brand-name drug, your pharmacist

can fill your prescription with a generic equivalent, as long as the doctor has not checked the "dispense as written" box on the prescription.

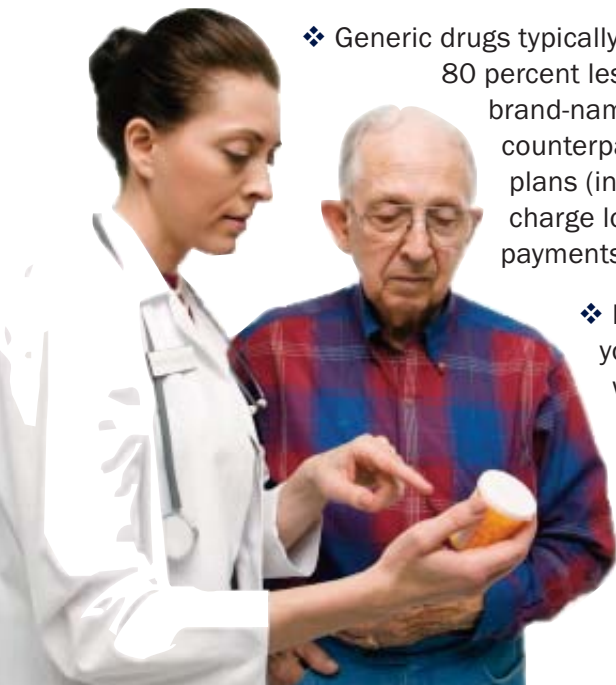
- ❖ Once a brand-name drug loses patent protection, other manufacturers can produce a generic version that usually costs less.

If you are interested in learning more about generic drugs, the FDA's website has a list of Frequently Asked Questions About Generic Drugs at [www.fda.gov/cder/comumerinfo/generics\\_q&a.htm](http://www.fda.gov/cder/comumerinfo/generics_q&a.htm).

### Talk to Your Doctor

If you have a chronic condition for which you're taking long-term medications, you can talk to your doctor about whether a generic is right for you. In addition, Medco has specialist pharmacists that can help you learn more about how generics can help you save money. Specialist pharmacists are trained in the medications that treat one specific chronic condition, such as diabetes, cancer, high cholesterol and asthma. A specialist pharmacist can talk to you about the medications you're taking, and answer any questions you have about lower-cost generics. Working with your doctor, the specialist pharmacist can help find out if generics are right for you. Of course, only your doctor can change your prescription. For more information on specialist pharmacists, call the number on the back of your prescription drug identification card.

For more information, contact Medco at (800) 987-7828 or visit [www.medco.com](http://www.medco.com).



# Rx Plan Changes

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## Proton Pump Inhibitors and Sleep Aides

Proton Pump Inhibitors (PPIs) reduce the production of stomach acid relating to heartburn and esophageal reflux. Some common PPIs are Prilosec®, Prevacid® and Nexium®. Some common sleep aides are Ambien® and Lunesta®. A cost-saving alternative to prescription PPIs is Prilosec OTC, which is available over-the-counter and has been approved by the FDA to treat frequent heartburn.

Effective April 1, 2009, PPIs and sleep aides will be covered at 50% with a \$40 minimum co-pay for retail and a \$60 minimum co-pay for mail order. In addition, these drugs will be subject to Step Therapy.

## Step Therapy

Step Therapy is a new program that encourages participants to try a proven, cost effective preferred drug before electing certain high-cost non-preferred brand-name drugs.

By taking a “step” approach to your medications you will determine if a preferred drug works for you while avoiding a more costly treatment plan.

PPIs and sleep aides that are considered preferred drugs are not subject to Step Therapy. However, certain PPIs and sleep aides will no longer be covered by the prescription drug plan without approval through a coverage review. If you purchase a non-covered PPI or sleep aide without an approved coverage review, you will be responsible for the entire cost.

## PPI and Sleep Aide Co-Pay Examples

When determining your applicable co-pay for these prescriptions, it is

important to remember that you will pay the greater of:

- ❖ 50% of the cost of the drug; or
- ❖ The minimum co-pay (not to exceed the full cost of the drug)

Here are three brief examples that demonstrate how this co-pay structure works:

**Example 1:** 50% of the drug cost is greater than the minimum co-pay

If the drug that you have been prescribed has a total retail cost of \$100, you will be charged \$50. This is because 50% of the cost of the drug (\$50) is greater than the minimum co-pay (\$40).

**Example 2:** The minimum co-pay is greater than 50% of the drug cost

If the drug that you have been prescribed has a total retail cost of \$60, you will be charged \$40. This is because the minimum co-pay (\$40) is greater than 50% of the cost of the drug (\$30).

**Example 3:** The full cost of the drug is less than the minimum co-pay

If the drug that you have been prescribed has a total retail cost of \$30, you will simply be charged \$30. A pharmacy should never charge you a co-pay that is more than the full cost of a drug.

## Requesting a Coverage Review

Participants that are currently using non-preferred PPIs or sleep aides should have received a letter in mid-March from Medco, the Health Plan’s pharmacy benefit manager, with details and instructions regarding these changes. If you are currently taking a non-preferred drug, you should contact your physician to switch to a preferred drug. If you have a prescription for a non-preferred drug, you can have your pharmacist contact your physician to switch you to the

preferred drug. If your physician does not authorize the switch, you or your physician can request a coverage review from Medco by calling them at (800) 987-7828. If your coverage review is denied, you will be responsible for the entire cost of the non-preferred drug.

## Non-Sedating Antihistamines

Non-sedating antihistamines are the next generation cold and allergy products that cause less drowsiness. Some common non-sedating antihistamines are Claritin, Zyrtec and Allegra.

Due to the widespread availability and lower costs of a large number of over-the-counter non-sedating antihistamines (including Claritin®, Claritin D®, Alavert®, Alavert D®, Loratadine, Loratadine with decongestant, Zyrtec®, Zyrtec D® and Cetirizine), these drugs will no longer be covered under the pharmacy benefit plan. If you purchase one of these medications you will be responsible for the entire cost.

## Talk to Your Doctor

If any of your prescriptions are affected by these changes, please consult your doctor to determine which medication is right for you. For long-term use, have your doctor write a prescription for up to a 90-day supply, plus refills for up to one year (if appropriate), and send your prescription to Medco-by-Mail.

## Questions

If you have any questions regarding any of these pharmacy benefit changes, please contact the Health Plan’s Participant Services Department at (323) 866-2200, Extension 401 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 401.

You can also visit Medco online at [www.medco.com](http://www.medco.com) or call their Member Services department toll-free at (800) 987-7828.

**These changes do not apply to participants covered under the HealthNet HMO.**

# Health Plan Introduces Online Bill Pay

As a quick and convenient alternative to mailing payments each month, the DGA-Producer Health Plan now offers participants the option of making premium payments online.

Participants can log directly into the Health Plan's online payment service to make their premium payment. You can also set up recurring online payments via bank account debit (recurring payments via credit are not yet available online, but can still be set up with the Health Plan office).

Interested participants should visit the Plans' website at [www.dgaplans.org](http://www.dgaplans.org) to access the online bill pay website and create a new user account.

Participants who take advantage of this new service will have the ability to:

- ❖ Create a unique username and password;
- ❖ Make payments by credit card, checking or savings account;
- ❖ Schedule recurring payments via checking or savings account debit; and
- ❖ Manage account activity and monitor payment history.

While the Health Plan has offered the ability to set up recurring payments

via credit card and bank account debit for a number of years, that process involved requesting a paper form, filling out the form and faxing or mailing it back to the Health Plan office. In addition, the online payment service allows you to cancel a recurring payment without contacting the Health Plan.

Participants will continue to have the option of setting up recurring payments with the Health Plan office.

For more information, please contact the Health Plan office at (323) 866-2200, extension 401 or toll-free outside of California at (877) 866-2200, extension 401.

## HIPAA Notice

All Health Plan participants may obtain a copy of the Health Plan's Notice of Privacy Practices:

- ❖ Under the Documents and Forms section of the DGA-PPHP's website [www.dgaplans.org](http://www.dgaplans.org); or
- ❖ By requesting a mailed copy via telephone at (323) 866-2200, Extension 401 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 401.

If you have any questions regarding the Notice of Privacy Practices, please contact the Plans' Privacy Officer at (323) 866-2200, Extension 305 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 305.

## LiveWell

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Once enrolled in LiveWell, an assigned personal Nurse Advocate works around your schedule to help you:

- ❖ Develop and set personal goals for improving your health and quality of life;
- ❖ Learn about the latest tests and treatments for your condition;
- ❖ Learn how to modify your lifestyle to better manage your chronic condition;
- ❖ Work with your doctor and other healthcare providers to optimize your treatment; and
- ❖ Learn about potential complications of your condition and how to avoid them.

Through ongoing telephone counseling and educational materials, you will effectively acquire the skills needed to manage your condition. With increased knowledge, you can take a more active role in your health care and become more accustomed to using self-care techniques that can improve your overall health.

The LiveWell program is open to all active participants covered under the DGA Choice or Premier Choice Plans, COBRA, Self-Pay, and their eligible dependents.

If you have any questions regarding the LiveWell program, please contact the Health Plan's Participant Services Department at (323) 866-2200, Extension 401 or toll-free outside the Los Angeles area at (877) 866-2200, Extension 401.

# MPTF Health Centers

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TIHN also provides after-hours assistance if you have an urgent need to speak with a physician. In addition, you can visit the MPTF website ([www.mptvfund.org](http://www.mptvfund.org)) for:

- ❖ detailed health center information;
- ❖ to view physician directories; and
- ❖ download an Outpatient Health History Form.

## Free Comprehensive Physical Exam

One of the important benefits offered to DGA-Producer Health Plan members through TIHN is a free comprehensive physical exam. Eligible participants receive a free physical from a TIHN physician with no applicable deductible or co-payment.

The following services are provided during the exam:

- ❖ Full medical evaluation;
- ❖ Update covered vaccinations, if needed;
- ❖ Measure weight;
- ❖ Blood pressure evaluation;
- ❖ Lipid profile and glucose levels testing;
- ❖ Women may receive a bone density screening, mammogram, or pap test (dependent on age or necessity); and
- ❖ Men may receive a prostate exam or PSA test (dependent on age or necessity).



*The Jack H. Skirball Health Center in Woodland Hills*

## Participants may receive this free physical exam:

- ❖ once every 12 months for participants age 41 and over; or
- ❖ once every 24 months for participants between the ages of 19 and 40.

To take advantage of this important benefit, please schedule an appointment with one of the six MPTF health centers by calling (800) 654-WELL or call one of the health centers directly, listed on page 6.

**Participants covered under the HealthNet HMO are not eligible for the Health Plan's TIHN benefit.**

## Recent MPTF News

The MPTF recently announced plans to phase out their acute-care hospital and long-term care facility in favor of community-based programs aimed at assisting the growing senior population. **These changes do not affect the six TIHN health centers or the MPTF's independent- and assisted-living facilities.**

As part of their continued mission to serve members of the entertainment industry, the MPTF is focusing on several initiatives in 2009, including the Elder Connection program and Center for Aging, which focuses on providing social, financial, and healthcare services to industry seniors who wish to remain in their own homes. In addition, they are planning to implement a new network of Community Care Teams (doctors, nurses, and social workers) to interface with eligible seniors living in their own homes, retirement communities, or outside nursing homes to ensure they are getting the care and support they need.

## Questions

If you have any questions regarding the MPTF Health Centers or would like to make an appointment, please contact MPTF customer service department at (800) 876-8320 or visit their website [www.mptvfund.org](http://www.mptvfund.org).

**DGA-PRODUCER**  
**PENSION & HEALTH**

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