

**SUMMARY OF
 MATERIAL
 MODIFICATIONS**

TO: All Covered Plan
 Participants

FROM: The Writers' Guild-
 Industry Health Fund



This document is a Summary of Material Modifications (SMM), intended to notify you of changes to your benefits under the Writers' Guild-Industry Health Fund.

These changes include:

- A new expanded benefit offered through "LiveHealth Online" that brings medical and mental health care directly to you via the Internet
- Increases to annual Individual and Family Deductible; Coinsurance for Out of Network Services; Out of Pocket (OOP) Maximum for Co-Insurance on Out of Network Services; and Prescription Drug Copays
- Increases to Affordable Care Act (ACA) Annual Out of Pocket Maximum

PLAN BENEFIT CHANGES

The Writers' Guild Industry Health Fund ("the Fund") is implementing changes to the Plan benefits indicated herein, beginning January 1, 2018.

Telemedicine LiveHealth Online (LHO) Psychology

LHO Psychology is a new benefit that allows you to talk face-to-face with a licensed therapist or psychologist through high-definition video on your smartphone, tablet or computer with a webcam. It is easy to use, private and convenient. You can get the care you need at home, at work, or when you are on the go.

LHO Psychology has two separate practices – one for treating patients 10-17 years old and the other for ages 18 and above.

- You must be at least 18 years old to see a therapist under the LHO Psychology suite and you must have your own LHO account.
- Participants may add minor dependents between the ages of 10-17 to their account. Participant initiates the therapy session for the minor using LHO Psychology for teens. The therapist gets needed information and then requests the Participant leave the room for the session with the minor.

Therapists and psychologists using LHO Psychology offer flexible daytime, evening, and weekend appointments. In most cases, you can make an appointment within 4 days or less! Online therapy appointments are available in all 50 states and the District of Columbia.

Common conditions patients utilize LHO Psychology to treat:

18 and over:	10-17 years of age:
<ul style="list-style-type: none"> ▪ Anxiety ▪ Depression ▪ Family or relationship issues ▪ Grief ▪ Panic attacks ▪ Stress ▪ Stress from coping with an illness 	<ul style="list-style-type: none"> ▪ Attention deficit disorder ▪ Behavior challenges ▪ Adjustment difficulties ▪ Coping with parental divorce, death or other stressor ▪ Eating disorders ▪ Developmental challenges

Coverage includes:

- Medically necessary services, as outlined in the Summary Plan Description booklet, for psychotherapy sessions rendered by Licensed Social Workers (“Therapist”) and Psychologists for any mental health diagnosis treatable within the scope of their license (includes substance abuse psychotherapy sessions);
- A \$10 copay, per online visit; and
- No annual deductible.

What is not covered:

- LHO Psychology does not cover services for dependent children less than 10 years of age;
- LHO Psychology does not cover psychiatry services, to include inpatient psychiatric care; and
- LHO Psychology does not prescribe medications – as Psychologists and Therapists are not licensed to write drug prescriptions.

To get started, please access the LiveHealth Online website at livehealthonline.com.

Changes to PPO and Low Option Plans

Annual Deductible

The deductible is the amount you pay out-of-pocket each year before the Health Fund begins to cover any medical costs.

The individual Preferred Provider Organization (PPO) in network/out-of-network deductible is changing from \$300 to \$400 per person and the family deductible is changing from \$900 to \$1,200 per family.

Out of Network Coinsurance

The out-of-network (OON) coinsurance is the percentage cost share you pay of the allowed amount for covered health care services to providers who do not contract with the Fund’s provider network, after satisfying your individual or family annual deductible.

The PPO OON coinsurance is changing from 70% (you pay 30%) to 60% (you pay 40%). The out-of-network coinsurance always costs you more than in-network coinsurance, which remains unchanged at 85% (you pay 15%). You are also responsible to pay all charges above the reasonable and customary limits.

Out of Pocket Maximum

The out of pocket maximum/limit is the most you have to pay for covered services in a calendar year. After you spend this amount on deductibles, copayments, and coinsurance, the Fund pays 100% of the reasonable and customary costs of covered benefits.

The out of pocket limit does not include your monthly premiums. The OON OOP maximum under the PPO and Low Option Plan is changing from \$2,500 (PPO) and \$6,000 (Low Option Plan) to an annual out-of-pocket maximum/limit of \$20,000 for each plan; the Fund then pays 100% of the reasonable and customary cost for covered services for the remainder of the calendar year. The in-network OOP maximum for coinsurance is not changing.*

(*Please remember that the calendar-year deductible, office visit copays, hospital copays, prescription drug, preventive care and wellness expenses do not apply toward this out-of-pocket maximum.)

The below charts, sets forth the details of the changes mentioned above:

PPO Plan Change Chart Details

Benefit	Current PPO Plan		PPO Plan Effective 1/1/2018	
	In-Network Providers	Out-of-Network Providers	In-Network Providers	Out-of-Network Providers
Calendar Year Deductible	\$300/person; \$900/family	\$300/person; \$900/family	\$400/person; \$1,200/family	\$400/person; \$1,200/family
Plans Out-of-Pocket Maximum (Coinsurance)	\$1,000/person	\$2,500/person	\$1,000/person	\$20,000/person
Coinsurance	85% the Fund 15% Participant	70% the Fund 30% Participant	85% the Fund 15% Participant	60% the Fund 40% Participant

Low Option Plan Change Chart Details

Benefit	Current Low Option Plan		Low Option Plan Effective 1/1/2018	
	In-Network Providers	Out-of-Network Providers	In-Network Providers	Out-of-Network Providers
Calendar-Year Deductible	\$750/person; \$2,250/family	\$750/person; \$2,250/family	\$750/person; \$2,250/family	\$750/person; \$2,250/family
Plans Out-of-Pocket Maximum (Coinsurance)	\$4,500/person	\$6,000/person	\$4,500/person	\$20,000/person
Coinsurance	70% the Fund 30% Participant	60% the Fund 40% Participant	70% the Fund 30% Participant	60% the Fund 40% Participant

Using In-Network Providers

When you choose in-network providers, in addition to receiving a higher level of benefits, you will also avoid surprises like “balance billing” for amounts over the reasonable and customary. Balance billing occurs when a provider bills you for an amount above the Plan’s reasonable and customary allowances. While in-network providers are contractually prohibited from balance billing you, the practice is common when you receive care from out-of-network providers.

Choosing in-network providers saves money for you and the Plan, which benefits all Participants. In-network providers also offer the convenience of completing and submitting claims for you. All you must do is verify that the provider is in the network prior to each visit.

Anthem In-Network Provider Chart Details

Anthem Blue Cross of California/Blue Card Network Provider Counts		
Medical Providers	California	New York
PPO Primary Professional Providers (Includes: Family Practitioner, General Practitioner, Internal Medicine and Pediatrics)	21,773	13,881
PPO Other Medical Provider Specialist (Includes OB/GYN)	34,170	31,587
PPO Anesthesia	4,619	4,187
PPO Facilities (hospitals)	418	212
Mental Health (MH) and Substance Abuse Providers	California	New York
PPO MH Professional Providers	9,777	13,059
PPO MH Facilities	426	213

Note: Provider network counts change frequently – the above information reflects network counts as of 10/02/2017.

To locate or verify if a doctor you are currently seeing is one of many network providers available through Anthem Blue Cross of California/Blue Card, please access the Fund’s website at pwga.org and select the “Find a Participating Provider”, located under the “Health Fund” tab. Then follow the provided links, or look at the back of your medical ID card, and call Anthem at: (800) 810-2583. Alternatively, contact Participant Services during normal business hours at: (818) 846-1015 or toll-free (800) 227-7863 or email your questions to: Participantservices@wgaplans.org for assistance.

Prescription Drug Coverage

As you know, there are three categories of prescription drugs under your PPO Plan prescription drug benefit:

- **Generic drugs** — are the equivalent to brand-name original drugs and contain identical active ingredients at the same dosage (you will pay the least out of pocket).

The Generic copay is not changing.

- **Preferred brand¹ drugs** — are a brand-name drugs that appear on the Preferred Drug List (PDL), which identifies preferred choices in selected drug categories (you will pay more out of pocket for preferred brand-name drugs than you would for generic drugs).

The Preferred brand copay is changing from \$15 to \$25 for retail pharmacy and from \$30 to \$50 for mail order and Smart90 Walgreens network, as well as Duane Reade and Happy Harry’s pharmacies.

- **Non-preferred brand¹ drugs** — are brand-name drugs that do not appear on the PDL (you will pay the most out of pocket).

The Non-preferred brand copay is changing from \$25 to \$50 for retail pharmacy and from \$36 to \$100 for mail order and Smart90 Walgreens network, as well as Duane Reade and Happy Harry’s pharmacies.

The below chart, sets forth the details of the prescription drugs benefit changes:

Prescription Drug Types	Current Prescription Drug Benefit		Prescription Drug Benefit Effective 1/1/2018	
	Retail Point of Sale	Mail-order 90 day supply	Retail Point of Sale	Mail-order 90-day supply
Generic	\$10	\$20	\$10	\$20
Preferred brand	\$15	\$30	\$25	\$50
Non-preferred brand	\$25	\$36	\$50	\$100

¹There are additional costs to you if you select a brand name drug, whether preferred or non-preferred when there is a generic equivalent available to you. Additionally, there are medications that are excluded from the Express Scripts formulary that are not covered by the Plan. See the Summary Plan Description for further information.

Affordable Care Act (ACA) Annual Out-of-Pocket (OOP) Limits

In addition to having a Plan OOP maximum for coinsurance, the Fund complies with the ACA annual out-of-pocket (OOP) limit on in-network cost sharing for Plan Participants.

The ACA’s cost sharing refers to deductibles, copayments and coinsurance that a Plan Participant must pay for in-network covered services (including prescription drugs). The ACA OOP limits change each year to reflect the ACA permitted maximum. For 2018, the ACA OOP limit will increase for the PPO and Low Option Plan to \$7,350 for an individual and \$14,700 for a family.

This increase will not impact the Plan’s standard network OOP maximum that refers to coinsurance amounts only (and does not include prescription drugs). Once the Plan’s annual OOP maximum is met, the Plan will pay at 100% the remainder of the Plan year. The Plan will continue to apply any network copays you incur to your ACA OOP annual maximum. Once the ACA maximum is met, copays will no longer apply the remainder of the Plan year.

The chart below sets forth the change details:

Out-of-Pocket Maximum	PPO Plan		Low Option Plan	
	In-Network Providers	Out of Network Providers	In-Network Providers	Out of Network Providers
Plan Maximum	\$1,000/person (coinsurance only)	\$20,000/person (coinsurance only)	\$4,500/person (coinsurance only)	\$20,000/person (coinsurance only)
ACA Maximum	ACA \$7,350/person \$14,700/family/year (includes deductible, coinsurance & copays)	N/A	ACA \$7,350/person \$14,700/family/year (includes deductible, coinsurance & copays)	N/A

This summary is a Summary of Material Modifications to the Fund’s Plan of Benefits (the “Plan”). It constitutes an addendum to the Plan’s Summary Plan Description (“SPD”), which is available online at pwga.org or on request by calling the Administrative Offices. Coverage under the Plan is determined under the terms of the Plan as reflected in the SPDs, this summary, and any other notice regarding coverage changes issued since the effective date of the SPD. Nothing in this summary creates a right to be covered under the Plan. The terms “you” and “your” as used in this summary refer to an individual who meets all the eligibility and participation requirements under the Plan. Receipt of this summary does not guarantee that the recipient is a participant under the Plan and/or otherwise eligible for benefits under the Plan. The Board reserves the right to make changes or to terminate any benefit plan or plans for any reason at any time, without prior notice to or consent from any employee, former employee, participant or former participant (or their beneficiaries). If there is any inconsistency between this document and the official plan documents and contracts, the official plan documents and contracts will control to the extent not amended by this summary. If you have any questions regarding this change to the Plan, please contact the Administrative Office during normal business hours at: (818) 846-1015 or toll-free (800) 227-7863 or email your questions to: Participantservices@wgaplans.org.

GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Fund's health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters and information written in other languages

If you need these services, contact Joe Ficele, Director of Security & Risk Management at 1-800-227-7863.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Joe Ficele, Director of Security & Risk Management, 2900 W. Alameda Avenue, Suite 1100, Burbank CA 91505, Telephone: 1-818-846-1015, TTY: 1-818-526-3199, Fax: 1-818-526-6522, Email: jficele@wgaplans.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Joe Ficele, Director of Security & Risk Management is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, 1-800-868-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
English	ATTENTION: Language assistance services are available to you free of charge. Call 1-800-227-7863 (TTY: 1-818-526-3199).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-227-7863 (رقم هاتف الصم والبكم: 1-818-526-3199).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-227-7863 (TTY: 1-818-526-3199)。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-227-7863 (ATS: 1-818-526-3199).
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-227-7863 (TTY: 1-818-526-3199).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-227-7863 (TTY: 1-818-526-3199).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-227-7863 (TTY: 1-818-526-3199).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-227-7863 (TTY: 1-818-526-3199) まで、お電話にてご連絡ください。
Korean	주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-227-7863 (TTY: 1-818-526-3199) 번으로 전화해 주십시오.
Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-227-7863 (TTY: 1-818-526-3199) تماس بگیرید.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-227-7863 (TTY: 1-818-526-3199).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-227-7863 (TTY: 1-818-526-3199).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-227-7863 (телетайп: 1-818-526-3199).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-227-7863 (TTY: 1-818-526-3199).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-227-7863 (TTY: 1-818-526-3199).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-227-7863 (TTY: 1-818-526-3199).