

# Minimum Increase In Qualifying Minimums Notice

December 12, 2023

## TO: ALL PARTICIPANTS

### **CHANGE IN QUALIFYING EARNINGS AMOUNT FOR ACTIVE (EARNED) ELIGIBILITY**

A writer qualifies for Health Fund coverage by earning the WGA minimum for a one-hour network primetime story and teleplay, currently \$41,773 of *covered, reportable compensation*, within four consecutive calendar quarters.

On behalf of the Board of Directors Trustees, we would like to inform you that as **of January 1, 2024**, the WGA minimums will increase and a writer will have to earn **\$43,862** of *covered reportable compensation* within four consecutive calendar quarters in order to qualify for one year of Health Fund coverage.

### NOTICE OF MINIMUM INCREASE TO QUALIFY FOR HEALTH COVERAGE

Effective January 1, 2024, a writer must earn a minimum \$43,862 for covered writing services within a period of four consecutive quarters in order to qualify for health coverage.

### **EXPLANATION OF AN EARNINGS CYCLE**

When you first become employed, your signatory employer reports your earnings to the Health Fund; this starts your initial four-quarter earnings cycle. Once qualified for coverage, a writer has a specific four-quarter earnings cycle in which they must *continue* to satisfy the earnings minimum in order for coverage to continue without interruption from year to year.

### **REAL WORLD SCENARIO**

#### **EXAMPLE 1** – Earning Cycle Ending 9/30/23:

Let's say you earned \$25,000 in January of 2023, and then another \$20,000 in September for a total of \$45,000. Congratulations! You qualify for a year of healthcare coverage that begins on January 1, 2024.

The chart below shows how the Health Fund coverage qualification rules are applied and how coverage is earned based on the new earnings minimum effective January 1, 2024:

Quarter Earnings Minimum is satisfied:	Amount required to qualify:	Processing Quarter:	Coverage Begins:	Coverage Ends:	Earnings Cycle for next year of coverage:
3 <sup>rd</sup> quarter 2023 (7/1/23-9/30/23)	\$41,773	4 <sup>th</sup> quarter 2023	1/1/2024	12/31/2024	10/1/2022 to 9/30/2023
4 <sup>th</sup> quarter 2023 (10/1/23-12/31/23)	\$41,773	1 <sup>st</sup> quarter 2024	4/1/2024	3/31/2025	1/1/2023 to 12/31/2023
1 <sup>st</sup> quarter 2024 (1/1/24-3/31/24)	\$43,862	2 <sup>nd</sup> quarter 2024	7/1/2024	6/30/2025	4/1/2023 to 3/31/2024
2 <sup>nd</sup> quarter 2024 (4/1/24-6/30/24)	\$43,862	3 <sup>rd</sup> quarter 2024	10/1/2024	9/30/2025	7/1/2023 to 6/30/2024

If you do not earn at least \$43,862 following an earning cycle that included all (or any) of the strike period, you still qualify for the **Strike Extension Coverage** as a provision of the 2023 Strike Termination agreement. This means you are granted 1 quarter extension of coverage plus one additional quarter added to your earnings cycle of your coverage. The chart below shows how the Strike Extension coverage qualification rules are applied:

If your current earnings cycle is:	And you did not earn the minimum required to qualify for another year of eligibility, your current coverage ends:	As part of the settlement of the strike your current coverage has been extended – on a one-time basis – for an additional quarter:
June 30, 2023	September 30, 2023	October 1, 2023 – December 31, 2023
September 30, 2023	December 31, 2023	January 1, 2024 – March 31, 2024
December 31, 2023	March 31, 2024	April 1, 2024 – June 30, 2024
March 31, 2024	June 30, 2024	July 1, 2024 – September 30, 2024
June 30, 2024	September 30, 2024	October 1, 2024-December 31, 2024
No free coverage is available after these dates		

Please note that if you have reached the ceiling on a project (\$250,000) or received compensation that is not subject to reporting, these earnings may not be applicable to Health Fund eligibility.

Non-reportable compensation includes the following items: 1) Excerpt payments, 2) Royalties, 3) Character payments, 4) Options, 5) Late fees, 6) Expenses, 7) Theatrical residuals, 8) Over-ceiling TV residuals, 9) Separated rights payments, 10) Publication fees, and 11) Amounts over the weekly staff, 14K and 14E2 and 14Lminimums (unless otherwise contracted). A detailed summary of what is and is not *covered reportable compensation* can be found on our website at:

[https://wgaplans.org/contributions/forms/Reportable\\_Summary\\_Schedule.pdf](https://wgaplans.org/contributions/forms/Reportable_Summary_Schedule.pdf)

For a one-hour daytime serial program, if you are a writer of thirteen (13) breakdowns during one thirteen-week cycle, who has been paid a total of less than \$43,862, you may still be eligible to receive one year's Health Fund eligibility. Please call the Employer Compliance Department at the Administrative office for details.

Should you have any questions or concerns, we have attached the FAQ regarding the Strike Extension and encourage you to contact the Eligibility Department at the Administrative Office so that we may assist you. We are here to be your trusted guide.

## **FAQ for Health Coverage Extension**

### ***FIRST THINGS FIRST***

The WGA and the AMPTP agreed to extend health coverage by one quarter as part of the strike settlement terms, and the Board of Trustees has approved the request.

This document will explain how the extension will work, and how it might affect you and your dependents. Paragraph 8 of the Strike Termination Agreement of 2023 as approved by the Board of Trustees shall govern if it conflicts with this FAQ.

### ***DO I QUALIFY FOR THIS EXTENSION?***

If you lost or will lose health coverage immediately following an earning cycle that included all (or any) of the strike period, you qualify.

### ***WHAT DATES ARE INCLUDED IN THE STRIKE PERIOD?***

If your earned coverage was scheduled to end on September 30, 2023, December 31, 2023, March 31, 2024, June 30, 2024, or September 30, 2024 then you qualify. Participants who are qualified receive an additional quarter of coverage and an additional three months added to their earnings cycle.

If you have a dependent (or dependents), they are covered at no additional cost. The dependent premium is paid as part of this extension.

### ***I HAVE EXTENDED COVERAGE POINTS. DO I QUALIFY FOR THIS EXTENSION?***

If you have 0-9 Extended Coverage points, then you qualify for this extension. If you have 10 or more Extended Coverage points then you must use your points. You will not receive free coverage for an additional quarter.

### ***WHAT DO I HAVE TO DO TO GET THIS EXTENSION?***

If you qualify, there is nothing you have to do. You will receive a full quarter of coverage, including dependent premiums, automatically. No payment or paperwork is required from you.

The 3-month extension of earned coverage:

- a) Will not be considered a quarter of earned coverage for the purposes of calculating Certified Retiree Health (CRH) eligibility;
- b) Will not be considered when determining pension vesting or pension benefits;
- c) Can only be used to extend a single earnings cycle;
- d) Will not, in and of itself, be used to earn additional extended coverage points\*.

***PARTICIPANTS WHO ARE NOT ELIGIBLE TO RECEIVE AN EXTENSION ARE:***

- 1) Those Participants losing earned coverage as of September 30, 2023, December 31, 2023, March 31, 2024, June 30, 2024, or September 30, 2024 who have 10 or more extended coverage points;
- 2) Participants who are covered under the Extended Coverage Program as of September 30, 2023, December 31, 2023, March 31, 2024, June 30, 2024, or September 30, 2024 (even if they exhaust their points as of those dates)
- 3) Participants who are on COBRA and are still within their elected COBRA period of 18 or 24 months.

***IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT THIS EXTENSION?***

If you receive an extra quarter of coverage, or if you have 10 or more Extended Coverage points, you will receive a one-time five quarters earning cycle, meaning you will have an extra quarter in which to earn a year of coverage.

***MISCELLANEOUS BUT IMPORTANT FACTS***

The 3-month extension of earned coverage:

- a) Will not be considered a quarter of earned coverage for the purposes of calculating Certified Retiree Health (CRH) eligibility;
- b) Will not be considered when determining pension vesting or pension benefits;

- c) Can only be used to extend a single earnings cycle;
- d) Will not, in and of itself, be used to earn additional extended coverage points.

**(Please note:** Should the one-time, 5-quarter earnings cycle result in more than the minimum earnings required to earn a year’s health eligibility, extended coverage points will be granted based on those earnings amounts. Also, a 5-quarter earnings cycle that results in a year of earned coverage will also result in 4 quarters toward Certified Retiree Health status.)

In practical terms, it looks like this:

If your current earnings cycle is:	And you did not earn the minimum required to qualify for another year of eligibility, your current coverage ends:	As part of the settlement of the strike your current coverage has been extended – on a one-time basis – for an additional quarter:
June 30, 2023	September 30, 2023	October 1, 2023 – December 31, 2023
September 30, 2023	December 31, 2023	January 1, 2024 – March 31, 2024
December 31, 2023	March 31, 2024	April 1, 2024 – June 30, 2024
March 31, 2024	June 30, 2024	July 1, 2024 – September 30, 2024
June 30, 2024	September 30, 2024	October 1, 2024 - December 31, 2024
No free coverage is available after these dates		

***CAN I SEE WHETHER OR NOT I AM COVERED BY USING THE HEALTH COVERAGE APP OR GOING TO MY ACCOUNT ON THE WEBSITE?***

Yes. The extension information will be available both through the app and on the website.

### ***WHAT IF I AM ON COBRA?***

If your COBRA eligibility is exhausted or will be exhausted as of June 30, 2023, September 30, 2023, December 31, 2023, March 31, 2024, or June 30, 2024, you may opt to extend coverage for up to three months, though that will not be subsidized and you will have to pay the full amount due for each additional month you wish to be covered, up to a maximum of three months. If you elect this additional coverage, all you have to do is remit payment.

NOTE: If you paid for COBRA or your COBRA expired on June 30, 2023, July 31, 2023, or August 31, 2023, and you bought another health coverage plan, the Health Fund will reimburse you retroactively for your premium and claims-related out of pocket costs (subject to PWGA health plan coverage rules).

### ***I AM A CERTIFIED HEALTH RETIREE (CRH) BUT I WAS WORKING BEFORE THE STRIKE. DO I QUALIFY FOR THIS EXTENSION?***

No. A Participant who goes from CRH Coverage to Earned Coverage, and back to CRH Coverage does not qualify for the extension. The extension only applies when there is no PWGA plan health coverage available to a Participant. When Earned coverage ends – whether because of a strike or for the completion of the writing assignment – the Participant automatically goes back on CRH coverage, with Medicare as primary and PWGA as secondary.

### ***I SIGNED UP FOR MEDICARE WHEN MY WGA INSURANCE RAN OUT. AM I COVERED BY THIS EXTENSION?***

The extension only applies to those who would not have Health fund coverage through the Fund. So if you signed up for Medicare as of 10/1/23 but were not a Certified Retiree we would grant the refund based on the extension. However, if you were already in CRH status, the extension would not apply.

The same rule applies for those who have to purchase other insurance due to the strike. For example, a Participant who was on earned coverage or Extending Points and lost coverage 10/1/23 and then signed up for Medicare would qualify for the refund (based on purchase of other insurance). But, if the Participant was on CRH previously, or would have been on CRH 10/1/23, they would not qualify for a refund or extension.

### ***WHO DO I CONTACT IF I STILL HAVE QUESTIONS?***

The Eligibility Department will answer any questions you might have. They can be reached at: (818) 846-1015 or via email at: [Emailbox@wgaplans.org](mailto:Emailbox@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, please contact Linda Abruzzo, Program and Compliance Manager, 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: Linda Abruzzo, Program and Compliance Manager, 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: [Compliance@wgaplans.org](mailto:Compliance@wgaplans.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Linda Abruzzo, Program and Compliance Manager 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/smartscreen/main.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, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr/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 - 800-227-7863 ! (رقم هاتف الصم والبكم: 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 사용하시는 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. 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).