

November 1, 2016

Summary of Material Modifications

TO: All Covered Plan Participants

FROM: The Writer's Guild-Industry
Health Fund



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

These changes include an increase in the ACA out-of-pocket (OOP) maximums that is unlikely to apply to any Fund Participant.

from \$13,700 to \$14,300.

If recent utilization is any indication, these changes are not likely to affect our participants. In the unlikely event that a Plan participant manages to reach \$7,150 in in-network out of pocket costs, or his or her family reaches \$14,300, the Plan will begin to pay in-network benefits at 100%, without copayment, for the rest of the year.

The chart below sets forth the details:

OUT-OF-POCKET (OOP) Limits 2017

The Plan has two out-of-pocket (OOP) maximums:

First, there are Plan maximums, both in and out of network, that apply only to your coinsurance payments and not to prescription drugs, preventive care or wellness expenses.

Once a person reaches the OOP maximum, the Plan pays 100% coinsurance (but not co-payments) for eligible expenses for that person for the rest of the year. These Plan OOP maximums are reflected in the chart on the next page and remain unchanged. (See your SPD for further details.)

Second, there are also Affordable Care Act (ACA) required OOP maximums that apply only to in-network benefits. These ACA OOP maximums will accumulate in-network deductibles, copayments and coinsurance for medical, hospital and prescription drugs. These maximums will increase on January 1, 2017 for the PPO and Low Option Plan from a maximum of \$6,850 for an individual to \$7,150. The maximum amount for a family will increase

Out-of-Pocket Maximum	PPO Plan		Low Option Plan	
	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers
The Plans' maximum	\$1,000/person (coinsurance only)	\$2,500/person (coinsurance only)	\$4,500/person (coinsurance only)	\$6,000/person (coinsurance only)
ACA's maximum	ACA \$7,150/person \$14,300/family/year (includes deductible, coinsurance & copays)	ACA has no maximum for out of network providers	ACA \$7,150/person \$14,300/family/year (includes deductible, coinsurance & copays)	ACA has no maximum for out of network providers

Note: only the medical and pharmacy drug's deductible, coinsurance and copays will apply toward the ACA OOP maximum.

This summary is intended to satisfy the requirement for issuance of a SMM. You should take the time to read this SMM carefully and keep it with the summary plan description ("SPD") that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding this change to the Plan, please contact the Fund 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 - 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 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. 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).