

November 15, 2024

To: All Extended Coverage Participants

The PWGA's Annual Open Enrollment period has begun! All changes made during Open Enrollment will become effective on **January 1, 2025**.

If you do not wish to make an Extended Coverage election change or have no dependent coverage changes to make, you can stop reading now; no further action is required on your part.

The forms listed below (and included in this packet) must be completed to make any Open Enrollment changes.

- [Extended Coverage Election Form](#)
- [Dependent Enrollment/Reinstatement Form](#)
- [DeltaCareUSA DHMO Enrollment/Change Packet](#)

If you prefer to receive a paper copy of the 2025 Open Enrollment Packet, please contact the Eligibility Department at (818) 846-1015 (select option 1, then option 2).

In order to assist you in making your selections, please refer to the Health Fund's federally mandated *Summary of Benefits and Coverage (SBC)* pamphlets. These have been provided to you so that you can familiarize yourself with your current plan benefits.

- [PPO Plan SBC](#)
- [Low Option Plan SBC](#)

For a more detailed description of your Health Fund benefits please refer to [Summary of Benefits](#) section in the [Health Fund's Summary Plan Description \(SPD\)](#).

After reviewing the enclosed information, should you decide to make any plan coverage changes please complete and sign all applicable forms and follow the attached *Open Enrollment Submission Instructions*.

OPEN ENROLLMENT SUBMISSION INSTRUCTIONS EASY AS 1-2-3!

HOW TO CHANGE YOUR EXTENDED COVERAGE PLAN

Complete the [Extended Coverage Election Form](#) (you may type the information directly onto the fillable form), print it, sign, scan and upload the pages via our secure email portal at: <https://web1.zixmail.net/s/login?b=wgaplans>

Click on the link: <https://web1.zixmail.net/s/login?b=wgaplans>

1. Register on the portal (if you haven't previously, otherwise simply logon)
2. Compose a new message
3. Select Eligibility – Open Enrollment from the dropdown list in the "To:" section
4. Attach your Open Enrollment files you have filled out and signed
5. Click SEND

(Your files will be sent 100% encrypted directly to the Eligibility Department.)

If you prefer, you can Fax the form to the Eligibility Department at (818)526-3180 or mail it to:

Writers' Guild-Industry Health Fund
2900 W. Alameda Ave. Suite 1100
Burbank, CA 91505
ATTENTION ELIGIBILITY DEPARTMENT

(You can easily verify your covered dependents by visiting our website, www.pwga.org. Login or create an account, click on *Go to Eligibility*. Your current covered dependents will be listed under *Covered Dependents*.)

HOW TO CHANGE YOUR DENTAL PLAN COVERAGE

If you live in California and you want to enroll in the DeltaCare USA Dental HMO Plan, please visit the website below and follow the instructions to choose a DHMO dental provider:

www.deltadentalins.com

- Click on Find a dentist
- Enter zip code
- Select DeltaCare® USA individual only (CA Only)
*Note the 6-digit facility number, this will be asked on the Enrollment Form

Choose a dentist, complete the [DeltaCare USA Enrollment/Change Packet](#), print it, sign it, and follow the steps listed above.

To dis-enroll from the DeltaCare USA Dental HMO, complete the [DeltaCare USA Open Enrollment/Change Packet](#) (be sure to check “dis-enroll” on the top line), print it, sign it and follow the steps listed above.

HOW TO REINSTATE A DEPENDENT

To reinstate any eligible dependents, (i.e. legal spouse, eligible dependent children) who were previously covered under your policy, please complete the [Dependent Enrollment/Reinstatement Form](#) (you may type the information directly onto the fillable form), print it, and follow the directions above.

(You can easily verify your covered dependents by visiting our website, www.pwga.org. Login or create an account, click on *Go to Eligibility*. Your current covered dependents will be listed under *Covered Dependents*.)

HOW TO ADD A NEW DEPENDENT

If you have experienced a “Life Event” such as a marriage, birth, adoption or your dependent has experienced a loss of other insurance coverage and you are adding dependents for the first time please:

Complete the [Dependent Enrollment/Reinstatement Form](#) (you may type the information directly onto the fillable form), print it, attach all required proof documents and follow the steps listed above.

All Open Enrollment Change Forms are due to the Administrative Office by **December 31, 2024**. Any forms received after the due date ***will not*** be processed and you will have to wait until the Fund’s next Open Enrollment Period to make changes. The only exception to this rule is if a qualifying Life Event occurs.