

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:

- Benefit coverage modification for transgender adolescent chest reconstruction
- Increases to the Affordable Care Act (ACA) Annual Out-of-Pocket Maximum

PLAN BENEFIT CHANGES

The Writers' Guild-Industry Health Fund (herein referred to as the "Fund") is implementing the following change to its plan of benefits (the "Plan") specific to transgender adolescent chest reconstruction benefit, effective September 15, 2020.

Transgender Adolescent Chest Reconstruction

Currently, the Fund covers medically necessary transgender surgical interventions only for patients 18 years and older.

Consistent with evolving standards of medical necessity, this benefit modification expands the Fund's rule to cover female to male transgender chest reconstruction on individuals under the age of 18, where medically necessary. This change only eliminates the blanket exclusion for individuals under age 18 for this type of surgery, but does not guarantee coverage. In order to be covered, the surgery must still meet all of the Plan's medical necessity criteria for bilateral mastectomy for individuals under age 18.

As with all surgery related to transgender services, this modified benefit is subject to prior authorization in order for coverage to be provided. Transgender surgical interventions

not preauthorized by Anthem Blue Cross' Utilization Department will not be covered. If you fail to receive or request preauthorization, then the Trustees at their sole and absolute discretion may authorize a post-service medical necessity review. Consideration of post-service medical necessity review shall not be deemed a waiver of the preauthorization requirement.

In addition to meeting the medical necessity standards for bilateral mastectomy for individuals under age 18, the surgery must also meet the Plan's other preauthorization coverage criteria for surgical intervention. This includes, for example, the following standards set forth in the Summary Plan Description:

- Any transgender surgery must be performed at a facility designated and approved by the Fund and performed by a qualified provider;

- The treatment plan must conform to Harry Benjamin International Gender Dysphoria standards;
- The treatment plan must conform to the most recent edition of World Professional Association for Transgender Health (WPATH), Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People; and
- Before surgery, the patient must, among other things, complete 12 months of successful continuous full-time real-life experience in their desired gender.

This is not an exhaustive list, so please contact the Fund Office for more detailed guidelines.

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

In addition to having a Plan OOP maximum for coinsurance, the Plan fully 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 2021, the ACA OOP limit will increase for the PPO and Low Option Plan to \$8,550 for an individual and \$17,100 for a family.

This increase will not impact the Plan’s annual Coinsurance OOP maximum that refers to coinsurance amounts only (and does not include prescription drugs). Once you meet the Plan’s annual Coinsurance OOP maximum, the Plan will pay 100% coinsurance for the remainder of the Plan year.

The Plan will continue to apply any in-network copays you incur to your ACA OOP annual maximum. Once the ACA maximum is met, copays will no longer apply for the remainder of the Plan year.

The chart below sets forth the change details:

Plan and ACA Maximums

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 \$8,550/person \$17,100/family/year (includes deductible, coinsurance & copays)	N/A	ACA \$8,550/person \$17,100/family/year (includes deductible, coinsurance & copays)	N/A

Should you have any questions or concerns, please feel free to contact the Fund at (818) 846-1015 or toll-free (800) 227-7863 or via email at: Pmailbox@wgaplans.org.

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: Pmailbox@wgaplans.org.