

SUMMARY OF MATERIAL MODIFICATIONS

TO: All Plan Participants
FROM: The Writers' Guild-
Industry Health Fund
RE: Expansion of Abortion
Coverage For Dependent
Children



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:

- The Health Plan will cover abortion services for Dependent Children even when not the result of complications from pregnancy.

PLAN BENEFIT CHANGES

The Writers' Guild-Industry Health Fund ("the Fund") is implementing changes to Health Plan benefits to cover pregnancy termination and related services for Dependent Children even when not related to complications from pregnancy. For important details about this new benefit, please read below.

What Does this Mean for You?

The Fund does not currently cover pregnancy-related services for Dependent Children unless they are in connection with complications from pregnancy. Therefore, prior to the change described in this summary, abortion-related services were only covered for Dependent Children if they resulted from complications from pregnancy.

Effective January 1, 2023, the Board of Trustees of the Writers' Guild-Industry Health Fund has expanded coverage to include abortion-related services for covered Dependent Children, regardless of whether there are complications from pregnancy. The Fund covers the same range of services for Dependent Children at the same cost sharing as for Participants and Dependent Spouses, including certain related travel and lodging costs for participants and beneficiaries who live or work in covered employment in states where abortion services are not permitted.

As it always has, the Health Plan will continue to cover abortion services without regard to the reason. Coverage will continue to include medical treatments and access to abortion-related prescription drugs (e.g., the "Plan B" or "Morning After" pill) per Health Plan Rules.

(When "you" is used in this SMM, it means Participants, covered Dependent Spouses, and covered Dependent Children.)

If you have any questions or concerns, 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.

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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 these changes 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, gender identity, 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. 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 | |
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| 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. 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). |