



# Writers' Guild-Industry Health Fund

Terence L. Young, Chief Executive Officer

May 3, 2010

TO: All Covered Plan Participants  
FROM: The Writers' Guild-Industry Health Fund Trustees

*The following changes were made to the Health Plan as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and have been in effect since January 1, 2006, unless otherwise noted below.*

## **Eligibility – HIPAA Special Enrollment**

*(The following wording replaces the first paragraph of "Who's Eligible" section on page 6):*

Active participants and Certified Retirees, as well as their spouses or same-sex domestic partners and dependent children, may be eligible for coverage. Once you're eligible, you're automatically enrolled in the Regular Plan with the Dental PPO, unless you reside in California and have elected to enroll in the Regular Plan with the Dental HMO. This election is then effective and may not be changed until your next Open Enrollment period, unless you and your dependents qualify for Special Enrollment Rights outside of the Open Enrollment period.

As long as you're eligible for benefits, you receive your own coverage at no charge. If you'd like to cover your eligible dependents, you may enroll them, but you must pay a monthly dependent coverage premium, which is payable quarterly in advance. Dependent coverage premiums are not required for Certified Retirees age 65 and over who don't have active earned coverage.

## **Enrolling Your Dependents – Special Enrollment**

*(The following wording replaces the second paragraph of the "Enrolling Your Dependents" subsection in the "Who's Eligible" on page 8):*

To enroll your dependents, you must submit a completed dependent card, along with your premium payment, to the Fund generally within 30 days of the date you become eligible. **If you don't enroll your dependents within this 30-day period, you won't be able to enroll them until the next Open Enrollment period unless you qualify to Special Enroll your dependents in the Fund as described below.**

Additionally, if you decline coverage for your dependents (including your spouse) because of other health insurance coverage, and your dependents then lose that coverage (or if the employer stops contributing toward your dependents' other coverage), you and your dependents have a right to Special Enroll in the Fund. In order to do so, you must request enrollment from the Administrative Office within 30 days after the other coverage ends (or after the employer stops contributing towards the other coverage) and provide proof of the termination from the other health insurance plan. If a timely special enrollment request is made due to marriage, coverage

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under the Fund will become effective as of the first day of the month after the month in which the Special Enrollment request was made.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, your dependent will have a right to Special Enroll in the Plan provided that you request Special Enrollment with the Administrative Office within 30 days after the marriage, birth, adoption, or placement for adoption. If you timely request to Special Enroll in the plan due to birth, adoption or placement for adoption of a dependent child, the coverage will become effective as of the date of the child's birth, adoption or placement for adoption.

Effective April 1, 2009, if you and/or your dependent's Medicaid or State Children's Health Insurance Program ("CHIP") coverage is terminated due to loss of eligibility; or if you and/or your dependent become eligible for a premium assistance subsidy under Medicaid or CHIP, then you may enroll yourself and/or your dependents in the Fund *within 60 days* of such event.

If you and/or your dependents have a Special Enrollment Right, you and your dependents may have the right to Special Enroll in any benefit option for which you are eligible under the Fund. (For example, if you reside in California and are enrolled in the Regular Plan with a dental PPO and subsequently obtain a new dependent, you have the option of enrolling your dependent in Plan you are currently in (i.e., the Regular Plan with the dental PPO), or enrolling you and your dependent in the Regular Plan with the dental HMO, provided you are otherwise eligible for the Dental HMO).

#### **Eligibility – Certificate of Creditable Coverage**

*(The following wording is being added as the last paragraph of the "When Coverage Ends" subsection of the "Who's Eligible" section on page 11):*

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), when you or any of your dependents lose coverage, the Fund will send you a certificate verifying the length of your coverage. This certificate may help you obtain coverage under another plan without a pre-existing condition exclusion. You and your dependents may request a coverage certificate prior to termination of coverage and within 24 months of the date coverage was lost. To make this request, contact the Administrative Office.

#### **Lifetime Maximum – Certificate of Creditable Coverage**

*(The following wording replaces the first paragraph of the "Lifetime Maximum Benefit" subsection of the "Paying for Your Care" Section on page 25)*

The "lifetime maximum benefit" is the maximum medical benefits payable for a covered person throughout his/her lifetime. Once the lifetime maximum benefit is reached, no additional plan benefits will be paid. The lifetime maximum benefit is the same amount whether you use network providers or non-network providers. When a claim is denied based upon the application of the lifetime maximum benefit limit, this will count as a loss of coverage, triggering your right to a HIPAA coverage certificate. This certificate may help you obtain coverage under another plan without a pre-existing condition exclusion.

### **FAQs – Change in Status**

*(The following wording replaces the answer to the Frequently Asked Question of “Does my newborn automatically have coverage?” on page 93):*

Yes, your newborn is automatically covered for 31 days after birth. But to continue coverage after that time, you must Special Enroll your child by submitting a completed dependent card and proof of birth, and pay the required dependent coverage premium by the 31st day following the birth of your child.”

*(The following wording replaces the answer to the Frequently Asked Question of “I plan on adopting. Can my adopted child receive coverage?” on page 93):*

Yes, if you Special Enroll your newly adopted child as a covered dependent and pay the required dependent coverage premium within 30 days following the adoption or placement for adoption. You may also enroll your adopted child during an Open Enrollment period. When you enroll your adopted child, you’ll be required to provide the Fund with a copy of the adoption, guardianship or placement documents.

### **Requesting a Certificate of Creditable Coverage**

*(The following section is being added immediately following the section entitled “Your Rights Under the Health Insurance Portability and Accountability Act (HIPAA)” on page 90):*

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), when you or any of your dependents lose coverage, the Fund will provide you with a coverage certificate verifying the length of your coverage under the plan. This certificate may help you obtain coverage under another plan without a pre-existing condition exclusion. If you elect self-pay continuation coverage, you and your covered dependents will also receive a coverage certificate after self-pay coverage ends.

You and your dependents may request a coverage certificate while you are covered under the plan or within 24 months after your coverage under the plan ends. This request also can be made by another individual on behalf of you or your dependents. For example, an individual who was previously covered under the plan may authorize a subsequent health plan in which the individual is enrolled to request a certificate of the individual’s credible coverage from the plan. An individual is entitled to receive a coverage certificate upon request even if the plan has previously issued a coverage certificate to that individual.

Requests for coverage certificates should be addressed to Writers’ Guild-Industry Health Fund, 1015 North Hollywood Way, Burbank, California, 91505, (818) 846-1015 (toll free outside Los Angeles Area (800) 277-7863). Telephone requests will be accepted only if the coverage certificate is to be mailed to the address that the Fund has on file for the individual for whom the coverage certificate is requested. Other requests must be made in writing.

All requests must include:

- The name of the individual for whom the coverage certificate is requested;
- The last date that the individual was covered under the Fund;

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- The name of the participant that enrolled the individual in the Fund; and
- A telephone number where the individual requesting the coverage certificate may be reached.

Requests that are required to be made in writing must also include:

- The name of the person making the request and evidence of that person's authority to request and receive the coverage certificate on behalf of the individual;
- The address to which the coverage certificate should be mailed;
- And the requester's signature.

After receiving a request that meets these requirements, the Fund will provide a coverage certificate within a reasonable time.

**Glossary – Special Enrollment**

*(The following terms shall be added in the “Glossary” section on page 100):*

SPECIAL ENROLL, SPECIAL ENROLLMENT OR SPECIAL ENROLLMENT RIGHT: The right you and/or your dependents have to enroll in the Fund outside the Open Enrollment period upon the occurrence of certain events.

If you have any questions regarding any of the information contained in this notice, please contact the Eligibility Department of the Administrative Offices by calling the number(s) below and selecting “3” when prompted.

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**Medicaid and the Children's Health Insurance Program (CHIP)  
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer (which includes coverage provided through plans sponsored by unions and employers, like the WGA-Industry Health Fund), but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. These are existing State programs and are not related to the Health Care Reform Act.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined by the State that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage from the plan within 60 days of being determined eligible for premium assistance.**

If you would like to request that you be provided with this special enrollment opportunity from the WGA Health Fund, please contact the Eligibility Department at 818-846-1015 or 800-227-7863 to request the necessary forms.

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums based on the criteria above. The following list of States is current as of March 3, 2010. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443
<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone: 1-800-866-3513 CHIP Website: <a href="http://www.CHIPplus.org">http://www.CHIPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b>	
Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone: 602-417-5422	
<b>ARKANSAS – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a> Phone: 1-888-474-8275	Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-866-762-2237
<b>GEORGIA – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a>

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Phone: 1-800-869-1150	Telephone: 1-800-694-3084
<b>IDAHO – Medicaid and CHIP</b>	<b>NEBRASKA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 208-334-5747 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092
<b>INDIANA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a> Phone: 1-877-438-4479	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA – Medicaid</b>	
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 800-766-9012	Website: <a href="http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm">http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</a> Phone: 1-800-852-3345 x 5254
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	
Website: <a href="http://www.dhh.louisiana.gov/offices/?ID=92">www.dhh.louisiana.gov/offices/?ID=92</a> Phone: 1-888-342-6207	
<b>MAINE – Medicaid</b>	<b>NEW MEXICO – Medicaid and CHIP</b>
Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a> Phone: 1-800-321-5557	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>MASSACHUSETTS – Medicaid and CHIP</b>	
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	
<b>MINNESOTA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 800-657-3739	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MISSOURI – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a> Phone: 573-751-6944	Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>	<b>UTAH – Medicaid</b>

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Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Website: <a href="http://health.utah.gov/medicaid/">http://health.utah.gov/medicaid/</a> Phone: 1-866-435-7414
<b>OKLAHOMA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a> Telephone: 1-800-250-8427
<b>OREGON – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.oregon.gov/DHS/healthplan/index.shtml">http://www.oregon.gov/DHS/healthplan/index.shtml</a> Medicaid Phone: 1-800-359-9517 CHIP Website: <a href="http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml">http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml</a> CHIP Phone: 1-800-359-9517	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>PENNSYLVANIA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm">http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm</a> Phone: 1-800-644-7730	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtml">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtml</a> Phone: 1-877-543-7669
<b>RHODE ISLAND – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.wvrecovery.com/hipp.htm">http://www.wvrecovery.com/hipp.htm</a> Phone: 304-342-1604
<b>SOUTH CAROLINA – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm">http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.health.wyo.gov/healthcarefin/index.html">http://www.health.wyo.gov/healthcarefin/index.html</a> Telephone: 307-777-7531

To see if any more States have added a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

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