

**COBRA CONTINUATION COVERAGE  
 ELECTION FORM**

**Instructions:** To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage through the Health Fund.

Send this completed Election Form to:

**Eligibility Department  
 Writers' Guild-Industry Health Fund  
 2900 W Alameda Ave Suite 1100  
 Burbank, CA 91505**

This Election Form must be completed and returned by mail or fax no later than 60 days after your coverage ends.

If you do not submit a completed Election Form within 60 days of the date of this notice, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form within the 60 day window. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form. Your payment is due within 45 of receipt of the date we received your election form, though you may submit payment with this form to expedite activation of your coverage.

\_\_\_\_\_ I (We) have read the above information and do not want to continue health coverage.

\_\_\_\_\_ I (We) have read the above information and want health coverage continued for the persons listed on this enrollment form.

\_\_\_\_\_  
 Writer's Name Date of Birth Unique ID#

\_\_\_\_\_  
**Or other eligible person electing COBRA** Date of Birth

\_\_\_\_\_  
 Street Address City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Check One: Single\_\_\_\_ Married\_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Are you or your spouse covered by Medicare? Yes\_\_\_\_ No\_\_\_\_

If yes, check the appropriate space and submit a copy of your/their Medicare ID card. Self\_\_ Spouse\_\_

**YOUR COBRA PLAN WILL BE SECONDARY TO MEDICARE.**

**List all persons (including yourself)** to be covered under the COBRA continuation health coverage provided by the Writers' Guild - Industry Health Fund. Only persons listed below will be covered, provided they meet the eligibility requirements for this coverage, as set forth in this material. (If you need more space, you may use another sheet of paper.)

1. _____ (Writer- only if electing coverage)	Date of Birth	Other Insurance? Yes/no
2. _____ (Spouse)	Date of Birth	Other Insurance? Yes/no
3. _____ (Dependent)	Date of Birth	Other Insurance? Yes/no
4. _____ (Dependent)	Date of Birth	Other Insurance? Yes/no
5. _____ (Dependent)	Date of Birth	Other Insurance? Yes/no

\_\_\_\_\_  
 Signature of writer or person electing (over age 18)

\_\_\_\_\_  
 Date

**PLEASE REFER TO THE ENCLOSED COBRA SCHEDULE  
 FOR MONTHLY RATES**

**IMPORTANT CHECK ONE:**

- \_\_\_\_\_ Plan **C/RC** Regular PPO Medical/Hospital, RX, Vision, Wellness, Delta Dental (DPO)
- \_\_\_\_\_ Plan **B/RB** Regular PPO Medical/Hospital, RX, Vision, Wellness (no Dental)
- \_\_\_\_\_ Plan **CU/RU** Regular PPO Medical/Hospital, RX, Vision, Wellness, Delta Care (DMO)\*\*  
**\*\*For individuals who reside in California only. If you choose Plan CU, contact the Fund office immediately to request the directory and enrollment form.**
- \_\_\_\_\_ Plan **L/RL** Low-Option Medical & Hospital Only  
**\*\*This plan has a \$750 deductible and does not include Dental, RX, Vision, Wellness, or Life Insurance**

**Important information for New York State Residents:** If you are a resident of New York State and would like to apply for their assistance program please contact the Albany Health Bureau of the New York State Department of Insurance at (518) 473-6107.

<b>WRITERS' GUILD-INDUSTRY HEALTH FUND – REGULAR COBRA MONTHLY RATES</b>			
<b>APRIL 1, 2021 THROUGH MARCH 31, 2022</b>			
	<b>Single</b>	<b>Two-Party</b>	<b>Family</b>
<b>Plan C</b> - Regular Medical/Hospital, Delta Dental (DPO), Rx, Vision, Wellness	\$910.07	\$1,800.98	\$2,445.13
<b>Plan B</b> - Regular Medical/Hospital, Rx, Vision, Wellness (no dental)	\$856.09	\$1,696.59	\$2,304.30
<b>*Plan CU</b> - Regular Medical, Delta Care Dental (HMO), Rx, Vision, Wellness	\$926.46	\$1,733.37	\$2,325.90
<b>Plan L</b> - Low Cost <b>Medical/Hospital ONLY</b> - \$750 Deductible	\$583.44	\$1,154.18	\$1,566.92
<b>COBRA MONTHLY RATES FOR CHILDREN OR EX-SPOUSES OF CERTIFIED RETIREES</b>			
	<b>Single</b>	<b>Two-Party</b>	<b>Family</b>
<b>Plan RC</b> - (same as Plan C above)	\$708.17	\$1,395.16	\$1,891.87
<b>Plan RB</b> - (same as Plan B above)	\$641.30	\$1,264.86	\$1,715.73
<b>*Plan RU</b> - (same as Plan CU above)	\$704.13	\$1,302.05	\$1,741.12
<b>Plan L</b> - (same as Plan L above)	\$634.18	\$1,256.17	\$1,705.89
<p><b>*The CU &amp; RU plans are available to California residents only.</b>  <b>If you are choosing the CU or RU plan please contact the Eligibility Department and ask for the DeltaCare USA enrollment information.</b></p>			

### HOW TO LOCATE A BLUECARD® NETWORK PROVIDER

**There are two ways you can find doctors and hospitals that participate in the PPO plan:**

You may call at (800) 810-BLUE (2583) for assistance in finding a PPO physician or hospital. Be sure to tell the Customer Service Representative that your three digit alpha prefix is WRX.

You may also use our website, [www.pwga.org](http://www.pwga.org), and click on the **Find Participating Provider** link to select a hospital network or physician in your area. Your ID# is 12 digits: a 3-digit alpha prefix (WRX) is followed by your unique ID# (**A12345678**). It is very important for your providers to use the entire 12 digit ID# on claims submission to all medical and dental providers. Please be sure to follow the claim submission information that is located on the back of your new ID card.

## MAINTAINING COVERAGE BETWEEN ASSIGNMENTS DESCRIPTION OF THE LOW OPTION PLAN (PLAN L)\*

With the cost of health care being what it is, no one should be without coverage if at all possible. To make COBRA Continuation coverage more affordable to Writers who don't qualify for plan coverage, we have adopted a couple of changes to the COBRA Continuation Coverage plans offered under the Health Fund.

First, life and accidental death and dismemberment insurance has been deleted from the COBRA Continuation coverage plan options with an accompanying reduction in cost. Second, we have adopted an additional comprehensive medical plan referred to as The Low Option Plan (Plan L) which can be purchased at a lower cost than the current Cobra Continuation plan options (which will continue to be available).

Before any benefits are payable under Plan L, hospital or otherwise, you must satisfy the annual deductible. The key provisions of Plan L are as follows:

Annual Deductible	\$750 per individual \$2,250 per family
In Network	Plan pays 70% You pay 30%
Out of Network	Plan pays 60% You pay 40%
Annual Out-of -Pocket Maximum	\$4,500 per individual in network \$20,000 per individual out of network

In addition, if your care requires hospitalization or outpatient surgery, you will need to have the hospital stay or surgery pre-certified. If you do not get the required pre-certification, there will be a \$500 reduction in benefits in addition to the deductible and coinsurance required on hospital confinements.

\*Plan L provides medical and hospital coverage only. Life, accidental death and dismemberment insurance, prescription drug benefits, dental benefits, vision, and wellness benefits ***are not included.***

For more details on this coverage, you may contact our offices and reach the Participant Services Department by dialing 1 when prompted, then dialing 1 again. You may also visit our website for additional information at:

[https://wgaplans.org/health/forms/Summary\\_Of\\_Benefits\\_Booklet.pdf](https://wgaplans.org/health/forms/Summary_Of_Benefits_Booklet.pdf)