

# Minimum Increase In Qualifying Minimums Notice

August 21, 2020

## TO: ALL PARTICIPANTS

### **CHANGE IN QUALIFYING EARNINGS AMOUNT FOR ACTIVE (EARNED) ELIGIBILITY**

A writer qualifies for Health Fund coverage by earning the WGA minimum for a one-hour network primetime story and teleplay within four consecutive calendar quarters.

As of July 1, 2020, the WGA minimums will increase and a writer will have to earn \$39,858.00 of *covered reportable compensation* within four consecutive calendar quarters in order to qualify for one year of Health Fund coverage.

### **EXPLANATION OF AN EARNINGS CYCLE**

#### NOTICE OF MINIMUM INCREASE TO QUALIFY FOR HEALTH COVERAGE

Effective July 1, 2020, a writer must earn a minimum \$39,858 for covered writing services within a period of four consecutive quarters in order to qualify for health coverage.

When you first become employed, your signatory employer reports your earnings to the Health Fund; this starts your initial four-quarter earnings cycle. Once qualified for coverage, a writer has a specific four-quarter earnings cycle in which they must *continue* to satisfy the earnings minimum in order for coverage to continue without interruption from year to year.

#### **REAL WORLD SCENARIOS**

##### **EXAMPLE 1** – Earning Cycle Ending 3/31/2020:

Let's say you earned \$17,000 in September of 2020, and then another \$22,900 in March 2020 for a total of \$39,900. Congratulations! You qualify for a year of healthcare coverage that begins on July 1, 2020.

Why July 1st instead of March 1st or April 1st? There is a "one-quarter processing period" between the quarter when you qualify and when your coverage actually begins. In this example, you qualified in the 1st quarter of 2020, therefore; the processing period is the 2nd quarter of 2020 (4/1/20 to 6/30/20).

**EXAMPLE 2** – Earning Cycle Ending 9/30/20 (new minimum is applicable):

What happens if you earn \$17,000 in December of 2019, and then earn an additional \$22,700 on July 10, 2020? The \$39,700 would no longer be enough to qualify for Health Fund coverage because on July 1, 2020, the minimum increases to \$39,858. If you had earned the additional \$22,700 by June 30, 2020, you would have qualified because you met the minimum the day before the earnings minimum went up.

If you then earn an additional \$158.00 in the 3<sup>rd</sup> quarter (7/1/20 to 9/30/20), you would qualify for coverage based on the new earnings minimum of \$39,858, the “processing quarter” would be the 4<sup>th</sup> quarter (10/1/20 to 12/31/20), and your Health Fund coverage would begin on January 1, 2021 for one year.

The chart below shows how the Health Fund coverage qualification rules are applied and how coverage is earned based on the new earnings minimum effective July 1, 2020:

Quarter Earnings Minimum is satisfied:	Amount required to qualify	Processing Quarter:	Coverage Begins:	Coverage Ends:	Earnings Cycle for next year of coverage:
3 <sup>rd</sup> quarter 2020 (7/1/20-9/30/20)	\$39,858	4 <sup>th</sup> quarter 2020	1/1/2021	12/31/2021	10/1/2020 to 9/30/2021
4 <sup>th</sup> quarter 2020 (10/1/20-12/31/20)	\$39,858	1 <sup>st</sup> quarter 2021	4/1/2021	3/31/2022	1/1/2021 to 12/31/2021
1 <sup>st</sup> quarter 2021 (1/1/21-3/31/21)	\$39,858	2 <sup>nd</sup> quarter 2021	7/1/2021	6/30/2022	4/1/2021 to 3/31/2022
2 <sup>nd</sup> quarter 2021 (4/1/21-6/30/21)	\$39,858	3 <sup>rd</sup> quarter 2021	10/1/2021	9/30/2022	7/1/2021 to 6/30/2022

Please note that if you have reached the ceiling on a project (\$250,000) or received compensation that is not subject to reporting, these earnings may not be applicable to Health Fund eligibility.

Non-reportable compensation includes the following items: 1) Excerpt payments, 2) Royalties, 3) Character payments, 4) Options, 5) Late fees, 6) Expenses, 7) Theatrical residuals, 8) Over-ceiling TV residuals, 9) Separated rights payments, 10) Publication fees, and 11) Amounts over the weekly staff, 14K and 14E2 minimums (unless otherwise contracted). A detailed summary of what is and is not covered *reportable compensation* can be found on our website at:

[https://wgaplans.org/contributions/forms/Reportable\\_Summary\\_Schedule.pdf](https://wgaplans.org/contributions/forms/Reportable_Summary_Schedule.pdf)

For a one-hour daytime serial program, if you are a writer of thirteen (13) breakdowns during one thirteen-week cycle, who has been paid a total of less than \$39,858, you may still be eligible to receive one year's Health Fund eligibility. Please call the Employer Compliance Department at the Administrative office for details.

Should you have any questions or concerns, we encourage you to contact the Eligibility Department at the Administrative Office so that we may assist you. We are here to be your trusted guide.

Sincerely,

*BOARD OF DIRECTORS/TRUSTEES*



## 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, 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](mailto: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>.

<b>ATTENTION: FREE LANGUAGE ASSISTANCE</b>	
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 - 1-800-227-7863 (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).