

SUMMARY OF MATERIAL MODIFICATIONS

TO: All 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:

- Removal of certain exclusions for transgender services

PLAN BENEFIT CHANGES

The Writers' Guild-Industry Health Fund ("the Fund") is implementing changes to Plan benefits to expand the transgender services that may be considered medically necessary, beginning June 1, 2022.

What Does this Mean for You?

Currently, the Fund covers medically necessary transgender services, subject to exclusions for certain services related to gender transition.

Consistent with evolving standards of medical necessity, effective June 1, 2022, this benefit modification expands the Fund's coverage by removing certain exclusions for services deemed not to be medically necessary under prior clinical guidelines. This change eliminates the blanket exclusion of certain services from Fund coverage, but does not guarantee coverage. In order to be covered, the services must still meet all of the Plan's medical necessity requirements.

For more information about what is covered by the Fund's expanded transgender services benefit, please read below.

TRANSGENDER SERVICES

Services and supplies provided in connection with gender transition are covered if you have been diagnosed with gender identity disorder or gender dysphoria by a licensed health care professional acting within the scope of his/her license.

This coverage is provided according to the terms and conditions of the Plan that apply to all other covered medical conditions (including medical

necessity requirements, utilization management, and exclusions) for the following:

- Transgender surgery (also known as gender reassignment surgery);
- Continuous hormone replacement therapy (hormones of the desired gender);
- Laboratory testing to monitor the safety of continuous hormone therapy;
- Diagnosis of, and psychotherapy for, gender identity disorders/dysphoria and associated comorbid psychiatric diagnoses; and
- Puberty-Suppression Hormone Therapy for transgender adolescents.

Coverage is provided and payable according to the Plan benefit that applies to that specific service. For example, transgender surgery, if it is Medically Necessary and meets the guidelines of the Plan, would be covered on the same basis as any other covered Medically Necessary surgery; hormone therapy would be covered under the Plan's prescription drug benefits, and psychotherapy would be covered under the medical benefit. If coverage for a specific service is not included, the service will not be covered. Effective June 1, 2022, this coverage includes the following covered services, when Medically Necessary, which were previously excluded from coverage:

- | | |
|---------------------------------------------------------|---------------------------------------------|
| • Blephoroplasty | • Lip reduction/enhancement |
| • Breast augmentation | • Laryngoplasty |
| • Brow lift | • Lipofilling/collagen injections |
| • Calf implants | • Liposuction |
| • Chin augmentation/implant or genioplasty | • Malar (cheek) implants |
| • Face lift | • Mons lift/mons reduction |
| • Facial bone reconstruction | • Pectoral implants |
| • Forehead contouring | • Rhinoplasty |
| • Gluteal augmentation/buttocks implant | • Rib excision |
| • Hair removal/hairplasty | • Scalp (hairline) advancement |
| • Jaw implant | • Thyroid cartilage reduction/chondroplasty |
| • Jaw reduction (jaw contouring) and/or chin re-shaping | • Tracheal shave |
| | • Voice modification |
| | • Voice therapy |

However, not all charges related to transgender services are eligible for coverage under the Fund. Examples of **non-covered** services or expenses include, but are not limited to:

- Breast reduction;
- Drugs for hair loss or hair growth;
- Drugs for sexual performance or cosmetic purposes;
- Sperm or gamete procurement for future infertility or storage of sperm, gametes, or embryos;

- Treatment received outside the United States; and
- Transportation, meals, lodging, or similar expenses

Surgery related to transgender services including transgender surgery (also called gender reassignment surgery) are subject to prior authorization in order for coverage to be provided. 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.

Preauthorization Coverage Criteria:

- 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;
- For surgical intervention (with the exception of female to male transgender chest reconstruction when medically necessary), the patient must be 18 years or older; and
- Before surgery, the patient must, among other things, complete 12 months of successful continuous full-time real-life experience in their desired gender.

The above is not an all-inclusive list. Contact the Fund Office for specific and detailed guidelines regarding benefits for treatment of gender identity disorder and gender dysphoria.

For individuals with gender dysphoria who are not planning reassignment surgery, contact the Fund Office for Plan benefits.

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	
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).