

SUMMARY OF MATERIAL MODIFICATIONS

TO: All Covered Plan Participants

FROM: The Writers' Guild-Industry Health Fund



This document is a Summary of Material Modification (SMM), intended to notify you of changes to your benefits under the Writers' Guild-Industry Health Fund.

These changes include:

- The Fund is participating in an Express Scripts/SaveonSP program. With SaveonSP's help, Participants enroll in copay assistance programs with drug manufacturers, which helps reduce costs for Participants and the Fund.
- If you participate in the copay assistance program, you will have no out-of-pocket cost for certain specialty drugs. (If you do not, the copayment is higher for these drugs.)

PLAN BENEFIT CHANGES

The Writers' Guild-Industry Health Fund ("the Fund") is implementing changes to the Plan benefits indicated herein, beginning February 1, 2021.

SaveonSP Specialty Pharmacy Copayment Assistance Program

The Fund is participating in a program offered by Express Scripts through a company called SaveonSP. This program is intended to help the Fund and Participants save money on certain specialty medications by obtaining copay assistance from drug manufacturers when such assistance is offered. A Participant who participates in the copay assistance program will have no out-of-pocket cost for certain specialty drugs.

Under the program, Participants will continue to go through ESI's specialty pharmacy, Accredo, to obtain their specialty drugs. However, as part of that process, SaveonSP identifies certain high cost specialty drugs that are eligible for copayment assistance through the drug manufacturer, and SaveonSP helps Participants enroll in the copay assistance program with the drug manufacturers. The copayment assistance that a Participant receives from the drug manufacturer and other payments under the program are expected to cover completely the Participant's cost share for the specialty drug, so that there is no required payment from a Participant. If a Participant's request to enroll in a manufacturer copay assistance program is declined, or if a Participant enrolls but the entire copay is not covered by the program, the Participant's cost share will still be zero under the terms of this program.

If you are taking a qualifying drug, you will be contacted by SaveonSP to participate in this copayment assistance program and **if you participate, you will have no out-of-**

pocket costs for the drug. In order to qualify for the copayment savings, you must enroll in the program.

While you are not required to participate in a copayment assistance program in order to receive coverage, Participants who do not participate in the program will be responsible for paying a higher copayment for certain specialty drugs (rather than the Plan's usual copayment). The list of these specialty drugs and the applicable copayment amounts will vary over time depending on which drugs are included in the program. The copayment will be based on the amount of any available manufacturer copayment assistance. **This could result in much higher cost sharing for those who decide not to participate in the program.**

Example: Joe gets a new prescription for Humira. This is a specialty drug, so Joe contacts Express Scripts/Accredo to get it filled. Since Humira is on the list of specialty drugs that are part of the copayment assistance program, SaveonSP will reach out to Joe and assist him in signing up for copayment assistance. If Joe signs up for copayment assistance, he will have no out-of-pocket cost for his prescription. If Joe does not sign up for copayment assistance, his copayment will be \$1,330, which is currently the special copayment that applies for Humira.

In addition, the cost of drugs included in the program will not be applied toward satisfying the Participant's out-of-pocket maximum (either the Coinsurance Network Out-of-Pocket Limit or the ACA Out-of-Pocket Limit) in all cases, whether or not you choose to participate in the program. Although the cost of these drugs will not be applied toward satisfying the out-of-pocket maximum, Participants enrolled in the program will not have any cost share obligation for the drugs that are covered by the program.

If you are currently taking a prescription drug that is on the list of the drugs that are eligible for the copayment assistance program, you will receive a mailing from SaveonSP describing the program along with enrollment information. If you are prescribed an eligible drug for the first time, Accredo will connect you with SaveonSP to complete your enrollment into copay assistance.

A current list of drugs eligible for the copayment assistance program and their copayment amounts (which are fully covered by the program if you enroll) is attached to this summary. However, this list changes from time to time – you can find an updated list of program drugs at www.saveonsp.com/wga. You can also request an updated list from the Fund Office (818.846.1015).

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In accordance with the above, the following language is added to the SPD at the end of the What You Pay section on page 127:

Effective February 1, 2021 the Health Plan is participating in a specialty pharmacy copay assistance program. Under the program, participants can enroll in copay assistance programs with drug manufacturers for certain high cost specialty drugs. **The copayment assistance that you receive from the drug manufacturer and other payments under the program are expected to cover completely the Participant's cost**

share for the specialty drug, so that there is no required payment from you as long as you remain enrolled in the assistance program and the medication qualifies for the assistance.

The specialty drugs included in the program are non-essential health benefits under the Plan and the cost of those specialty drugs will not be applied toward satisfying your Coinsurance Network Out-of-Pocket Limit or the ACA Out-of-Pocket Limit in all cases, whether or not you choose to participate in the copayment assistance program.

Although the cost of the program's drugs will not be applied toward satisfying your out-of-pocket maximums, the manufacturer and/or other payments under the program cover the copayment required for these drugs, and there is no cost share charge to you. Even in circumstances where you apply to enroll in the manufacturer copay assistance program but are denied, or if a manufacturer assistance payment doesn't cover the full copayment, there is still no payment due from you.

Copays for the program's drugs are reset under the Plan based on the amount of any available manufacturer copay assistance. Therefore, **if a Participant doesn't participate in the program, the Participant's copayment is likely to be higher than it was before the program took effect.**

The list of program drugs and their copayment amounts change from time to time. An updated list of program drugs and their copayments amounts can be found at www.saveonsp.com/wga or obtained by request from the Fund Office (818.846.1015).

In addition, the body of the section entitled Expenses that Do Not Accumulated to the ACA In-Network Out-Of-Pocket Limit on page 63 of the SPD is revised to read as follows:

Under the Plan, each year, you are responsible for paying the following expenses out of your own pocket. These expenses do not accumulate towards the ACA In-network Out-of-Pocket Limit or the Coinsurance Out-of-Pocket Limit:

- All expenses for medical services or supplies that are not covered by the Plan;
- All charges in excess of the Allowed Charge determined by the Plan;
- All charges in excess of the Plan's maximum benefits, or in excess of any other limitation of the Plan;
- All expenses for medical services or supplies in excess of Plan benefits;
- the cost of drugs included in the SaveonSP program, including the applicable cost share amounts, whether or not you choose to participate in the program; and
- In the case of the ACA Out-of-pocket Limit, all expenses for medical services or supplies obtained from out-of-network providers, except for services provided by an out-of-network provider that is directly related to a medical emergency.

In addition, the following bullet is added to the IMPORTANT NOTES at the bottom of page 10 of the SPD:

- For specialty drugs eligible for the SaveonSP copayment assistance program, the copayment amount is higher than listed above. Your cost share will be \$0 if you participate in the program (because the applicable copayment is covered by the copayment assistance). If you do not participate in the program, you will need to pay the full, higher copayment amount. You can obtain information about the specialty drugs eligible for this program and the amount of the copayment at www.saveonsp.com/wga or by calling the Administrative Office.

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