

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:

- Certain pre-surrogacy services performed on or after August 1, 2025, will be covered under the Fund's infertility benefit, subject to current rules and benefit lifetime maximum of \$30,000

PLAN BENEFIT CHANGES

The Writers' Guild-Industry Health Fund (the "Fund") is implementing changes to the Plan benefits indicated herein, effective August 1, 2025.

INFERTILITY BENEFIT

The Fund currently provides coverage for medically necessary infertility treatment with a medical diagnosis of infertility through Carrot, up to a lifetime maximum benefit of \$30,000 for expenses incurred by an eligible Participant and their covered spousal dependent. Effective for services performed on or after August 1, 2025, expenses associated with certain pre-surrogacy services (sperm extraction and analysis, donor egg, retrieval, fertility medications for the donor, and the creation of the embryo) will be eligible for reimbursement under the Fund's infertility benefit. All the current rules and limitations regarding the Fund's infertility benefit continue to apply.

For more information about the Fund's infertility benefit, please see the description starting on page 126 of your summary plan description (SPD).

IMPORTANT NOTE ON TAXATION

Certain pre-surrogacy services that do not meet the Internal Revenue Code Section 213(d) definition of medical care are taxable to you. Pre-surrogacy services are taxable unless they directly affect the structure or function of the body of the participant or the participant's spouse. Thus, if a service is performed directly on

the body of your dependent spouse, then it is generally not taxable. For example, a female participant creates an embryo with her egg and her spouse's sperm and has a gestational surrogate carry the pregnancy. In that case, the fertility medications and egg and sperm retrieval procedures would generally not be taxable because they were performed directly on the body of a participant or her spouse. If a participant and a spouse are using a donor egg or donor sperm, those retrieval procedures would be taxable as they would not be performed directly on the body of a participant or dependent spouse.

Because payments for those expenses are made on a taxable basis, you will receive a W-2 for those payments. The Fund will pay the required withholding amount associated with any taxable pre-surrogacy benefits and report those amounts as income to you. Keep in mind that you are fully responsible for expenses that exceed the \$30,000 lifetime maximum. If you have questions about the taxability of your service, please contact the PWGA Fund Office.

REMINDER

Infertility treatment must be obtained from an in-network Carrot provider to be eligible for coverage from the WGA Health Fund. Infertility treatment coverage is limited to a lifetime maximum of \$30,000 per eligible Participant and spousal dependent. If the Participant and their covered spouse are both receiving infertility treatment, each will have their own \$30,000 lifetime limit. Neither limit may be applied toward the other's expenses. The limitations and exclusions for the infertility benefit are explained in the WGA Health Fund SPD beginning on page 126.

DISCRETIONARY AUTHORITY OF THE FUND'S BENEFITS COMMITTEE AND ITS AUTHORIZED DESIGNEES

The SPD currently states the following:

The Trustees and their duly authorized designee(s) have the exclusive right, power, and authority, in their sole and absolute discretion, to administer, apply, and interpret the Fund, including this SPD, the Trust Agreement, and any other Plan documents, and to decide all matters arising in connection with the operation or administration of the Fund. [T]he Trustees and/or its duly authorized designee(s) shall have the sole and absolute discretionary authority to:

- Take all actions and make all decisions with respect to an individual's eligibility for, and the amount of, benefits payable under the Fund;

- Formulate, interpret and apply rules, regulations, and policies necessary to administer the Fund in accordance with its terms;
- Decide questions, including legal or factual questions, relating to eligibility for benefits and the calculation and payment of benefits under the Fund;
- Resolve and/or clarify any ambiguities, inconsistencies, and omissions arising under the Plan and the Plan documents, including but not limited to this SPD and all modifying updates or the Trust Agreement;
- Process and approve or deny benefit claims; and
- Determine the standard of proof required in any case.

All determinations and interpretations made by the Trustees and/or its duly authorized designee(s) shall be final and binding upon all Participants, beneficiaries, and any other individuals claiming benefits under the Health Plan.

No individual other than the Trustees or their duly authorized designee(s) has any authority to make any representations or promises to you about the Fund or your benefits under the Health Plan, or to change the provisions of the Health Plan.

As a reminder: The Benefits Committee is a duly authorized delegee of the Board of Trustees for that purpose, as is any delegee of the Benefits Committee, which includes the Fund's Administrative Office. With respect to the determination of all appeals, the Benefits Committee or its authorized delegee is the duly authorized delegee of the Board as described in the preceding sentence. (See page 196 of the Summary Plan Description).

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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