

Summary of Material Modifications – December 2023

This Summary of Material Modifications (SMM) describes changes the Trustees made to the Health Plan in the second half of 2023 that will take effect on January 1, 2024. This SMM also describes the extension of eligibility effective October 1, 2023 and the elimination of coverage of over the counter at-home test kits for COVID-19, all subject to the requirements set forth below.

Changes Effective January 1, 2024:

- 1. Extended Eligibility for Coverage**
- 2. Expanded Benefits for Ultrasound Breast Screening**
- 3. Expanded Coverage for Travel for Gender-Affirming Care Services**
- 4. Expanded TMJ Coverage**

Detailed Explanations:

1. Extended Eligibility for Coverage

The Trustees approved the joint recommendation of the bargaining parties included in the Strike Suspension Agreement, to extend coverage to qualifying Active Participants by one quarter and to qualifying Senior Performers by one year, both who had reported earnings (or, for Active Participants, the minimum number of Eligibility Days under the Alternative Days rule) set forth below, subject to payment of the required premiums. *Note that the future earnings and days requirements described below, other than for coverage effective January 1, 2024, are subject to the Trustees' reserved right to change eligibility and benefits parameters in their discretion.*

Active Participants (other than COBRA Participants)

If you are an Active Participant losing coverage as of January 1, 2024, April 1, 2024, July 1, 2024, October 1, 2024 and January 1, 2025 you will receive a one-quarter extension of coverage, provided you earned at least the amounts (or worked the number of alternative days calculated as set forth in the 2023 Summary Plan Description at page 9) shown in the chart below during your Base Earnings Period. As shown below in the chart, the extension will also result in a new Base Earnings Period and new Benefit Period. You will receive only one three-month extension.

Coverage Extension						
Losing coverage on	Current Base Earnings Period	Requirements	Days	New coverage end date	New Base Earnings Period	New Benefit Period*
1/1/2024	10/1/2022-9/30/2023	\$15,441	60	3/31/2024	1/1/2023-12/31/2023	4/1/2024-3/31/2025
4/1/2024	1/1/2023-12/31/2023	\$13,235	51	6/30/2024	4/1/2023-3/31/2024	7/1/2024-6/30/2025
7/1/2024	4/1/2023-3/31/2024	\$13,235	51	9/30/2024	7/1/2023-6/30/2024	10/1/2024-9/30/2025
10/1/2024	7/1/2023-6/30/2024	\$17,647	68	12/31/2024	10/1/2023-9/30/2024	1/1/2025-12/31/2025
1/1/2025	10/1/2023-9/30/2024	\$24,264	93	3/31/2025	1/1/2024-12/31/2024	4/1/2025-3/31/2026

*If you meet the generally applicable Earnings/Days requirements during your new Base Earnings Period. The Earnings/Days requirements are scheduled to increase annually by 2% for coverage beginning January 1 of each year.

Notices of the extension were sent to Active Participants who qualified for the extension and were scheduled to lose coverage effective January 1, 2024. If you believe that you should have qualified for the extension and were not so notified, send an email through Benefits Manager, email psd@sagaftraplans.org or call (800) 777-4013. An alert about the extension will also appear when you log into your Benefits Manager Account.

Participants who do not re-qualify for Active coverage at the end of their new Base Earnings Period but who would have qualified for Extended Career COBRA at the end of their original Base Earnings Period, will maintain qualification for Extended Career COBRA.

Participants Losing Extended Career COBRA

If you lost your Extended Career COBRA benefits as of October 1, 2023, or you who will lose them January 1, 2024, April 1, 2024, July 1, 2024 and October 1, 2024, you will also receive an additional three months of the reduced Extended Career COBRA premium. If you are also running out your 18 months of regular COBRA coverage at that time and have at least 20 Health Credits, you will be able to self-pay for an additional three months of coverage at the reduced Extended Career COBRA rate.

Retirees

If you are a Retiree (meaning that you are a Participant age 65 or older and you are receiving a pension from the SAG-Producers Pension Plan or the AFTRA Retirement Fund), you are losing your Active Plan coverage effective January 1, 2024 and you had at least \$15,441 in reported sessional earnings between October 1, 2022 and September 30, 2023, you will receive an additional 12 months of Active Plan coverage through December 31, 2024. If you qualify for this extension, you will have to meet the regular earnings qualifications for coverage that begins on January 1, 2025. You should have received a notice of this extension if you qualify for it, and there should be an alert about the extension when you log onto your Benefits Manager Account. If you do believe you qualify for the extension and have not received an email from the Plan and do not see the alert on your Benefits Manager Account, please send an email through Benefits Manager, email psd@sagaftraplans.org or call (800)777-4013.

If you are a Retiree (as defined above), but you maintained your Active Plan coverage through 2024 and will lose Active Plan coverage starting January 1, 2025, you will qualify for an additional twelve months of Active Plan coverage through

December 31, 2025, if you have at least \$24,264 in reported sessional earnings between October 1, 2023 and September 30, 2024.

2. Expanded Benefits for Ultrasound Breast Screening

Effective January 1, 2024, breast ultrasonography screening from In-Network providers will be covered as a preventive benefit without any patient cost-sharing, along with mammography, for patients diagnosed with dense breasts.

3. Expanded Coverage for Travel for Gender-Affirming Care Services

Effective January 1, 2024, you are eligible for reimbursement of reasonable travel expenses to receive gender-affirming services covered by the Plan (including your share of any applicable employment taxes) only if you are a Participant, covered Dependent spouse, or a covered Dependent child and you are unable to obtain gender-affirming services without traveling because you reside or temporarily work in Covered Employment in a state where gender-affirming services are illegal. When “you” is used in this SMM, it refers to a Participant, covered Dependent spouse, or covered Dependent child who is eligible for the Travel Reimbursement Benefit.

You may travel to a provider in the state or major metropolitan area closest to you where the services are legal. If you are away from home in a temporary work location, you can instead choose to travel to your state of residence if gender-affirming services are legal there.

Travel under this provision is limited to travel within the United States.

What travel expenses are eligible for reimbursement?

In all instances, travel expenses must be primarily for, and essential to, obtaining gender-affirming services covered by the Plan that are performed by a licensed provider acting within the scope of their license. Travel expenses that are not primarily for and essential to obtaining covered gender-affirming services are not Covered Expenses and will not be reimbursed.

Transportation

- Bus, taxi, train, or plane fares (only coach/economy fare is a Covered Expense).
- Transportation expenses for one caregiver or travel companion.
- If you use your own car, mileage is reimbursable at the business mileage rate set by the IRS (currently \$0.65 per mile). Parking fees and tolls are also Covered Expenses, but gas is not. Non-taxable mileage rates for reimbursement of medical travel are currently lower than the business mileage rate that the Plan will use to reimburse travel expenses. As a result of these IRS rules, you will be taxed on the reimbursed difference between the two mileage rates in effect at the time of your trip.
- If you use a rental car, reasonable rental car expenses are reimbursable up to \$65 per day. In this case, gas, parking fees, and tolls are also Covered Expenses, but mileage is not.

Lodging

- Lodging for you and your travel companion for the night prior and the night of any gender-affirming service covered by the Plan is covered, as well as a subsequent night(s) if medically necessary. The lodging expense

amount must be reasonable, as determined by the Plan, but in no event greater than \$300 per night (in total, not per person).

- Please note that under IRS rules if your lodging is more than \$50 per person per night, you will be taxed on the amount in excess of the IRS limit.
- Lodging will not be reimbursed if you travel home to receive gender-affirming services.

Required receipts and documentation

1. Reimbursement for the cost of lodging (hotel, motel) requires a copy of the paid invoice.
2. Reimbursement of transportation requires a copy of itinerary and paid ticket receipt.
3. Reimbursement for mileage requires a printout documenting the shortest route showing the mileage associated with that route.
4. Reimbursement for rental cars and gas for rental cars requires paid receipts.
5. Reimbursement of parking requires paid parking receipts.
6. Reimbursement of tolls requires a toll receipt or printout of a toll pass paid invoice.

Non-Covered Expenses

1. Meals (other than meals provided through inpatient care).
2. Childcare expenses/babysitting.
3. Extending an otherwise medical trip for personal reasons.
4. Expenses for more than one caregiver or travel companion.
5. Travel outside of the United States.

Employment Taxes

In addition to the reimbursements for travel and lodging described above, the Plan will also pay your share of applicable employment taxes on those reimbursements that are in excess of the IRS limits.

4. Expanded TMJ Coverage

Effective January 1, 2024, the Plan will cover treatment for temporomandibular joint dysfunction (TMJ) without having to show the existence of osseous changes (bony abnormalities) by x-ray or other imaging techniques, or documentation of soft tissue degeneration in the temporomandibular joint. Pre-authorization is recommended, and Anthem's clinical criteria will apply to determine medical necessity.

Changes Effective October 1, 2023 – these changes were communicated in a previous Newsletter emailed to all Participants

1. Extended Eligibility Effective October 1, 2023

If you had earnings reported to the Plan of at least \$22,000 (or at least 85 Eligibility Days (calculated as set forth in the 2023 Summary Plan Description at page 9) during the Base Earnings Period starting July 1, 2022 and ending June 30, 2023 and you satisfy the general earned eligibility threshold to continue your coverage effective October 1, 2023, your coverage was extended through December 31, 2023. This one-quarter extension of your Benefit Period was subject to payment of the required premiums.

The special extension did not apply to Participants whose COBRA Continuation Coverage ended September 30, 2023.

If you were covered by the special one-quarter extension and you would have qualified for Extended Career COBRA as of October 1, 2023 and did not qualify for Active Plan coverage starting January 1, 2024 based on your earnings (or Alternative Eligibility Days) from October 1, 2022 through September 30, 2023, you will qualify for the Extended Career COBRA effective January 1, 2024.

You should have received a notice of this extension before September 30, 2023. If you believe you should have qualified for the extension and were not so notified, please send an email through Benefits Manager, email psd@sagafraplans.org or call (800) 777-4013.

2. Over the Counter COVID-19 Tests

As you were previously notified, the Health Plan covered up to eight over the counter COVID-19 tests per family beginning for purchases on or after May 11, 2023. This benefit terminated as of October 1, 2023.

You should take the time to read this notice carefully and share it with your family. It is very important that you retain this notice, which is intended to serve as a Summary of Material Modifications (SMM) to the Plan, with the 2023 SPD and prior notices issued after the SPD. While every effort has been made to make the SMM as complete and as accurate as possible, it does not restate the existing terms and provisions of the Plan other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the applicable SPD will govern in all cases. The Board of Trustees or its duly authorized designee reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan or any benefits provided under the Plan (or qualification for such benefits), in whole or in part, at any time and for any reason (including, but not limited to, with respect to retirees)