TW *VENTURES* BENEFITS

ENROLLMENT GUIDE

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SUMMARY OF MATERIAL MODIFICATIONS (SMM)

Portions of this document serve as the Summary of Material Modifications (SMM) for the TW Ventures Inc. Group Benefits Plan (the "Plan"). This guide highlights certain features of the Plan and is not intended as a complete description of the Plan. To request a copy of the applicable Summary Plan Description and the Aetna Insurance Documents, please visit the benefits website at www.twventureshealth.com or email benefits@telepixtv.com.

If there are any discrepancies between the information in this SMM and the Plan documents, the Plan documents will govern. TW Ventures Inc., or any successor, reserves the right to amend, modify, suspend, or terminate the Plan in whole or in part, at any time and for any reason, by action of the Company. Please note that the Plan does not create an employment contract between you and your Participating Employer and does not give you any right, expressed or implied, of continued or future employment with a Participating Employer.

ENROLLMENT GUIDE

TW Ventures Inc. is offering you the opportunity to enroll yourself, your spouse/domestic partner and/or your dependent children in the TW Ventures Inc. Group Benefits Plan (the "Plan"). This guide outlines the benefits you may receive as a full-time production employee who is not covered by a collective bargaining agreement and offers helpful guidance on when and how to enroll. You must meet the eligibility requirements for your enrollment to take effect.

INITIAL ELIGIBILITY

You are eligible for coverage under the Plan as a Tier 3 production employee if you:

- Currently work for an employer that participates in the TW Ventures Inc. Group Benefits Plan ("Participating Employer")
- Are not covered under a collective bargaining agreement
- Are paid via Cast and Crew, Entertainment Partners or GreenSlate and you are either
  - A full-time employee scheduled to work 30 or more hours per week, or
  - A variable-hour employee and you work or are credited as working at least 1,560 or more hours over specified measurement periods
- Have a change in your life that makes you eligible for a Special Enrollment Period

Full-time employees are initially eligible for Plan coverage the first of the month following 30 consecutive days of employment.

Variable-hour employees are eligible for Plan coverage on the first day of the 15th month following your date of hire (counting the month in which you were hired).

If actual hours are not tracked, you will be credited with 10 hours for each day worked. For example, if you work 3 days per week, you would be credited with 30 hours per week.

For a list of Participating Employers and the Summary Plan Description, please visit the benefits website at www.twventureshealth.com or contact TW Ventures Benefits Department at benefits@telepixtv.com.

ENROLLMENT

You must enroll in the Plan within 30 days of your eligibility date using the enrollment form provided and any required documentation for covered dependents (see below). Please upload forms via the secure web link posted on the benefits website at www.twventureshealth.com or mail your enrollment to the address below.

TP Employee Benefits
4000 Warner Blvd.
Building 700, 7th Floor
Burbank, CA 91522

If you submit via US Mail, please be advised that there may be a delay in processing your enrollment. If your enrollment form is not postmarked on the 30th day from your eligibility date, you will waive coverage for the current Plan Year which is August 1, 2024 – July 31, 2025. Please contact Benefits if you have any enrollment problems at (818) 972-0094 or email benefits@telepixtv.com.

RECEIVING ID CARDS

You should receive an ID card for your Plan coverage within 7-10 business days after you submit your enrollment paperwork. If you have any questions concerning your Medical ID card, please contact Aetna Member Services at (877) 204-9186.

DEPENDENT COVERAGE

Your eligible dependents include:

- Your spouse or domestic partner
- Your children and the children of your spouse or domestic partner, up to age 26, including:
    - Stepchildren
    - Foster children
    - Legally adopted children
    - Children for whom adoption procedures have been started
    - Children you are required to cover through a Qualified Medical Child Support Order
    - Children for whom you have legal guardianship and who also live with you
    - Your disabled children of any age if they were disabled before age 26

Domestic partners are defined as two unmarried adults (opposite or same sex) who have chosen to share their lives in a committed relationship, have resided together for at least six months and share mutual obligations for the support of the basic necessities of life.

TW Ventures Inc. subsidizes the cost of the premium for you and your dependent child(ren). You are required to pay the full premium cost to cover a spouse or domestic partner.

Below is a list of required documentation for each covered dependent.

Covered Dependent(s)	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Affidavit
Child(ren)	Birth Certificate or Proof of Birth

If you have any questions about your eligibility or coverage for your spouse, domestic partner or child(ren), please e-mail benefits@telepixtv.com.

PAYING FOR YOUR COVERAGE

You are required to pay your premiums on a monthly basis. After you enroll in the Plan, you will receive a set of payment coupons from the Plan's billing administrator, Trion Group Inc. You will also receive instructions on where to send your check with the monthly payment coupons. You may also register for scheduled electronic debit/ACH payments through Trion Group. Your first payment is due within **14 days** from your enrollment confirmation date. After your first payment, subsequent payments are due on the first day of each month, and you will have a 30-day grace period to make your payment. If your payment is not postmarked or sent via ACH by the last day of the grace period, your Plan coverage will be terminated retroactively to the day before the due date. For example, your payment coupon for September 2024 will be due on September 1, 2024, and you will have a 30-day grace period to make the payment. If your payment isn't postmarked or sent via ACH by 11:59 pm September 30, 2024, your coverage will be terminated retroactively to 11:59 pm on August 31, 2024. Your premiums are paid on an after-tax basis.

If you have any questions regarding making a payment or your account status at Trion, please contact Trion Group Inc.'s Customer Service Department at (844) 664-3736 (identify yourself as a TW Ventures Inc. employee) during normal business Monday through Friday, 8 am to 8 pm EST.

PREMIUM

The following table shows your monthly premium rates for the Basic PPO, Dental PPO and Vision Plans for the 2024/2025 Plan Year. If you have any questions, please e-mail benefits@telepixtv.com.

August 1, 2024 – July 31, 2025 Monthly Premium Rates			
Tier	**Medical**	**Dental**	**Vision**
EE Only	$105.29	$37.27	$11.35
EE + Spouse	$837.17	$73.07	$16.53
EE + Child(ren)	$261.50	$102.86	$16.87
EE + Family	$964.44	$152.77	$27.20

MEDICAL AND PRESCRIPTION DRUG COVERAGE

The Basic PPO offers medical and prescription drug coverage and is fully insured and administered by Aetna.

The Basic PPO offers direct access to care from a national network of participating providers for medically necessary and appropriate health care services in all 50 states. Participants may also visit out-of-network providers, subject to additional cost sharing. The Basic PPO has the following features:

- Access to a national network of provider locations
- No need to select a primary care physician or obtain a referral to see a specialist
- Coverage for in-network services is subject to an in-network deductible and coinsurance
- Coverage for out-of-network services is subject to an out-of-network deductible and coinsurance
- No deductible for formulary insulin drugs. $25 copay maximum per fill per 30-day supply
- Access to Aetna Health Your Way – Achieve Wellness Program

For more information on the Basic PPO, please refer to the Summary of Benefits and Coverage included in your Open Enrollment materials or call Aetna at (877) 204-9186.

BENEFITS HIGHLIGHTS
AETNA BASIC HDHP PPO

	In-Network	Out-of-Network
Individual Deductible	$4,250	$8,500
Family Deductible*	$8,500	$17,000
Individual Out of Pocket Limit	$6,250	$12,500
Family Out of Pocket Limit**	$12,500	$25,000
Coinsurance	You pay 20% of negotiated rates.	You pay 40% of out-of-network rates / 20% for emergency room care (based on 105% of Medicare for professional services and 140% of Medicare for facility services)
Preventive Visit	Covered 100%; deductible waived	Deductible & 40% Coinsurance
Office Visit Copay	Deductible & 20% Coinsurance	Deductible & 40% Coinsurance
Specialist Visit Copay	Deductible & 20% Coinsurance	Deductible & 40% Coinsurance
Hospital Inpatient	Deductible & 20% Coinsurance	Deductible & 40% Coinsurance
Hospital Outpatient	Deductible & 20% Coinsurance	Deductible & 40% Coinsurance
Emergency Room	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance
Dependent Child Age	Age 26 (end of month)	Age 26 (end of month)
Rx Drug Copay	Deductible & 20% Coinsurance to maximum of $250 per script	Not Covered
Mail Order Copay	Deductible & 20% Coinsurance to maximum of $250 per script	Not Covered

*The in-network family deductible of $8,500 is cumulative for all family members. The family deductible can be met by a combination of any family members; however no single individual within the family will be subject to more that the in-network individual deductible amount of $4,250 during the plan year. This same process applies for out-of-network.

** The in-network family out-of-pocket maximum of $12,500 is cumulative for all family members. The family maximum can be met by a combination of any family members; however no single individual within the family will be subject to more that the in-network individual out-of-pocket maximum amount of $6,250 during the plan year. This same process applies for out-of-network.

For additional details about what benefits are covered under the Aetna Basic PPO, please refer to the Summary of Benefits and Coverage.

Benefit Highlights: Delta Dental PPO

Plan Benefit Highlights for: TW Ventures, Inc.
Group Number: 22499

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$25/ $75	$75/ $225	$75/ $225
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,500	$1,000	$1,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	80%	80%
Basic Services Fillings, Simple Extractions and Posterior Composites	80%	70%	70%
Endodontics Root Canals	80%	70%	70%
Periodontics Surgical and Non-Surgical Periodontics	80%	70%	70%
Oral Surgery	80%	70%	70%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	40%	40%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	40%	40%
Orthodontic Services*** Adults and Dependent Children	50%	50%	50%
Orthodontic Maximums	$1,500 Lifetime	$1,500 Lifetime	$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

*** 12-month Waiting Period applies to orthodontic services.

Delta Dental of California	Customer Service	Claims Address
560 Mission St., Suite 1300 San Francisco, CA 94105	888-335-8227 deltadentalins.com	P.O. Box 997330 Sacramento, CA 95899-7330

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

VSP Choice Plan®

WBD Production Group

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10 for exam	Every 12 Months
ESSENTIAL MEDICAL EYE CARE	• Routine retinal Screening • Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs	No more than $39 copay $20 exam copay	
PRESCRIPTION GLASSES			
FRAME[+]	• $200 Frame allowance • 20% savings on the amount above retail allowance	$25 Frame/Lens	Every 24 months
LENSES	• Glass or plastic single vision, lined bifocal, lined trifocal or lenticular lenses covered in full*	$25 Frame/Lens	Every 12 months
LENS ENHANCEMENTS	• Lens enhancements are covered in full after a copay ***Lens Enhancement*** Anti-reflective coating Polycarbonate – Adult Polycarbonate – Children Progressive Photochromic Scratch-resistant coating	***Single Vision*** $41 $31 Covered N/A $75 $17	***Multifocal*** $41 $35 Covered $75 $17
Pricing above reflect standard lens enhancement selections premium or custom lens enhancements may also be available at an additional cost			
ADDITIONAL PAIRS OF GLASSES	• Within 12 months of exam; 20% off unlimited additional pairs of prescription glasses and/or prescription sunglasses from any VSP doctor		
CONTACTS (INSTEAD OF GLASSES)	• Contact lens exam (fitting and evaluation): Standard and Premium fits are covered after copay. Member receives 15% off contact lens exam services and member's copay will never exceed $60. • Prescription contact lens materials are covered in full up to the retail allowance of $150 (in lieu of frame and lenses) • Members can choose any available prescription contact lens materials		
VSP Laser VisionCare℠ Program	• Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK *Discounts are only available from VSP-contracted facilities. Also, custom LASIK coverage only available using wavefront technology, other LASIK procedure may be performed at an additional cost to the member.*		

OUT-OF-NETWORK SCHEDULE

VSP provides the following out-of-network reimbursements:

Exam ..... up to $45
Frame..... up to $70
Single Vision Lenses.....up to $30
Lined Bifocal Lenses.....up to $50
Lined Trifocal Lenses.....up to $65
Elective Contact Lenses....up to $105 (in lieu of lenses and frames)

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Costco® Optical, Sam's Club, or Walmart Optical.
Costco® Optical allowance of $80 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.
LightCare coverage uses the frame allowance for non-prescription ready-made sun or blue-light filtering glasses in lieu of prescription glasses or contacts.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Legally-Required Notices

This guide contains highlights of certain health benefit programs available to eligible employees (and their dependents and/or beneficiaries) of TW Ventures Group Inc. Health Plan as of August 1, 2024. It is not intended as a complete description of each program (please refer to the applicable SPDs for a greater level of detail). The provisions of the Plan documents will govern in the case of any discrepancy. TW Ventures Inc., or any successor, reserves the right to amend, modify, suspend or terminate any program or any contribution thereto in whole or in part, at any time and for any reason, by action of the Company. These programs do not constitute an employment contract between you and the Company and do not give you any right, express or implied, of continued employment with the Company. The following notices apply to the TW Ventures Inc. Group Health Plan (the "Plan").

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage under the Plan but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid program or the Children's Health Insurance Program (CHIP) to help people who are eligible for employer-sponsored health coverage but need assistance paying their health premiums. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are not currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office, call 1-877-KIDSNOW, or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay Plan premiums.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the Plan is required to permit you and your dependents to enroll as long as you and your dependents are eligible but not already enrolled in the Plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following states, you may be eligible for assistance paying your Plan premiums. The following list of states is current as of January 31, 2024. You should contact your state for additional information about eligibility.

ALABAMA • Medicaid
www.myalhipp.com • 1-855-692-5447

ALASKA • Medicaid
The AK Health Insurance Premium Payment Program
http://myakhipp.com/ • 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS • Medicaid
http://myarhipp.com/ • 1-855-692-7447

CALIFORNIA • Medicaid
Health Insurance Premium Payment (HIPP) Program • http://dhcs.ca.gov/hipp
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO • Medicaid and CHIP
Health First Colorado (Medicaid):
https://www.healthfirstcolorado.com/
1-800-221-3943 • State Relay: 711
Child Health Plan Plus (CHIP):
https://hcpf.colorado.gov/child-health-plan-plus
1-800-359-1991 • State Relay: 711
Health Insurance Buy-In Program:
www.mycohibi.com • 1-855-692-6442

FLORIDA • Medicaid
www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

GEORGIA • Medicaid
GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp/
Phone: 1-678-564-1162, Press 1
GA CHIPRA: https:/Medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra • 1-678-564-1162, Press 2

INDIANA • Medicaid
Healthy Indiana Plan for Low-income Adults 19-64:
https:/www.in.gov/fssa/hip/ • 1-877-438-4479
All Other Medicaid: https://www.in.gov/medicaid/
1-800-457-4584

lOWA • Medicaid and CHIP (known as Hawki)
Medicaid: https://dhs.iowa.gov/ime/members
1-800-338-8366
Hawki: http://dhs.iowa.gov/Hawki
1-800-257-8563
HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp • 1-888-346-9562

KANSAS • Medicaid
https://www.kancare.ks.gov • 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY • Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (Medicaid): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328 • Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Kentucky Children's Health Insurance Program (CHIP): https://kidshealth.ky.gov/Pages/index.aspx
1-877-524-4718
Medicaid: https://chfs.ky.gov/agencies/dms

LOUISIANA • Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline)
1-855-618-5488 (Louisiana HIPP)

MAINE • Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US
1-800-442-6003 • TTY: Maine relay 711
Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms
1-800-977-6740 • TTY: Maine relay 711

MASSACHUSETTS • Medicaid and CHIP
https://www.mass.gov/masshealth/pa
1-800-862-4840 • TYY: 711
Email: masspremassistance@accenture.com

MINNESOTA • Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
1-800-657-3739

MISSOURI • Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm • 1-573-751-2005

MONTANA • Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084 • Email: HHSHIPPProgram@mt.gov

NEBRASKA • Medicaid
http://www.ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 1-402-473-7000 • Omaha: 1-402-595-1178

NEVADA • Medicaid
http://dhcfp.nv.gov • 1-800-992-0900

NEW HAMPSHIRE • Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
1-603-271-5218 • Toll-free: 1-800-852-3345, ext. 5218

NEW JERSEY • Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ • 1-609-631-2392

NEW JERSEY continue:
CHIP: http://www.njfamilcare.org/index .html • 1-800-701-0710

NEW YORK • Medicaid
https://www.health.ny.gov/health_care/medicaid/
1-800-541-2831

NORTH CAROLINA • Medicaid
https://medicaid.ncdhhs.gov/ • 1-919-855-4100

NORTH DAKOTA • Medicaid
https://www.hhs.nd.gov/healthcare
1-844-854-4825

OKLAHOMA • Medicaid and CHIP
http://www.insureoklahoma.org • 1-888-365-3742

OREGON • Medicaid
http://healthcare.oregon.gov/Pages/index.aspx
1-800-699-9075

PENNSYLVANIA • Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx • 1-800-692-7462
CHIP: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx • 1-800-986-KIDS (5437)

RHODE ISLAND • Medicaid and CHIP
http://www.eohhs.ri.gov
1-855-697-4347 or 1-401-462-0311

SOUTH CAROLINA • Medicaid
http://www.scdhhs.gov • 1-888-549-0820

SOUTH DAKOTA • Medicaid
http://dss.sd.gov • 1-888-828-0059

TEXAS • Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program • 1-800-440-0493

UTAH • Medicaid and CHIP
Medicaid: https://medicaid.utah.gov/
CHIP: http://health.utah.gov/chip
Medicaid & CHIP: 1-877-543-7669

VERMONT • Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program • 1-800-250-8427

VIRGINIA • Medicaid and CHIP
FAMIS: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
Health Insurance Premium Payment: https:// coverva.dmas.virginia.gov/learn/premium- assistance/health-insurance-premium-payment- hipp-programs •
Medicaid & CHIP: 1-800-432-5924

WASHINGTON • Medicaid
https://www.hca.wa.gov/ • 1-800-562-3022

WEST VIRGINIA • Medicaid and CHIP
https://dhhr.wv.gov/bms/ • http://mywvhipp.com/
Medicaid: 1-304-558-1700 • CHIP: 1-855-699-8447

WISCONSIN • Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm • 1-800-362-3002

WYOMING • Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ • 1-800-251-1269

To see if any more states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu option 4, ext. 61565

Rights for Mothers and Newborn Children

The Plan provides benefits for hospital stays associated with childbirth. Under Federal law, benefits for a hospital stay associated with childbirth for the mother or newborn child must not be less than 48 hours following a vaginal delivery or less than 96 hours following delivery by cesarean section.

However, Federal law does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, if applicable) after delivery.

In any case, the Plan may not, under Federal law, require a provider to obtain authorization for prescribing a hospital stay that does not exceed 48 hours (or 96 hours as applicable).

Please note that hospital stays for childbirth are subject to the same annual deductibles and coinsurance provisions that apply to other hospital stays covered under the Plan. Also, don't forget to add your newborn to your medical coverage within 30 days of the date of birth.

Rights for Women Who Undergo a Mastectomy

The Plan provides benefits for mastectomy-related services. Under Federal law, benefits for mastectomy-related services must cover all stages of reconstruction of the breast on which the mastectomy is performed, surgery to achieve symmetry between the breasts, prostheses, and treatment of physical complications resulting from a mastectomy, including lymphedema. Please note that benefits for mastectomy-related services are subject to the same annual deductibles and coinsurance provisions that apply to other medical and surgical benefits covered under the Plan.

Special Enrollment Rights

The Plan permits you to enroll when you are first eligible, during the annual Open Enrollment period and when you have a special enrollment right. Under Federal law, special enrollment rights allow you to enroll yourself and/or your eligible family members in three situations:

- First, if you decline to enroll yourself or your eligible family members (including your spouse) in the Plan when you are first eligible because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible family members in the Plan if you or your eligible family members lose eligibility for that other coverage (or if another employer stops contributing toward that other coverage). However, you must request enrollment within 30 days after the other coverage ends (or after the other employer stops contributing toward the other coverage).
- Second, if you have a new eligible family member as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Third, if you or an eligible child has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or a covered child become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible child is determined to be eligible for state premium assistance.

To request special enrollment, please contact the TW Ventures Inc. Benefits Department at (818) 972-0094.

Qualified Medical Child Support Orders (QMCSOs)

The Plan provides benefits in accordance with any Qualified Medical Child Support Order (QMCSO) that requires group health plan coverage for an employee's dependent child. If the Plan receives such an order, you will be notified how the order will be handled and how it will affect you and your benefits.

Prescription Drug Coverage and Medicare Part D

Medicare prescription drug coverage is available to everyone eligible for Medicare through Medicare Part D prescription drug plans. TW Ventures Inc. has determined that the prescription drug coverage available under the PPO coverage of the Plan is, on average for all participants, expected to pay as much or more than the standard Medicare prescription drug benefit. Therefore, because the prescription drug coverage under the PPO coverage option is on average at least as good as standard Medicare prescription drug coverage, you can keep your Plan coverage and not pay a late enrollment penalty if you do not enroll in Medicare prescription drug coverage when you first become eligible for Medicare. If you decide to enroll in a Medicare Part D prescription drug plan, you will still have prescription drug coverage under the Plan as long as you remain enrolled in the Plan. Participants eligible for Medicare receive an annual creditable coverage notice that includes more information. For a copy of the notice, contact TW Ventures Inc. Benefits Department at (818) 972-0094.

Health Information Privacy

The Health Insurance Portability and Accountability Act of 1996 and its applicable regulations (HIPAA) is a federal law that, in part, requires health plans like the Plan (including any HMO coverage options) to protect the privacy and security of your confidential health information.

Pursuant to the HIPAA privacy rules, the Plan (and any HMO) will not use or disclose your protected health information without your authorization, except for purposes of treatment, payment, healthcare operations, Plan administration, or as required or permitted by law. A description of the Plan's uses and disclosures of your protected health information and your rights and protections under the HIPAA privacy rules is set forth in the notice of privacy practices, which has been furnished to you. You can receive another copy of the Plan's notice of privacy practices by contacting the TW Ventures Inc. Benefits Department at (818) 972-0094. For more information about the privacy practices of your health plan, you may request a copy of the HIPAA Privacy Notice by calling the TW Ventures Inc. Benefits Department at (818) 972-0094.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance

billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're *never* required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact:

Medical – Aetna
Call the Family Advocate number on your Member ID card or (877) 204-9186.

Prescription Drugs – Aetna Pharmacy
Contact customer service at (800) 238-6279.

Federal Resources
The federal government maintains a "no surprises" help desk. For information and complaints, contact the help desk at (800) 985-3059. For more information about your rights under federal law, visit **www.cms.gov/nosurprises/consumers**.

Contacts

Benefit	Vendor	Website	Phone / Email
General			
Benefits – • Health • Eligibility and Enrollment	TW Ventures Benefits Department	www.twventureshealth.com	(818) 972-0094 benefits@telepixtv.com
Direct Billing Company	Trion	www.cobra-link.com	(844) 664-3736 Identify yourself as a TW Ventures employee
COBRA Administrator	Trion	www.cobra-link.com	(844) 664-3736 Identify yourself as a TW Ventures employee
Health Programs			
Medical HDHP PPO	Aetna	www.aetna.com	(877) 204-9186
Prescription Drugs HDHP PPO	Aetna	www.aetnapharmacy.com	(800) 238-6279
Telemedicine	Aetna Teladoc	www.Teledoc.com/Aetna	(855) 835-2362 Available 24/7
Hawaii Medical Option	Hawaii Medical Service Association (HMSA)	www.hmsa.com	(808) 948-6111 (Oahu) (800) 776-4672 (Neighbor Islands) Available Monday – Friday, 8 a.m. to 5 p.m. HT.
Dental Program	Delta Dental	www.deltadentalins.com	(888) 335-8277
Vision Program	Vision Service Plan (VSP)	www.vsp.com	(800) 877-7195
Other Programs			
Employee Assistance Program (EAP)	CCA	www.myccaonline.com Company Code: warnerbros discovery	(800) 833-8707 Available 24/7

About This Guide

This brochure contains only the highlights of certain benefit programs available to eligible employees (and their dependents and/or beneficiaries) of TW Ventures Inc. as of August 1, 2024. It is not intended as a complete description of each program. Please refer to the applicable Summary Plan Description for greater level of detail. The provisions of the plan documents will govern in the case of any discrepancy. The Company, or any successor, reserves the right to amend, modify, suspend or terminate any program in whole or in part, at any time and for any reason, by action of the Company.