



IBEW LOCAL 595 TRUST FUNDS

October 2018

ANNUAL NOTIFICATION WOMEN'S HEALTH AND CANCER-RIGHTS ACT OF 1998

Your Health and Welfare Plan is required by federal law to provide you annually with the following notice, which applies to breast cancer patients who elect to have reconstructive surgery in connection with a mastectomy.

Under federal law, group health plans, insurers, and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for reconstructive surgery, as requested by the patient in consultation with the attending physician for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

This coverage is subject to the Plan's deductibles, coinsurance, or co-payment provisions.

If you have any questions about your Plan's coverage for mastectomies or reconstructive surgery, please contact the Trust Fund Office at (888) 512-5863 or (925) 208-9996. Thank you.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Your Health and Welfare Plan requires group coverage to provide a minimum hospital stay for the mother and newborn child of 48 hours after a normal, vaginal delivery and 96 hours after delivery by cesarean section unless the attending physician, in consultation with the mother, determines a shorter hospital length of stay is adequate. If you are discharged earlier, your physician may decide, at his or her discretion, that you should be seen at home or in the office, within 48 hours of the discharge, by a licensed health care provider whose scope of practice includes postpartum care and newborn care.

If you have any questions about your Plan's coverage, please contact the Trust Fund Office at (888) 512-5863 or (925) 208-9996. Thank you.

NOTICE OF AVAILABILITY OF PLAN'S NOTICE OF PRIVACY PRACTICES

The Board of Trustees of the IBEW Local 595 Health and Welfare Plan adopted a Notice of Privacy Practices, which was distributed to Plan Participants at that time. Pursuant to federal guidelines, the Board of Trustees provides this Notice of Availability of the Notice of Privacy Practices. You may obtain a copy of the Notice of Privacy Practices by making a written request for such to the Trust Fund Office as follows:

IBEW Local 595 Health & Welfare Plan
P.O. Box 3420
San Ramon, CA 94583

Within a reasonable period of time of your request, the Trust Fund Office will mail you a copy of the Notice. Alternatively, you may phone the Trust Fund Office at (888) 512-5863 or (925) 208-9996, to request that a copy be mailed to you.

*This document has been uploaded and is available on the participant website at
www.ibew595benefits.org.*