



EMPLOYEE PAINTERS' TRUST

Date: July 2026

To: Participants of the Employee Painters' Trust

From: Board of Trustees

Re: Annual Notices and Summary of Benefits and Coverage
("SBC") – Coverage Period 8/1/2026 through 7/31/2027

Enclosed you will find copies of annual notices and your updated **Summary of Benefits and Coverage**, commonly referred to as an "SBC." The SBC provides a brief overview of the medical plan benefits provided by the Employee Painters' Trust.

What the SBC Contains

Each SBC contains concise medical plan information, in plain language, about benefits and coverage, including, what is covered, what you need to pay for various benefits, what is not covered, and where to go for more information or to get answers to questions.

An SBC includes:

- a health plan comparison tool called "**Coverage Examples.**" The coverage examples illustrate how the medical plan covers care for two common health scenarios: having a baby and diabetes care. The examples show the projected total costs associated with each of these two situations, how much of these costs the Plan covers and how much you, the participant, need to pay.
- a link to a "**Glossary**" of common terms used in describing health benefits, including the words "deductible," "co-payment," and "co-insurance."
- **Websites and toll-free phone numbers** you can contact if you have questions or need assistance with benefits.

When You Will Receive an SBC

The SBC will be provided to you at each new plan year, and at any time you want, upon request. Distribution of the SBC is required by law in accordance with the Affordable Care Act (ACA).

Annual Notices

The following annual notices are being provided for your reference as well:

1. Urgent versus Emergency Facilities Notice
2. Annual Medicare Creditable Coverage Notice
3. Trust Privacy Practices
4. Nondiscrimination Notice
5. Children's Health Insurance Program information
6. Women's Health and Cancer-Rights Act and Newborns' and Mothers' Protection Act

For More Information

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. The SBC and glossary are provided in addition to your Plan Document/Summary Plan Description (SPD). Receipt of this document does not constitute a determination of your eligibility. If you have any questions, please contact the Trust Fund Office by telephone during normal business hours at (844) 344-2721, or by mail at BeneSys Administrators, P.O. Box 58830, Tukwila, WA 98138.

Employee Painters' Trust



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact the plan at 1-844-344-2721 or visit www.iupatwesternbenefits.org. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-800-566-4455 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the overall deductible ? | \$750 person/\$2,250 family per calendar year | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible . Check your policy or plan document to see when the deductible starts over (usually, but not always January 1 st). See the chart on page 2 for how much you pay for covered services after you meet the deductible . |
| Are there services covered before you meet your deductible ? | Yes. Preventive care and primary care services are covered before you meet your deductible . | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | Yes. \$100 for Emergency Room non-life threatening co-pay. | You must pay co-insurance for prescription drugs as outlined, and all of the costs for these services up to the specific deductible amount before the plan begins to pay for these services. |
| What is the out-of-pocket limit for this plan ? | Medical coinsurance: \$3,000 per person / \$5,950 per family Prescription Drug: \$2,850 per person / \$5,000 per family. Overall out-of-pocket maximums (coinsurance , deductible and copays): \$6,600 per person/\$13,200 per family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |

Questions: Call 1-844-344-2721 or visit us at www.iupatwesternbenefits.org.

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| | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is not included in the <u>out-of-pocket limit</u>? | <u>Copayments</u> for certain services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . |
| Will you pay less if you use a <u>network provider</u>? | Yes. See www.aetna.com or call 1-844-344-2721 for a list of <u>network providers</u> . | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u>? | No | You can see the <u>specialist</u> you choose without permission from this <u>plan</u> . |



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|----------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care <u>provider's</u> office or clinic | Primary care visit to treat an injury or illness | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | --none-- |
| | Dialysis Treatment – Outpatient | Plan pays 100% of Usual & Reasonable Charge after <u>deductibles</u> and <u>co-insurance</u> | Plan pays 100% of Usual & Reasonable Charge after <u>deductibles</u> and <u>coinsurance</u> | Outpatient dialysis treatment is subject to utilization and cost review in accordance with the <u>plan's</u> provisions. See <u>plan</u> document for details. |
| | <u>Specialist</u> visit | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | --none-- |
| | <u>Preventive care/screening</u> /immunization | No Charge | No Charge | See <u>plan</u> documents for specific well care schedule. |
| If you have a test | <u>Diagnostic test</u> (x-ray, blood work) | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | --Genetic Testing is excluded by the plan-- |
| | Imaging (CT/PET scans, MRIs) | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | --based on medical necessity-- |

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| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.iupatwesternbenefits.org | Generic drugs | Retail – greater of \$5 or 15% copay up to \$50 per 90-day supply. Mail Order – greater of \$12.50 or 15% copay up to \$125. | Retail – greater of \$5 or 15% copay up to \$50 per 90-day supply. Mail Order – greater of \$12.50 or 15% copay up to \$125. | --none-- |
| | Preferred brand drugs | Retail – greater of \$20 or 25% copay up to \$150 per 30-day supply. Mail Order – greater of \$50 or 25% copay up to \$375. | Retail – greater of \$20 or 25% copay up to \$150 per 30-day supply. Mail Order – greater of \$50 or 25% copay up to \$375. | Retail prescriptions limited to 30-day supply. Mail order prescriptions limited to 90-day supply. |
| | Non-preferred brand drugs | Retail – greater of \$20 or 50% copay per 90-day supply. Mail Order – greater of \$50 or 50% copay | Retail – greater of \$20 or 50% copay per 90-day supply. Mail Order – greater of \$50 or 50% copay | Retail prescriptions limited to 30-day supply. Mail order prescriptions limited to 90-day supply. |
| | Specialty drugs | Same as retail copay for each drug category | Same as retail copay for each drug category | Limited to a 30-day supply. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 30% co-insurance | 50% co-insurance | Preauthorization required |
| | Physician/surgeon fees | 30% co-insurance | 50% co-insurance | --none-- |
| If you need immediate medical attention | Emergency room care | 30% co-insurance | 50% co-insurance | \$100 copay waived for life threatening condition or admission to hospital. |
| | Emergency medical transportation | 30% co-insurance | 50% co-insurance | Limited to nearest hospital/emergency room |
| | Urgent care | 30% co-insurance | 50% co-insurance | --none-- |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 30% co-insurance | 50% co-insurance | Preauthorization required |
| | Physician/surgeon fees | 30% co-insurance | 50% co-insurance | --none-- |

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| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | <u>Preauthorization</u> required |
| | Inpatient services | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | <u>Preauthorization</u> required |
| If you are pregnant | Office visits | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | Routine prenatal visits with an in-network provider are covered at 100% Benefits for employee or spouse only. |
| | Childbirth/delivery professional services | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | Benefits for employee or spouse only. |
| | Childbirth/delivery facility services | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | Benefits for employee or spouse only. |
| If you need help recovering or have other special health needs | <u>Home health care</u> | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | 130 visits maximum per calendar year |
| | <u>Rehabilitation services</u> | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | Limited to 60 visits per calendar year |
| | <u>Habilitation services</u> | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | Limited to 60 visits per calendar year |
| | <u>Skilled nursing care</u> | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | Must be medically necessary for treatment of an illness or injury. |
| | <u>Durable medical equipment</u> | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | ---none--- |
| | <u>Hospice services</u> | 30% <u>co-insurance</u> | 50% <u>co-insurance</u> | 180 days of inpatient and outpatient services in any covered person's lifetime |
| If your child needs dental or eye care | Children's eye exam | \$0 | \$0 | Basic Eye Exam only – no vision coverage beyond basic examination |
| | Children's glasses | \$0 | \$0 | ---none--- |
| | Children's dental check-up | \$0 | \$0 | ---none--- |

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Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic Surgery
- Experimental or investigational services, procedures medicines
- Habilitation services
- Infertility treatment
- Long term care
- On the job injuries

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric Surgery/Weight loss programs – see Plan Policy
- Chiropractic Care
- Dental Care
- Hearing Aids
- Naturopaths
- Non-Emergency care when traveling outside the U.S.
- Private-duty nursing
- Home health care
- Routine eye care
- Routine foot care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [//www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: BeneSys Administrators at 1-844-344-2721 or the Department of Labor' Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimal Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market place policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al (503) 459-5251.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (503) 459-5251.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 (503) 459-5251.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' (503) 459-5251.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

| | |
|-----------------------------------------------------------------|-------|
| ■ The plan's overall deductible | \$750 |
| ■ Specialist Co-Insurance | 30% |
| ■ Hospital (facility) Co-Insurance | 30% |
| ■ Other Co-Insurance | 30% |

This EXAMPLE event includes services like:

[Specialist](#) office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist](#) visit (anesthesia)

| | |
|---------------------------|-----------------|
| Total Example Cost | \$12,700 |
|---------------------------|-----------------|

In this example, Peg would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$750 |
| Copayments | \$0 |
| Coinsurance | \$3,000 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Peg would pay is | \$3,750 |

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

| | |
|-----------------------------------------------------------------|-------|
| ■ The plan's overall deductible | \$750 |
| ■ Specialist Co-Insurance | 30% |
| ■ Hospital (facility) Co-Insurance | 30% |
| ■ Other Co-Insurance | 30% |

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (including disease education)
[Diagnostic tests](#) (blood work)
[Prescription drugs](#)
[Durable medical equipment](#) (glucose meter)

| | |
|---------------------------|----------------|
| Total Example Cost | \$5,600 |
|---------------------------|----------------|

In this example, Joe would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$750 |
| Copayments | \$600 |
| Coinsurance | \$1,995 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Joe would pay is | \$3,245 |

*This plan has a different out-of-pocket maximum for prescription drugs vs. medical care.

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

| | |
|-----------------------------------------------------------------|-------|
| ■ The plan's overall deductible | \$750 |
| ■ Specialist Co-Insurance | 30% |
| ■ Hospital (facility) Co-Insurance | 30% |
| ■ Other Co-Insurance | 30% |

This EXAMPLE event includes services like:

[Emergency room care](#) (including medical supplies)
[Diagnostic test](#) (x-ray)
[Durable medical equipment](#) (crutches)
[Rehabilitation services](#) (physical therapy)

| | |
|---------------------------|----------------|
| Total Example Cost | \$2,800 |
|---------------------------|----------------|

In this example, Mia would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$750 |
| Copayments | \$0 |
| Coinsurance | \$345 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$1,095 |

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. 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, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALABAMA – Medicaid | ALASKA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid | CALIFORNIA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | FLORIDA – Medicaid |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki) | KANSAS – Medicaid |
| <p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p> | <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p> |
| KENTUCKY – Medicaid | LOUISIANA – Medicaid |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p> | <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> |
| MAINE – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
| <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p> | <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p> |
| MINNESOTA – Medicaid | MISSOURI – Medicaid |
| <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p> | <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |
| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
| Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| NEW JERSEY – Medicaid and CHIP | NEW YORK – Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| NORTH CAROLINA – Medicaid | NORTH DAKOTA – Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP | OREGON – Medicaid and CHIP |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075 |
| PENNSYLVANIA – Medicaid and CHIP | RHODE ISLAND – Medicaid and CHIP |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) |
| SOUTH CAROLINA – Medicaid | SOUTH DAKOTA - Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493 | Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/ |
| VERMONT– Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid | WEST VIRGINIA – Medicaid and CHIP |
| Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN – Medicaid and CHIP | WYOMING – Medicaid |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



EMPLOYEE PAINTERS' TRUST

DATE: JUNE 2026

TO: ACTIVE PLAN PARTICIPANTS AND/OR DEPENDENTS

FROM: BOARD OF TRUSTEES

**RE: IMPORTANT NOTICE
MEDICARE PART D PRESCRIPTION DRUG COVERAGE**

Dear Participant and/or Dependents:

The enclosed Notice of Creditable Coverage is your proof that your current prescription drug benefit program through the Fund provides “creditable coverage,” as defined in the notice. This means that if you drop or lose prescription drug coverage through the Fund in 2025, you may not be charged a late enrollment fee if you present this certificate to your new plan (i.e., a Medicare Part D prescription drug plan or another plan providing “creditable coverage”) within 63 continuous days of losing prescription drug coverage through the Fund. ***Please retain this notice with your other important Fund information.***

If you need another copy of the Creditable Coverage Notice (or you need a personalized notice), please contact the Fund Administrative Office at 1-844-344-2721. You may request a copy of this notice at any time. Updated versions of this notice will be sent annually. You will also get this notice before the next period you can join a Medicare Part D plan, and you will be informed if the Fund ever loses creditable coverage status.

**Important Notice from
Employee Painters' Trust
About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Employee Painters' Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Employee Painters' Trust has determined that the prescription drug coverage offered by the Employee Painters' Trust is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If I am enrolled in the Fund and have prescription drug coverage through the self-funded plan do I need to do anything now?

No, you can keep using the Fund's prescription drug program the same as you always have you do not need to enroll in a Medicare Part D plan. Your copayments will not change, nor will any pharmacy network.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, because the prescription drug coverages offered under this Fund are expected to pay out as much as the standard Medicare Part D plan on average for all Fund participants, you do not need to enroll in a Medicare Part D plan at this time.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Employee Painters' Trust prescription drug coverage will not be affected.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Employee Painters' Trust and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period so you can join a Medicare drug plan, and if this coverage through the Employee Painters' Trust changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage... More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



EMPLOYEE PAINTERS' TRUST

June 2026

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Employee Painters' Trust ("**Health Plan**") may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. Health Plan has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment. Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations. Health Plan may use or disclose health information for its own operations to facilitate the administration of Health Plan and as necessary to provide coverage and services to all of Health Plan's participants. For example, Health Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

For Treatment. Health Plan does not provide treatment. However, Health Plan may use or disclose your health information to support treatment and the management of your care. For example, Health Plan may disclose that you are eligible for benefits to a health care provider who contacts Health Plan to verify your eligibility.

For Treatment Alternatives. Health Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Distribution of Health-Related Benefits and Services. Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

Public Health Risks. Health Plan may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;

- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Health Plan will only make this disclosure if you agree or when required or authorized by law.

For Disclosure to the Plan Sponsor. Health Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of Health Plan. Health Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan.

When Legally Required. Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

Organ and Tissue Donation. If you are an organ donor, Health Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

To Conduct Health Oversight Activities. Health Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by state law, Health Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Health Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if Health Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

To Coroners, Medical Examiners and Funeral Directors. Health Plan may release you health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Health Plan may also release your health information to funeral directors as necessary to carry out their duties.

In the Event of a Serious Threat to Health or Safety. Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. Any disclosure would be to someone able to help prevent the threat.

For Specified Government Functions. In certain circumstances, federal regulations require Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

For Worker's Compensation. Health Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

For Underwriting And Related Purposes. Health Plan may use or disclose your health information for the purposes of underwriting, premium rating, or other activities relating to the creation, renewal or replacement of health insurance, but is prohibited from using or disclosing your genetic information for such purposes.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Health Plan will not disclose your health information other than with your written authorization. Health Plan must obtain your authorization before using or disclosing your health information for marketing purpose or sells your information to a third party. If you authorize Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Health Plan maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Health Plan's disclosure of your health information to someone involved in the payment of your care. However, Health Plan is not required to agree to such a request. If you wish to make a request for restrictions, please contact the Plan Manager in writing at the address shown at the end of this notice.

Right to Receive Confidential Communications. You have the right to request that Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. You may be required to provide a statement that disclosure of your health information could endanger you. For example, you may ask that Health Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the Plan Manager at the address and phone number shown at the end of this notice. Health Plan will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to Michelle Tenberg, Plan Manager, P O Box 58838 Tukwila, WA 98138, fax number 425-251-1976. If you request a copy of your health information, Health Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. Health Plan may deny your request in limited situations.

Right to Amend Your Health Information. If you believe that your health information records are inaccurate or incomplete, you may request that Health Plan amend the records. That request may be made as long as Health Plan maintains the information. A request for an amendment of records must be made in writing to Michelle Tenberg Plan Manager, P O Box 58838 Tukwila, WA 98138, fax number 425-251-1976. Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Health Plan, if the health information you are requesting to amend is not part of Health Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Health Plan determines the records containing your health information are accurate and complete.

Right to an Accounting. You have the right to request a list of disclosures of your health information made by Health Plan for any reason other than for treatment, payment or health operations. The request must be made in writing to the contact at the address and phone number shown at the end of this notice. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003.

Accounting requests may not be made for periods of time going back more than six (6) years. Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Health Plan will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Plan Manager at the address and phone number shown at the end of this notice.

DUTIES OF HEALTH PLAN

Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice, provide to you this Notice of its duties and privacy practices and to notify you following a breach of your unsecured health information. Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. Health Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Health Plan changes its policies and procedures, Health Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to Health Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Health Plan should be made in writing to the Plan Manager at the address shown at the end of this notice. Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Health Plan has designated Michelle Tenberg, Plan Manager as the contact for all issues regarding patient privacy and your privacy rights. You may contact this person at

Michelle Tenberg, Plan Manager
Employee Painters' Trust
c/o BeneSys Administrators
P.O. Box 58830
Tukwila, WA 98138
(844) 344-2721

EFFECTIVE DATE

This Notice is effective July 1, 2025, and supersedes all prior versions.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PLAN MANAGER AT THE ABOVE ADDRESS OR PHONE NUMBER.

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



EMPLOYEE PAINTERS' TRUST

NOTICE OF NON-DISCRIMINATION

Discrimination is Against the Law

Employee Painters' Trust ("the Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Health Plan:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Health Plan at **(206) 518-9730**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the Health Plan's website: www.ourbenefitoffice.com/IUPAT/Benefits/.



EMPLOYEE PAINTERS' TRUST

July 1, 2026

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

The Employee Painters' Trust 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 (206) 518-9730.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Your Health Plan generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally 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 as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you have any questions about your Plan's coverage, please contact the Trust Fund Office at (206) 518-9730.