

OCTOBER 2024

**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.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce asymmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: The initial deductible will be \$300 single/\$600 family. The PPO contract rate for surgeries is 80% of the contract rate, 20% is the co-insurance. For non-PPO providers, the plan will pay 65% of UCR charges.

If you would like more information on WHCRA benefits, call your Trust Fund Office at 800-548-1771.

**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 Kaiser at (800) 464-4000 or the Trust Fund Office at (800) 548-1771. Thank you.

**NOTICE OF AVAILABILITY OF PLAN'S NOTICE OF PRIVACY PRACTICES**

The Board of Trustees of Sheet Metal Workers Local 104 Health Care 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:

Sheet Metal Workers Local 104 Health Care Plan  
P.O. Box 1917  
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 800-548-1771, to request that a copy be mailed to you.

This document has been uploaded and is available on the participant website at [www.sheet104fringe.org](http://www.sheet104fringe.org).