



Teamsters Local 631 Trust Funds

October 2026

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 (702) 415-2185. 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 for the hospital stay for a mother and her newborn child, please contact the Trust Fund Office at (702) 415-2185. Thank you.

NOTICE OF AVAILABILITY OF PLAN'S NOTICE OF PRIVACY PRACTICES

The Board of Trustees of the Teamsters Local 631 Trust Funds adopted a Notice of Privacy Practices, which it distributed to Plan participants. Pursuant to federal guidelines, the Board of Trustees provided 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:

Teamsters Local 631 Trust Funds
P.O. Box 400700
Las Vegas, NV 89140

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 (702) 415-2185, to request that a copy be mailed to you.

From the Board of Trustees
Teamsters Local 631 Benefit Funds

Mailing Address: P.O. Box 400700 ♦ Las Vegas, NV 89140
8311 W. Sunset Road, Suite 250 ♦ Las Vegas, NV 89113
Toll Free 877-304-6702 ♦ Phone 702-415-2185 ♦ Facsimile 702-257-5361
www.teamsters631benefits.org ♦ staff@teamsters631benefits.org