

# U.A. Local No. 393 Benefit Funds

## **HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION**

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October 2025

### **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 (408) 588-3751. Thank you.

### **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 (408) 588-3751. Thank you.

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

The Board of Trustees of the U.A. Local 393 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:

U.A. Local 393 Health and Welfare Plan  
P.O. Box 2460  
San Jose, CA 95109

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 (408) 588-3751, to request that a copy be mailed to you.