

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTIFICATION**

The Women's Health and Cancer Rights Act of 1998 requires that we notify you annually of the coverage required under this Act. This Notice fulfills that requirement.

The Act amended ERISA by requiring group health plans which provide medical and surgical benefits for a mastectomy to provide the following coverage if you elect breast reconstruction in connection with a mastectomy, in a manner determined in consultation with the attending physician and the patient:

- ◆ all stages of reconstruction of the breast and nipple of the breast on which the mastectomy has been performed;

- ◆ surgery and reconstruction of the other breast to produce symmetrical appearance;

- ◆ prostheses; and

- ◆ treatment of physical complications in all stages of the mastectomy, including lymphedemas.

Subject to any applicable deductible and copayment requirements, your Plan provides coverage for the preceding items on the same basis as any other medical or surgical procedure covered by the Plan. Contact the Fund Office if you have any questions or need more information.

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## **HIPAA PRIVACY NOTICE REMINDER**

On April 14, 2003, the HIPAA Privacy Regulations went into effect for the Local 434 Health & Welfare Fund. These Regulations were further revised effective February 17, 2010, and again revised effective September 23, 2013. In September of 2013 (or when you enrolled, if later), the Plan provided you with updated Privacy Practices Notice as required by the Privacy Regulations. This Notice provided information regarding the

Plan's uses and disclosures of your medical information, your rights regarding your medical information, and the Plan's duties to protect the privacy of your medical information.

This is a reminder that the Privacy Practices Notice is available upon request. To request a copy of the Plan's Privacy Practices Notice, please call the Fund Office at: (952) 854-0795, or toll-free at: 1-800-535-6373.

We want to draw your attention to one issue in particular in regard to the Privacy Notice. Disclosure of your medical information to family members, other relatives, and your close personal friends is allowed if:

- (a) the information is directly relevant to the family member or friend's involvement with your care or payment related to your health care; and

- (b) you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Additional rules and exceptions apply with family members. You may request additional information from the Plan.