

## **IUOE LOCAL 98 HEALTH & WELFARE FUND**

(Plan No: 501; I.D. No.: 04-2123707)

Health & Welfare Fund Office  
40 Hudson Drive  
P.O. Box 1290  
Southwick, MA 01077  
Telephone: (413) 998-3230

### **SPECIAL ENROLLMENT RIGHTS**

Coverage under this Plan is automatic upon your eligibility and application. However, by law, the Plan must provide the following description of special enrollment rights to anyone who becomes eligible for coverage: if you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.

You and your dependents may also enroll in this plan if you (or your dependents) become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

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

Federal Law requires that in the case of a participant or beneficiary who receives benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- (1) All stages of reconstruction of the breast on which the mastectomy has been performed; and
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- (3) Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The above coverages are subject to the applicable health insurance policy and any deductibles and co-insurance limitations consistent with those established for other benefits under the Plan.

**NOTIFICATION OF AVAILABILITY OF PRIVACY NOTICE**

[As required by 45 Code of Federal Regulations Part 164.520(c)(1)(ii)]

In the course of providing you with health coverage, this Fund has access to medical information about you which may be considered protected health information (“PHI”) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regulations. As a participant in this Plan, you were previously provided with a Privacy Notice which described, in detail, how medical information about you may be used and disclosed and how you could get access to that information.

If you would like to receive another copy of that Privacy Notice from the Fund, please contact the Fund’s Privacy Official, Kara Richotte, by telephone at (413) 998-3230, by submitting a written request for a copy of the Privacy Notice to the address noted below; or, by visiting the Fund Office to pick up a copy of the Privacy Notice.

If you have any questions about this Notice, please contact the Welfare Fund’s Privacy Official, Kara Richotte, at 40 Hudson Drive, P.O. Box 1290, Southwick, MA 01077 (413) 998-3230.