

## **NOTICE TO H&W PLAN PARTICIPANTS AND BENEFICIARIES**

Your H&W Fund must occasionally remind you of your rights to certain coverage protected by Federal law.

### **Women's Health and Cancer Rights Act of October 21, 1998**

The Act requires the Carpenters Health & Welfare Fund of Philadelphia and Vicinity to cover the following medical services in connection with a mastectomy: 1) All stages of reconstruction of the breast on which the mastectomy has been performed; 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and, 3) Prostheses and treatment of physical complications in all stages of mastectomy, including lymph edemas. The Fund covers these services for eligible women in a manner determined in consultation with the attending physician and the patient through Independence Blue Cross. There are no deductibles, copayment, or co-insurance limitations applicable to this coverage. For a more detailed description, please see the current Carpenters' Summary Plan Description, page HW3.

### **Newborns' and Mothers' Health Protection Act of September 26, 1996**

Newborns and their mothers may stay in the hospital after a vaginal delivery for at least 48-hours; or, in the case of a cesarean section delivery, up to 96-hours. It is their protected right under Federal law. For a more detailed description, please see the current Carpenters' Summary Plan Description, page HW3.

### **Mental Health Parity Act of September 26, 1996**

Eligible Participants and Dependents receive mental health benefit coverage at the same level as physical health benefit coverage. This benefit has unlimited annual and lifetime dollar limits. For a more detailed description, please see the current Carpenters' Summary Plan Description, page HW6.

### **Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)**

The law requires your Fund to notify all newly eligible Participants and newly eligible dependents of their COBRA rights at the time of first coverage by the H&W Fund. If an eligible Participant or eligible dependent loses Plan coverage, the Fund will notify each individual affected by the loss in coverage in writing, and inform them of their right to continue coverage in the Plan through self-payment of a monthly premium. The H&W Fund offers both family and single COBRA continuation coverage, of both the full H&W benefit package, and core coverage that includes hospitalization and medical/surgical benefits only.

### **Health Insurance Portability and Accountability Act of August 21, 1996 (HIPAA)**

**HIPAA PORTABILITY** - HIPAA's nondiscrimination provisions generally prohibit a group health plan from denying an individual eligibility for benefit coverage based on a pre-existing condition or health factor. If a Participant or dependent loses Philadelphia H&W Plan benefit coverage, the Fund will provide a *Certificate of Creditable Coverage* showing the length of time the individual had been covered by the Plan, so restrictions on pre-existing conditions that may be exercised by a successor health carrier will not apply. Your H&W Fund will also provide a *Certificate of Creditable Coverage* upon request, within 24-months from the date of loss of coverage.

**HIPAA PRIVACY** - HIPAA protects the privacy of individual health information. Your H&W Fund Board of Administration amended the H&W Plan of Benefits to incorporate HIPAA mandated regulations, including procedures to safeguard Protected Health Information which insure the privacy and confidentiality of past, present, and future physical, and/or mental health and/or condition of all of our Participants and dependents. Your Fund has also developed and implemented a Complaint Processing procedure that you can use if you believe the Fund is not complying with the law and your privacy rights. An explanation of how medical information about you on file with the Fund may be used or disclosed, how you can access your medical information, and the complaint processing procedure, is set forth in the Fund's Notice of Privacy Practices.

### **Children's Health Insurance Program (CHIP)**

If you are eligible for health coverage, but are unable to pay the premiums, some States offer premium assistance programs that can help pay for coverage. This legislation requires the H&W Fund to notify you that potential CHIP opportunities for premium assistance may exist in the State where you reside. To find out if your State offers CHIP premium assistance, please call (866) 444-3272 or (877) 267-2323, ext. 61565.

To obtain a copy of the Notice of Privacy Practices, or to receive more detailed information regarding the Certificate of Creditable Coverage, please contact the Plan's Privacy Officer, at 1811 Spring Garden Street, Philadelphia, PA 19130 (215) 568-0430.