

OPERATING ENGINEERS LOCAL 139

HEALTH BENEFIT FUND

N27 W23233 Roundy Drive • P.O. Box 160 • Pewaukee, WI 53072-0160

Phone: (262) 549-9190
Toll Free: (800) 242-7018
Fax: (262) 549-3549

Annual Notices

October 2021

To All Participants and Dependents:

This communication contains Notices that are being furnished by the Operating Engineers Local 139 Health Benefit Fund as required by federal law.

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 coverage required under this Act. This Notice fulfills that requirement.

Because this Plan provides coverage for medical and surgical benefits for a mastectomy, the Act requires that the following coverage be provided 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;
- Reconstructive surgery on the other breast to achieve a symmetrical appearance; and
- Coverage for prostheses and treatment of physical complications of a mastectomy, including lymphedemas.

The coverage for these items is subject to the deductible and coinsurance requirements of the Plan and are payable on the same basis as any other medical or surgical procedure covered under the Plan.

HIPAA Privacy Practices Update

The Fund is required to take reasonable steps to ensure the privacy of your personally identifiable health information in accordance with the privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related federal regulations. In April 2003 (or when you became eligible in the Fund, if later), the Plan provided you with its Privacy Practices Notice as required by the regulations. The Notice describes how the Plan uses and discloses your Protected Health Information (PHI), your rights regarding your PHI, as well as the Plan's duties to protect the privacy of your PHI.

You have the right to request a copy of that Notice at any time for any reason. You may do so by writing or calling the Fund Office at the address or phone numbers contained in the above letterhead and ask for a copy of the Fund's "Privacy Notice". There is no charge for providing the Notice.

IMPORTANT: The Plan reserves the right to provide your protected health information to any person identified by you (such as a business agent), or whom the Plan in good faith believes was identified by you, or to a family member, other relative, or close personal friend. For example, the Plan may disclose your protected health information to your spouse if the spouse contacts the Plan to help resolve a payment issue on your behalf. The Plan only will provide protected health information in such a situation if it is directly relevant to such person's involvement with your care or payment related to your care. If you object to such disclosures, please express your written objection addressed to the Fund's Privacy Officer at the address in the letterhead.

Based on the foregoing statement, we want to remind you that the Plan will release relevant information to your spouse unless you sign a written form indicating otherwise and it is on file at the Fund Office.

You do have the right to request in writing that the Plan restrict its disclosure of your protected health information to specified individuals. The Plan is not required to agree to your request. If the Plan does agree to your request, the Plan will abide by the agreement except in a medical emergency or as required or authorized by law.

“Grandfathered” Status

The Operating Engineers Local 139 Health Benefit Fund believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (“the Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at **262-549-9190** or at **1-800-242-7018**. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or **www.dol.gov/ebsa/healthreform**. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Sincerely,

The Board of Trustees