

SHEET METAL WORKERS LOCAL 46 HEALTH FUND

NOTICE TO PARTICIPANTS

(Plan No: 501; I.D. 16-0760551)

Dated: December 2019

Dear Participant:

The following is important information for your recordkeeping:

SPECIAL ENROLLMENT RIGHTS

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. If you fail to request enrollment for yourself or your new dependents within that 30-day period, you must wait until the open enrollment period, which takes place during the month of November for coverage starting January 1.

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. If you fail to request enrollment for your new dependents within that 30-day period, you must wait until the open enrollment period, which takes place during the month of November for coverage starting January 1.

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 medical and surgical 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:

- Reconstruction of the breast on which the mastectomy has been performed; and

- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Protheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

The above coverages are subject to 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 160.520(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 or have any questions about the Privacy Notice, please contact the Fund’s Privacy Officer, Troy Milne, at (585) 458-0400 or submit a written request for a copy of the Privacy Notice to the Privacy Officer, Troy Milne at Sheet Metal Workers Local 46 Health Fund, 244 Paul Road, Rochester, New York 14624.

You should keep this information with your Summary Plan Description booklet (which summarizes your benefits) in a safe place. It is important to retain this information until a new booklet is issued to you.

If you have any questions, please contact the Fund Office.

Sincerely,

THE BOARD OF TRUSTEES