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## Local 802 Musicians Health Fund

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October 29, 2013

### WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

This is intended to satisfy the annual notice requirements of a new Federal law entitled, the Women’s Health and Cancer Rights Act of 1998.

Effective October 21, 1998 because the Local 802 Musicians Health Fund provides medical and surgical benefits in connection with a mastectomy, the Fund also provides benefits for certain reconstructive surgery. In particular, the Fund will provide, to a participant or beneficiary who is receiving (or presents a claim to receive) benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for the following:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications associated with all stages of mastectomy, including lymphedemas.

To the extent permitted by applicable law, this coverage will be subject to annual deductibles, benefit maximums, coinsurance and co-payment provisions that may apply under the Plan. You should review carefully the provisions of the plan regarding any such restriction that may apply. Please remember, that as with all benefits, the Board of Trustees reserves the right to amend, modify and/or terminate benefits at any time in accordance with the official Plan document and applicable law.

If you have any question regarding this coverage, please contact Gloria McCormick, Fund Administrator, Local 802 Musicians Health Fund, 322 West 48<sup>th</sup> Street, New York, NY 10036, 212-245-4802.

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### NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any otherwise covered hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending providers, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).