ANNUAL NOTICE TO PARTICIPANTS

NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND

(Plan No.: 501; I.D. No.: 15-0551885)

October 2025

Dear Participant:

The following is important information for your recordkeeping:

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) 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 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.

You should keep this notice with your Health & Hospital Fund Summary Plan Description booklet. It is important to retain this information until a new Summary Plan Description booklet is issued to you. If you have any questions, please contact the Fund Office at 315.455.9790 or toll free at 877.698.3863.

Sincerely,

BOARD OF TRUSTEES OF THE
NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND