

ANNUAL NOTICE TO PARTICIPANTS
NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND

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

October 2020

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**