

# Office and Professional Employees Locals 30 & 537 Health & Welfare and Retirement Trust Funds

Administered By: Benefit Programs Administration  
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 908-7568

December 2020

## **-IMPORTANT NOTICE-**

### **Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within thirty (30) days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within "30 days" after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Administrative Office of the Office and Professional Employees Locals 30 & 537 Health & Welfare Trust Fund at (562) 463-5065.

### **Women's Health and Cancer Rights Act of 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA) This coverage is subject to the applicable co-payments, annual deductible and co-insurance provisions of the plan in which you are enrolled.

For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

The Act prohibits circumventing the Act by denying eligibility, penalizing providers, and providing incentives (monetary or otherwise) to an attending provider to induce them to provide care in a manner inconsistent with the Act. However, the plan may negotiate the level and type of reimbursement with a provider.

### **Newborns' and Mothers' Health Protection Act of 1996**

"Group health Plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Notice of Privacy Practices**

The Trust Fund maintains a Notice of Privacy Practices. The Notice explains the possible uses and disclosures of protected health information by the Trust Fund. It also outlines your rights in regards to your health information and the steps the Trust Fund has taken to protect health information and prevent unnecessary disclosures. A copy of the Notice of Privacy Practices can be found in your Plan Booklet or requested separately from the Trust Fund Office at the address or telephone number shown above.