

ADMINISTRATION OFFICE

**4<sup>th</sup> DISTRICT IBEW HEALTH FUND**

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**IMPORTANT NOTICE ABOUT CHANGES TO THE 4<sup>TH</sup> DISTRICT IBEW HEALTH PLAN**

October 1, 2012

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This Notice explains important changes that are being made to the 4<sup>th</sup> District IBEW Health Plan, effective October 1, 2012. You are urged to carefully review this Notice and address any questions to the Benefit Office. This Notice should be kept with your records of Plan activities.

**Changes to the Plan under the Patient Protection and Affordable Care Act of 2010**

To comply with PPACA, the Plan has added preventive coverage for the following services for women without any cost-sharing requirements, subject to the conditions listed:

- **Breast Feeding** interventions to support and promote breast feeding including costs for certain breastfeeding equipment. Breast pumps will be covered (rental or purchase) at the rate of one pump per year. Breast pumps must be obtained from a network provider to ensure no cost-sharing to the participant.
- **Contraceptives and Related Counseling** for all women as follows:
  - Prescription contraceptives including oral, injectable, topical (patch), intravaginal and implants
  - Prescription contraceptives will be covered at 100% for generic products and brand names that do not have a generic equivalent; brand names with a generic equivalent will be subject to cost sharing by the participant
  - Abortifacient drugs and over the counter contraceptives will not be covered
- **Counseling for Sexually Transmitted Infections** for all sexually active women
- **Gestational Diabetes** screening for pregnant women
- **High Risk Human Papillomavirus Testing** for women
- **HIV Counseling and Testing** for women
- **Screening for interpersonal and domestic violence** for all women
- **Well Woman Preventive Care** visits for women to obtain the recommended preventive services that are age and developmentally appropriate

Please keep in mind that the covered services listed above must be received from an in-network provider in order to avoid cost-sharing requirements.

Thank you for your participation in the Plan and please feel free to contact the Benefit Office with any questions.

Sincerely,

Board of Trustees



## **Women's Health & Cancer Rights Act**

### **Annual Notice**

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator at 304-525-0331 for more information.

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### **HIPAA / Privacy Notification**

The privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require the Plan to protect the confidentiality of your protected health information (PHI). Your rights with respect to your PHI are explained in the Plan's *Notice of Privacy Practices*. The *Notice* also describes how the Plan uses and discloses PHI, and discusses important federal rights that you have. If you would like to see or obtain a copy of the Plan's *Notice of Privacy Practices*, please contact the Fund Office.