



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-212-465-8888. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-212-465-8888 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$ 0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Not applicable.	This plan does not have a deductible.
Are there other deductibles for specific services?	Yes. Dental Out of Network: \$100/individual and \$200/family. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Medical plan network providers: \$5,050/individual or \$10,100/family Prescription drugs (in-network): \$3,650/individual or \$7,300/family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. For a list of in-network providers for medical see www.empireblue.com or call 1-800-553-9603. For a list of in-network providers for dental see www.metlife.com/dental or call 1-800-942-0854.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /visit	Not covered	None
	Specialist visit	\$20 <u>copay</u> /visit	Not covered	None
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. Age and frequency limits apply.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at 1-212-465-8888	Generic drugs	Retail: \$10 <u>copay</u> (21-day supply); Mail Order: \$40 <u>copay</u> (90-day supply);	Not covered	No charge for ACA-required generic preventive drugs (such as contraceptives) (or brand drug if generic is not medically appropriate).
	Preferred brand drugs	Retail: \$30 <u>copay</u> (21-day supply); Mail Order: \$40 <u>copay</u> (90-day supply)	Not covered	Medication needed on an on-going basis must be filled through the Mail Order Program. If brand name is purchased when generic is available, you are responsible for any difference between brand and generic cost.
	Non-preferred brand drugs	Retail: \$30 <u>copay</u> (21-day supply); Mail Order: \$40 <u>copay</u> (90-day supply)	Not covered	
	<u>Specialty drugs</u> (Essential Health Benefits)	Retail: \$30 <u>copay</u> (21-day supply); Mail Order: \$40 <u>copay</u> (30-day supply)	Not covered	<u>Out-of-Network</u> not covered. One direct reimbursement available per lifetime; reimbursement is made at the <u>in-network</u> cost.
	<u>Specialty drugs</u> (Non-Essential - Health Benefits)	Non-Essential - Health Benefits - Not covered		When you are enrolled, 100% coverage will be available at no cost to you through participation in the SaveOn SP Program. Contact the Fund Office or the SaveOn SP Program directly at 1-800-683-1074 for more information regarding implementation.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
	Physician/surgeon fees	No charge	Not covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$100 <u>copay</u> /visit	\$100 <u>copay</u> /visit	<u>Copay</u> waived if admitted.
	<u>Emergency medical transportation</u>	No charge	Not covered	Local transport to nearest hospital.
	<u>Urgent care</u>	\$20 <u>copay</u> /office visit	Not covered	There is no unique benefit for <u>Urgent Care</u> . If it is an emergency room visit, it will be subject to emergency room <u>copay</u> , not the office visit <u>copay</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
	Physician/surgeon fees	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 <u>copay</u> /office visit No charge for other outpatient services	Not covered	None
	Inpatient services	No charge	Not covered	Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
If you are pregnant	Office visits	No charge	Not covered	None
	Childbirth/delivery professional services	No charge	Not covered	None
	Childbirth/delivery facility services	No charge	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage. Limited to 200 visits per calendar year.
	<u>Rehabilitation services</u>	\$20 <u>copay</u> /visit	Not covered	Limited to 60 visits per calendar year combined in home, office or outpatient facility.
	<u>Habilitation services</u>	\$20 <u>copay</u> /visit	Not covered	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.
	<u>Skilled nursing care</u>	No charge	Not covered	Limited to 120 days per lifetime. Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
	<u>Durable medical equipment</u>	No charge	Not covered	Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
	<u>Hospice services</u>	No charge	Not covered	Limited to 210 days per lifetime. Failure to obtain <u>preauthorization</u> may result in non-coverage or reduced coverage.
If your child needs dental or eye care	Children's eye exam	Amount over \$300	Amount over \$300	Limited to \$300 per person per calendar year for eye exam, frames, and/or lenses, including contact lenses. Non-prescription sunglasses not covered.
	Children's glasses	Amount over \$300	Amount over \$300	Limited to \$300 per person per calendar year for eye exam, frames, and/or lenses, including contact lenses. Non-prescription sunglasses not covered.
	Children's dental check-up	No charge	20% <u>coinsurance</u> after dental <u>deductible</u>	Limited to two oral exams per year.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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|---------------------|-------------------------|--|
| • Acupuncture | • Hearing Aids | • Private-duty nursing |
| • Chiropractic care | • Infertility treatment | • Routine foot care |
| • Cosmetic surgery | • Long-term care | • Weight loss programs (except as required by the health reform law) |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

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|---|--|---|
| • Bariatric surgery | • Non-emergency care when traveling outside the U.S. (See www.BCBS.com/bluecardworldwide) | • Routine Eye Care (Adult) (Limited to \$300 per person per calendar year for eye exam, frames, and/or lenses, including contact lenses.) |
| • Dental care (Adult)(Up to \$3,000 per year) | | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Fund Office at: Metal Trades Branch Local 638 Welfare Fund, 27-08 40th Avenue, Long Island City, New York 11101-3725 or 1-212-465-8888. You may also contact: Empire Blue Cross and Blue Shield, P.O. Box 11825, Appeals Department Mail Drop 6/0, Albany, NY 12211 or New York State Department of Insurance, 1-(800) 342-3736.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-212-465-8888.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$0
■ <u>Specialist cost sharing</u>	\$20
■ Hospital (facility) <u>cost sharing</u>	\$0
■ Other <u>cost sharing</u>	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$70

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$0
■ <u>Specialist cost sharing</u>	\$20
■ Hospital (facility) <u>cost sharing</u>	\$0
■ Other <u>cost sharing</u>	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$690
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$790
The total Joe would pay is	\$1,480

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$0
■ <u>Specialist cost sharing</u>	\$20
■ Hospital (facility) <u>cost sharing</u>	\$0
■ Other <u>cost sharing</u>	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$270
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$270

The Plan would be responsible for the other costs of these EXAMPLE Covered services.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid		CALIFORNIA-Medicaid	
Website: http://myalhipp.com/ Phone: 1-855-692-5447		Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	
ALASKA-Medicaid		COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx		Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	
ARKANSAS-Medicaid		FLORIDA-Medicaid	
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)		Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268	

GEORGIA-Medicaid		MASSACHUSETTS-Medicaid and CHIP	
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2		Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102	
INDIANA-Medicaid		MINNESOTA-Medicaid	
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/issd/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584		Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	
IOWA-Medicaid and CHIP (Hawki)		MISSOURI-Medicaid	
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562		Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	
KANSAS-Medicaid		MONTANA-Medicaid	
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884		Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	
KENTUCKY-Medicaid		NEBRASKA-Medicaid	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshhealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718		Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	
Kentucky Medicaid Website: https://chfs.ky.gov			
LOUISIANA-Medicaid		NEVADA-Medicaid	
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)		Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	
MAINE-Medicaid		NEW HAMPSHIRE-Medicaid	
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711		Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	

NEW JERSEY-Medicaid and CHIP		SOUTH DAKOTA-Medicaid	
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710		Website: http://dss.sd.gov Phone: 1-888-828-0059	
NEW YORK-Medicaid		TEXAS-Medicaid	
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831		Website: http://gethptexas.com/ Phone: 1-800-440-0493	
NORTH CAROLINA-Medicaid		UTAH-Medicaid and CHIP	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100		Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/CHIP Phone: 1-877-543-7669	
NORTH DAKOTA-Medicaid		VERMONT-Medicaid	
Website: http://www.nd.gov/dhs/services/medica/serv/medicaid/ Phone: 1-844-854-4825		Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	
OKLAHOMA-Medicaid and CHIP		VIRGINIA-Medicaid and CHIP	
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742		Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	
OREGON-Medicaid		WASHINGTON-Medicaid	
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075		Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	
PENNSYLVANIA-Medicaid		WEST VIRGINIA-Medicaid and CHIP	
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462		Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MY WVHIPP (1-855-699-8447)	
RHODE ISLAND-Medicaid and CHIP		WISCONSIN-Medicaid and CHIP	
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)		Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	
SOUTH CAROLINA-Medicaid		WYOMING-Medicaid	
Website: https://www.scdhhs.gov Phone: 1-888-549-0820		Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ehsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

The Women's Health & Cancer Rights Act

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).

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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call the Steamfitters Industry Welfare Fund at 212-465-8888, option 4.

The Steamfitters Industry Welfare Fund