

IATSE Local 504 Health & Welfare Trust Fund

Administered by: Benefit Programs Administration
Toll Free (888) 806-8942 • FAX: (562) 463-5894 • (213) 406-2313
www.iatse504welfare.org

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To: All Eligible Participants for Health Benefits and their Eligible Dependents

RE: Woman's Health and Cancer Rights Act of 1998

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Under federal law, group health plans, insurers, and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery, effective for the first plan year beginning on or after October 21, 1998.

In the case of a participant or beneficiary who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, federal law requires coverage in a manner determined in consultation with the attending physician and the patient, for reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

This coverage is subject to the plan's annual deductibles and/or other coinsurance and benefit provisions. These provisions are generally described in the plan's Summary Plan Description (SPD).

NEWBORN MOTHERS HEALTH PROTECTION ACT

Under the Newborn and Mothers Health Protection Act, the following language is now included in the Plan:

The Plan will provide for a hospital stay of no less than 48 hours for the eligible mother and newborn child following a normal delivery and no less than 96 hours for a cesarean birth, unless an attending physician in consultation with the mother approves an earlier discharge. The time periods outlined above begin at the birth of the child. The law also prohibits a plan from requiring a health care practitioner to obtain authorization from the Fund for prescribing a length of stay not in excess of those periods.

Under California law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors, and Copayments that are no less favorable than for physical illness generally.