

**PLUMBERS' WELFARE FUND  
LOCAL 130, U.A.**

**UNION TRUSTEES**

**JAMES F. COYNE**  
Co-Chairman

**1340 W. WASHINGTON BLVD., SUITE 303  
CHICAGO, ILLINOIS 60607-1986  
Phone (312) 226-4200  
Fax (312) 226-7285**

**CONTRACTOR TRUSTEES**

**DAVID ARIANO**  
Co-Chairman



**Joseph F. Ohm**  
Fund Administrator

**Anthony M. Rottman**  
Field Representative

August 11, 2017

**ATTENTION!!**

**CREDIT CARD PAYMENTS ACCEPTED FOR WELFARE COVERAGE!!**

Dear Participant:

The Plumber's Welfare Fund, Local 130 U.A. **is now accepting credit cards for the following types of payments:**

1. Active Self-Payments
2. Retiree Self-Payments
3. COBRA Payments

The following credit cards will be accepted for payment:

1. MasterCard
2. Visa
3. Discover

In addition, the Fund Office can debit your Checking Account or Savings Account for a Self-Payment or COBRA payment. If you would like a payment debited from your Checking Account, please provide the Fund Office with a voided check. If you would like a payment debited from your Savings Account, please provide the Fund Office with the Routing Number and Account Number of your Savings Account from your financial institution.

If you would like to use a credit card or a checking or savings account for any of the payment types outlined above, please contact the Claims Department at 312-226-4200 and the Customer Service Representatives will be happy to assist you.

Sincerely,

**Joseph F. Ohm**  
Fund Administrator

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**Important Information Related to the Women's Health and  
Cancer Rights Act of 1998 (WHCRA)**

Dear Participant:

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. Therefore, the following deductibles and coinsurance apply: \$200 for single coverage/\$600 for family coverage and the Plan covers 100% of the first \$2,000.00 plus 90% of all amounts exceeding \$2,000 for medical services rendered in a PPO Hospital of Facility. The Plan will pay 70% of the Reasonable and Customary Fees or Charges for covered expenses by a non-network provider.

If you would like more information on WHCRA benefits, call your Fund Administrator, Joseph Ohm, at 1-312-226-4200.