

ANNUAL REMINDER OF HEALTH RIGHTS & PROTECTION ACTS



Health and welfare plans are required by law to remind participants annually of the Women's Health and Cancer Rights Act and Newborns' and Mothers' Protection Act.

The benefits are as follows:

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

The Plan currently provides medical and surgical benefits in connection with medically necessary mastectomies. Under health plans offering coverage for a mastectomy must also provide coverage for reconstructive surgery in a connection with mastectomy.

This coverage must include:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce symmetrical appearance;
3. Prosthesis (implants); and
4. Treatment of physical complications of all stages of the mastectomy, including lymph edemas.

The coverage is subjected to the Plan's annual deductibles, co-insurance provisions, and maximum comprehensive medical benefits limitations.

NEWBORN'S AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mother's Health Protection Act, includes important protections for mothers and their newborn children.

Group health plans and health insurance issuers that include coverage for hospital stays following childbirth 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 deliver 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 her newborn earlier than 48 hours (or 96 hours as applicable) after delivery.

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the provider for prescribing a length of stay not excess of 48 (or 96 hours)