

The Women's Health and Cancer Rights Act of 1998

Annual Notification

The United States Congress passed the Women's Health and Cancer Rights Act of 1998. This act affects both group and individual health plans that provide medical/surgical coverage for a mastectomy. This act requires these health plans to provide coverage for reconstructive surgery and related services that may follow a mastectomy.

In compliance with the law, City of Colorado Springs medical plans cover the following benefit services for any covered individual electing breast reconstruction surgery:

- All stages of reconstructive surgery of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications for all stages of mastectomy, including lymphedemas.

The plans' deductibles, coinsurance and co-payments that are in effect at the time service is provided will apply to the coverage described above. Please refer to the Medical Benefits Plan for further benefit coverage information.

All other terms and conditions of your medical plan will apply to this coverage.

If you have any questions about the Plan provisions, please call AmeriBen Solutions, the claims administrator, at (800) 786-7930.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (of if the employer stops contributing towards your or your dependent's other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact Benefits and Wellness at 385-5125.

Notice of Newborn & Mothers Health Protection Act

Under Federal law; Group Health Plans and health insurance issuers offering Group Health insurance coverage generally may not 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 delivery, or less than 96-hours following a delivery by cesarean section, the minimum lengths of stay. However, the plan or issuer may pay for a shorter stay if the attending provider, which is an individual licensed under applicable state law to provide maternity or pediatric care to a mother or newborn child and who is directly responsible for providing such care, after consultation with the mother, discharges the mother or newborn earlier. Maternity care and nursery care at birth are not subject to pre-certification for the minimum lengths of stay. If the length of stay for the mother or newborn is in excess of the minimum length of stay, a Pre-certification is required. Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.