

Women's Health and Cancer Rights Act Notice

This law requires group health plans providing coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. We are pleased to inform you that your medical coverage follows this law.

As the Act requires, we have provided you this letter to inform you about the law's provisions. The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- reconstruction of the breast on which the mastectomy has been performed.
- surgery and reconstruction of the other breast to produce a symmetrical appearance.
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions applicable to the mastectomy.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Member Services number on the back of your medical ID card.

Newborns and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers 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 delivery, 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).

In any case, plans and insurers may not require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

Please keep this notice in a secure place with your other health plan materials.

Michelle's Law Notice

Note: Pursuant to Michelle's Law, you are being provided with the following notice because our group health plan provides dependent coverage beyond age 26 and bases eligibility for such dependent coverage on student status. Please review the following information with respect to your dependent child's rights under the plan in the event student status is lost.

When a dependent child loses student status for purposes of our group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, our group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under our group health plan, whichever is earlier.

In order to be eligible to continue coverage as a dependent during such leave of absence:

- We must receive written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary; and
- [Insert any other permissible eligibility conditions here, such as being enrolled in the plan immediately prior to the first day of the medically necessary leave of absence].

To obtain additional information, please contact: _____.

HIPAA Notice of Privacy Practices Reminder

[Name of Client] would like to communicate the availability of its Notice of Privacy Practices. At any time, a copy of the current Notice of Privacy Practices may be obtained by contacting [Name of Individual or Department] at [Phone number or Email].

Please keep this notice in a secure place with your other health plan materials.