

# **THIS NOTIFICATION CONTAINS IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE**

## **PLEASE READ CAREFULLY**

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### **WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE Reconstructive Surgery Following Mastectomy**

The Women's Health and Cancer Rights Act of 1998 applies to your benefit plan. This law mandates that a covered person who is receiving benefits, on or after the law's effective date, for a covered mastectomy, and who elects breast reconstruction in connection with the mastectomy, also will receive coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance, and/or copayment provisions otherwise applicable under the policy/plan.

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### **STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Under federal law, health insurance issuers generally may not restrict benefits for any length of hospital 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. However, the policy/plan may pay for a shorter stay if the attending provider (e.g., physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, the policy/plan 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.

In addition, a policy/plan may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization.