



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

PLEASE READ CAREFULLY

As an employer, you are receiving these notices as part of your group annual renewal materials. You must forward this notice free of charge to all of your employees, regardless of whether or not they are enrolled in your group health plan.

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

This renewal includes benefits made available through the Women's Health and Cancer Rights Act of 1998, which applies to your benefit plan. This law mandates that a participant/member or eligible beneficiary 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, will also 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.

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

Under federal law, health insurance issuers 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. However, the policy/plan may pay for a shorter stay if the attending provider (e.g., your 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 hours (or 96 hours) 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 provider or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.



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The model notice attached is a uniform standard document developed by the Department of labor ("DOL") that may be used by employers nationwide to meet the Children's Health Insurance Program Reauthorization Act of 2009's (CHIPRA) employee notice requirement. The notice describes the relevant CHIPRA provisions and lists contact information for the states whose Children's Health Insurance Program (CHIP) or Medicaid programs offer premium assistance, as the CHIPRA law authorizes. Employers that fail to issue these notices are subject to penalties of up to \$100 per day per employee.

As an employer, you will receive this notice annually as part of your group annual renewal materials. You must forward this notice free of charge, to all of your employees, regardless of whether or not they are enrolled in your group health plan. This notice must also be provided by you to all new employees upon enrollment to your group health plan.

The model notice will be updated periodically as the subsidy becomes available in a particular state. If you have employees that reside outside the state of Wisconsin you are encouraged to print and distribute the updated notice as it becomes available on the DOL's Web site at:

<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>