

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

### Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator 574-372-2474 for more information.

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## WOMEN'S HEALTH AND CANCER RIGHTS ACT

### Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Please see your Summary of Benefits. If you would like more information on WHCRA benefits, call your plan administrator at 574-372-2474.

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## NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

### Annual 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 issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Non-Grandfathered Group Health Plan Notice

Your employer believes the Group Health Plan (GHP) provided to employees is a "non-grandfathered health Plan" under the Patient Protection and Affordable Care Act (the PPACA). Non-Group Grandfathered Health Plans must comply with certain consumer protections in the PPACA. You are receiving this notice and all other Notices required of a Non-Grandfathered Health Plan.