

Important Metro Interagency Insurance Program Health Plan Notices

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This Notice informs you of the federal regulation that requires all health plans that cover mastectomies to also cover reconstruction of the removed breast.

For members receiving mastectomy-related benefits, coverage will be provided, in a manner determined in consultation with the attending physician and 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 deductible and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act of 1996

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Michelle's Law

Michelle's Law provides that group health plans and group health insurers must continue coverage for up to one year for dependent college students who take a leave of absence from school or experience a change in enrollment status that:

- commences during a serious illness or injury,
- is medically necessary, and
- causes the dependent child to lose student status for purposes of the plan.

The Plan may require written certification from a treating physician before the child is entitled to continue his coverage. A Medically necessary Leave of Absence entitles the child to the same benefits as enrolled in immediately before the leave. If changes are made to the plan during the leave, the child is entitled to the changed coverage. Coverage will continue until the earlier of:

- one year from the date the medically Necessary Leave of Absence began, or
- the date coverage would otherwise terminate under the plan.

HIPAA Notice of Privacy Practices

Each MIIP is required by law to maintain the privacy of our employees' health information and to provide notice of our legal duties and privacy practices with respect to personal health information. This is documented in our Notice of Privacy Practices for Personal Health Information. A copy of the Notice of Privacy Practices is available upon request in the Benefits Office.

If you have questions regarding the information contained in this document, please contact the Business Office at 848-5215.