



## HEALTH CARE 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**

The District's Medical Plans do 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 cesarean section. However, the mother's or newborn's attending provider, after consulting with the mother, may discharge the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Our plan does not require that a provider obtain authorization from the plan 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
- date coverage would otherwise terminate under the plan.

### **Notice of Grandfathered Health Plan Status**

West Des Moines Community School District believes this Wellmark Alliance Select plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your Wellmark plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Kris Craig at 633-5076.

### **HIPAA**

Health Insurance Portability and Accountability Act (HIPAA) – The HIPAA privacy rule was issued to protect the privacy and confidentiality of personal health information. The West Des Moines Community School District is very committed to this law. In order to best comply with the legislation, we ask that you direct all your personal health questions/claims to the toll free number on the back of your insurance card. Your insurance carrier is the best source to directly resolve your concerns/questions. Questions regarding HIPAA should be directed to Donna Beerman, the HIPAA compliance officer for the West Des Moines Community School District at 633-5078.



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### Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan's General Contact.

*If you have questions regarding the information contained in this document, please contact the WDMCS Benefits Office at 633-5076.*