

TWIN HORSE CRIER

Volume 27, No. 3

December 2009 Special Edition

Important Health & Welfare Notices



Women's Health and Cancer Rights Act

If you or your eligible dependent(s) receive benefits under this Plan in connection with a mastectomy and elect breast reconstruction, coverage will be provided for the following:

- 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 at all stages of the mastectomy, including lymphedemas.
- Any physical complications at all stages of mastectomy, including lymphedema

Payment for breast reconstruction follows the same guidelines established for all surgical procedures performed under the Plan. All deductibles, co-insurances and maximums (including out-of-pocket and lifetime) contained in your Schedule of Benefits for surgical procedures and the related charges also apply to breast reconstruction surgery and the related charges.

If you have questions, please contact us. We will be happy to explain your benefits and how breast reconstruction is included in your coverage.

Newborns' and Mothers' Health Protection Act



Under federal law, group health plans and health insurance issuers offering group health insurance coverage 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 plan or issuer 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, plans and issuers 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 plan or issuer 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 admission notification. For information on admission notification, contact the Fund Office.

Visit us on the web.

24 hours a day, 7 days a week, 365 days a year.

Access forms, schedules of benefits, frequently asked questions (FAQs), and more.

www.tjc83funds.org