Women's Health and Cancer Rights Act of 1998

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 at (406) 324-7455 for more information.

Newborns' Act Disclosure

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).

Coverage for Women's Preventive Services

The Plan generally covers the following services at 100% with no cost sharing to the Participant. Women's Preventive Services benefits are limited to certain services and contraceptive methods, devices, and medications, and all claims for benefits are subject to the provisions of the Plan, including but not limited to medical necessity, exclusions and limitations in effect when services are provided. Coverage generally includes:

- ✓ Well Woman Visits – typically covered as a preventive office visit and will be paid as other preventive services are under the Affordable Care Act (ACA).

- ✓ Pre-Conception Services – covers services for family planning, contraceptive management, and procreative counseling. Artificial insemination, invitro, and genetic testing are not considered pre- conception services and will be subject to current Medical Policy and/or contractual limitations and exclusions.

- ✓ Maternity and Pre-Natal Care – Maternity Services will pay as any other Medical Benefit, not as Women's Preventive Services. Specific services for pregnant women paid as Women's Preventive services generally includes the following screenings:
  - Bacteriuria
  - Chlamydia
  - Hepatitis B
  - Rh Incompatibility
  - Syphilis

- ✓ Other Services – the following screenings, testing, and counseling are generally covered as Women's Preventive Services:
  - Gestational Diabetes
  - Human Papillomavirus
  - Sexually Transmitted Infections
  - Human Immune Deficiency Virus
- ✓ Interpersonal and Domestic Violence
- ✓ Contraceptive Methods and Counseling – the following specific services are generally covered:
  - Sterilization/Tubal Ligation
  - Certain Contraceptives
  - Injection/Implant
  - Drugs (not Oral)

- ✓ Contraceptive Products at the Pharmacy – the following are generally covered:
  - One Generic oral combination
  - Generic oral continuous cycle
  - Generic emergency
  - Generic Progestin only
  - Ortho-Evra
  - Nuvaring
  - IUD – Mirena and Copper
  - Cervical cap
  - Diaphragm
  - Implanon and Norplant
  - Medroxyprogesterone

- ✓ Lactation Services – the following are generally covered:
  - Consultations when performed by a certified lactation consultant under the supervision of a licensed MD/DO or mid-level practitioner; claim must be filed by the licensed MD/DO or mid-level practitioner; billed for the mother or baby as a routine diagnosis.
  - The Plan will reimburse the Member the actual cost for the purchase of a breast pump once per birth event. Hospital-grade pumps can be rented, per Medical Policy criteria.