

Notices

To learn more, please click the linked section title.

[Genetic Information Nondiscrimination Act \(GINA\)](#)

The Genetic Information Nondiscrimination Act of 2008, (GINA) prohibits the improper use of genetic information in health insurance and employment. The Act prohibits group health plans and health insurers from denying coverage to a healthy individual or charging that person higher premiums based solely on a genetic predisposition to developing a disease in the future.

[Newborn's and Mother's Health Protection Act](#)

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 the 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 the length of stay not in the excess of 48 hours (or 96 hours).

[Women's Health and Cancer Rights Act](#)

Group health plan expenses for a mastectomy shall also include charges for the reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications in relation to all stages of the mastectomy, including lymphedemas. Coverage shall be provided in a manner determined in consultation with the attending physician and the patient.

Notice of Patient Protection

If your health plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the health plan or from any other person (including the primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in network who specializes in obstetrics or gynecology. However, the health care professional may be required to comply with certain procedures, including obtaining authorization for certain services, following a pre-approval treatment plan, or following certain procedures for making referrals. For information on how to select a primary care provider, a list of participating health care professionals who specialize in obstetrics or gynecology, contact your agent or Human Resources Department.

[Michelle's Law](#)

Michelle's Law allows seriously ill college students, who are covered dependents under health plans, to continue coverage for up to one year while on medically necessary leaves of absence. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status. Under the law, a dependent child is entitled to the same level of benefits during a medically necessary leave of absence as the child had before taking the leave. Further, if any changes are made to the health plan during the leave, the child remains eligible for the changed coverage in the same manner as would have applied if the changed coverage had been the previous coverage, so long as the changed coverage remains available to other dependent children under the plan.

[The Children's Health Insurance Program Reauthorization Act of 2009](#)

You may be eligible to enroll in your employer sponsored health plan if you or your dependent lose coverage under Medicaid or a state child health insurance plan, and you request coverage under the group health plan within 60 days of the loss of coverage. You may also be eligible to enroll if you become eligible for a premium assistance subsidy for the group health plan through Medicaid or a state child health insurance plan, and request coverage under the group health plan within 60 days of becoming eligible for assistance.

[USERRA Continuation of Coverage Rights](#)

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA) if you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan and coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions except for service-connected illness or injuries.

[Family and Medical Leave Act Coverage Rights \(Applicable to employers with 50 or more employees\)](#)

During FMLA leave, the employer must maintain the employee's health coverage under any group health plan on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of the employee's leave.

Medicare Part D

You'll get this notice each year if you have drug coverage from an employer/union or other group health plan. This notice will let you know whether or not your drug coverage is credible. It is your responsibility to keep the notice from the employer as you may need it if you decide to join a Medicare drug plan letter.

Your Enrollment Rights

If you enroll in your employer plan or waive coverage, you have special enrollment rights for situations which might come up in the future. For example: loss of other health insurance coverage (either through a spouse, parent or Medicaid), marriage, divorce, birth or adoption of child. If you experience any of these situations, you need to notify your HR department so that you and your dependents may enroll in the employer plan as of the date of the change. The insurance company needs to receive an updated enrollment form **within 30 days** of the special enrollment situation.