

Missouri State University- Annual Notices

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights act of 1998, benefits under the Policy are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending Physician: 1) All stages of reconstruction of the breast on which the mastectomy was performed; 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

3) Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child 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).

Continuation of Benefits (COBRA)

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, dental and vision coverage – and/or any insured dependent's coverage - is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months. The terminating employee will receive personalized information concerning COBRA continuation procedures. Continuation of coverage is also available for "qualified beneficiaries" up to 36 months when one of the following qualifying events occurs: Death of a covered employee; Divorce or legal separation; Employee becomes eligible for Medicare; or Dependent child reaches maximum age allowed under group plan

Please note: It is the responsibility of you, the employee, or qualified beneficiary to notify your HR Department of qualifying events, such as divorce, legal separation or dependent child reaching the maximum allowable age to remain on your benefit plans so that COBRA notification can be sent.

Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Policy

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") imposes upon this Plan and certain other entities various responsibilities to ensure that protected health information (PHI) pertaining to participants remains confidential, subject to limited exceptions in which PHI may be disclosed. This notice is available in the health care plan booklet or a full copy of the policy may be obtained by contacting the Office of Human Resources at (417) 836-6616. You may also view the Privacy Notice online at: <http://privacy.missouristate.edu/hipaa/EmployeeBenefits.htm>

Medicaid and the Children's Health Insurance Program ("CHIP")

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. (<https://www.cms.gov/ccio/resources/consumer-assistance-grants>) If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, you and the qualified dependent are eligible for a Special Enrollment opportunity under this Plan as long as you request coverage within 60 days of being determined eligible for premium assistance. Proper documentation of qualifying for the subsidy must be provided along with the enrollment form if the application is to be accepted. Additional information can be found: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.pdf>