

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
NON-FEDERAL GOVERNMENTAL HEALTH PLAN
DISCLOSURE NOTICE TO PARTICIPANTS**

In general, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires certain group health plans to:

1. limit the period for which a group health plan can deny coverage for a pre-existing medical condition to 12 months (18 months for a late enrollee);
2. establish special enrollment rights for certain employees or dependents:
 - if they initially declined to enroll in the plan because they had other health plan coverage and now have lost the other coverage, or
 - if a person becomes a dependent through marriage, birth, adoption, or placement for adoption;
3. eliminate any plan rules that base eligibility for enrollment on an individual's health status, including evidence of insurability;
4. provide coverage for at least 48 hours of hospitalization for mothers and newborns after conventional deliveries and at least 96 hours of hospitalization after Cesarean sections;
5. provide the same annual and lifetime dollar limits to mental health benefits under the plan as provided for medical benefits.

Federal law gives plan sponsors of self-insured non-Federal governmental plans the right to exempt the plan in whole or in part from these requirements. Your plan has elected to provide all items as required by HIPAA.

Women's Health and Cancer Rights Act of 1998 Notice

The federal mandate called the "Women's Health and Cancer Rights Act of 1998" requires all health plans that cover mastectomies to cover reconstructive surgery as well.

More specifically, if a plan provides medical and surgical benefits with respect to mastectomies, the plan must also provide reconstructive benefits. These benefits include:

- ❖ Reconstruction of the breast on which the mastectomy was performed;
- ❖ Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ❖ Prostheses and physical complications for all stages of mastectomy.

Although the act requiring coverage of this benefit was signed into effect on October 21, 1998, the Indiana State University Employee Health Benefit Plan has been providing this benefit for many years. As a non-ERISA plan, the Indiana State University Employee Health Benefit Plan is not required by law to abide by the "Women's Health and Cancer Rights Act of 1998". However, because the University wishes to continue offering quality benefits to the employees and retirees of Indiana State University, the plan will continue to provide this benefit.