



Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Laitram Health Plan. Therefore, the following deductibles and coinsurance apply for in-network providers:

1. Basic Plan Option
 - a. Deductibles:
 - i. Single \$1,000
 - ii. Employee+1 \$1,400
 - iii. Family \$1,800
 - b. Coinsurance: 20%
2. Enhanced Plan Option
 - a. Deductibles:
 - i. Single \$800
 - ii. Employee +1 \$1,100
 - iii. Family \$1,400
 - b. Coinsurance: 10%

If you would like more information on WHCRA benefits, please contact our third-party administrator, Highmark, at (866) 283-3792.

The Newborns' and Mothers' Health Protection Act of 1996

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan. 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).