

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain precertification for any days of confinement that exceed 48 hours (or 96 hours). For information on precertification, please call the Member Services number on your health plan ID card or email [BenefitsHelp@newschool.edu](mailto:BenefitsHelp@newschool.edu).

## **WOMENS HEALTH AND CANCER RIGHTS ACT**

On October 21, 1998, this federal law entitled the "Women's Health and Cancer Rights Act" became effective. It requires group health plans sponsored by public and private employers to provide coverage for certain reconstructive surgery following a mastectomy. It's effective for group plans as of the first plan year beginning on or after October 21, 1998 (the date it was signed). There is no delayed effective date for collectively bargained plans.

The law also requires that we (or the insurer) send you this notice explaining the required benefits. We must notify you annually. You may receive a notice from the carrier as well as from us.

The specific requirements of the law are that a plan, which provides medical and surgical benefits for mastectomies must cover the following benefits for a member who, undergoes a medically necessary mastectomy and who elects breast reconstruction after surgery:

- ☐ Reconstruction of the breast on which the mastectomy was performed;
- ☐ Surgery and reconstruction of the other breast to achieve a symmetrical appearance; and
- ☐ Prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedemas.

This coverage will be provided as determined by the attending physician in consultation with the patient, and will be provided in a manner consistent with that applicable to other benefits (e.g., same annual deductibles and cost-sharing provisions that apply for other benefits).

If you have any questions about this plan's coverage of mastectomies and reconstructive surgery, please call the Customer Service toll free number on the back of your health plan ID card or email [BenefitsHelp@newschool.edu](mailto:BenefitsHelp@newschool.edu).

## **Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from The New School, 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 and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

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](http://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, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in the state of New York, you may be eligible for assistance paying your employer health plan premiums. Contact one of the following resources for more information:

### **NY Medicaid**

Website:

[http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

### **U.S. Department of Labor Employee Benefits Security**

Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

### **U.S. Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Ext. 61565

## **AFFORDABLE CARE ACT NON DISCRIMINATION NOTICE**

The New School Health and Welfare Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll free number listed on your UnitedHealthcare card (TTY 711) [Monday through Friday, 8 a.m. to 8 p.m].

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll free number listed on your UnitedHealthcare card (TTY 711), [Monday through Friday, 8 a.m. to 8 p.m.].