Members HealthPlan NJ
Designed for You.

ANNUAL NOTICE TO AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN PARTICIPANTS

The 1998 Federal budget passed by Congress requires all health plans to cover reconstructive surgery following a mastectomy. Although the Affiliated Physicians and Employers Health Plan covers reconstructive surgery after a mastectomy, Legislation mandates that we provide you with this notice on an annual basis.

I. COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMY

When a covered individual receives benefits for a mastectomy and decides to have breast reconstruction, based on consultation between the attending physician and the patient, the health plan must cover:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prosthesis and physical complications in all stages of mastectomy, including lymphedema; and
- The Plan will cover the breast reconstruction anytime following the mastectomy provided that you are an eligible plan participant and your coverage is in effect. There are no time limitations from the date of the mastectomy.

This coverage must be the same as for any other benefit under the Plan.

II. MENTAL HEALTH PARITY ACT

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. This law requires that all ERISA-qualified plans, group health plans and group health insurers apply the same treatment and financial limits to medical and surgical benefits and to mental health and substance use disorder benefits.

III. MICHELLE'S LAW

This law affects all ERISA-qualified plans and ensures that seriously ill college students can continue to receive health care insurance through their family's health insurance policy even if they are unable to maintain their full-time student status. This law prevents a group health plan from removing coverage from a "dependent child" due to a "medically necessary leave of absence" before the earlier of:

(a) one year after the first day of the medically necessary leave of absence; or

(b) the date on which the coverage under the plan would otherwise terminate.

The law also requires that a notice of the new law be included with any communications to members asking for documentation of student status.

IV. CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT

This law requires that all ERISA-qualified plans, group health plans, must allow for a special enrollment for eligible but not enrolled employees or dependent children who either:

(a) lose coverage under a Medicaid or a State Children's Health Insurance Plan (SCHIP) under titles XIX and XXI of the Social Security Act, respectively, or

(b) become eligible for group health plan premium assistance under Medicaid or SCHIP (Special Enrollment Right). The member must request coverage no later than sixty (60) days after the date eligibility is lost or the date member or dependent are determined to be eligible for State premium assistance.

If you have any questions regarding your benefits, please do not hesitate to contact the Plan at (888) 670-8135.