Members

HealthPlan NJ

Designed for You.

Annual Notices

Effective: January 1, 2021

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Annual Notices

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Notice of Privacy Practices

Effective Date: July 1, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

As your health plan administrator for your employer's self-insured health plan, Members Health Plan NJ ("MHPNJ") provides administrative services related to your health services under the health plan. Members Health Plan NJ staff must collect information about you to process health services claims and authorization for you and your dependents on behalf of your health plan. Members Health Plan NJ knows that the information we collect about you and your health is private. Members Health Plan NJ is required to protect this information by federal and state law. This information is known as Protected Health Information ("PHI").

This Notice of Privacy Practices tells you how Members Health Plan NJ may use or disclose your PHI. This notice may not be all inclusive of all situations. Members Health Plan NJ is required to give you notice of our privacy practices for the information we collect and keep about you. Members Health Plan NJ is required to follow the terms of the notice currently in effect.

Members Health Plan NJ is required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to PHI, and notify you if your PHI is affected in a breach of unsecured PHI.

How We Protect Your Privacy

Our employees are trained on the need to maintain your PHI in the strictest confidence. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

In addition, in situations where we rely on a third-party to perform business, professional or insurance services or functions for us, that third-party must agree to safeguard your PHI. That Business Associate must also agree to use it only as required to perform its functions for us and as otherwise permitted by our contract and the law.

When Members Health Plan NJ May Use and Disclose Information <u>Without</u> Your Authorization:

- **For Treatment.** Members Health Plan NJ may use or disclose information with health care providers who are involved in your health care. This may include health care providers (doctors, nurses, licensed practitioners) employed by or outside of the health plan. *For example, information may be shared to create and carry out a plan for your treatment.*

- **For Payment.** Members Health Plan NJ may use or disclose information to get payment for the health care services you receive. *For example, Members Health Plan NJ may provide PHI in relation to a bill received for health care services provided to you.*

- **For Health Care Operations.** Members Health Plan NJ may use or disclose information in order to manage its programs and activities. These uses and disclosures are necessary to run the health plan and to make sure that people covered by the health plan receive quality care. For example, Members Health Plan NJ may use PHI to review the quality of services you receive or to evaluate a provider's performance prior to providing payment.

- **Other Disclosures for Plan Operations.** Members Health Plan NJ may use or disclose PHI for the following activities:
    - Members Health Plan NJ may disclose PHI to your plan sponsor as required under the plan's contract.
    - Members Health Plan NJ may use or disclose PHI for underwriting purposes, but Members Health Plan NJ is prohibited from using or disclosing any genetic information for such purposes.

- Members Health Plan NJ may use or disclose PHI for fundraising purposes; however, you have the right to opt out of any fundraising communications.

- **Appointments and Other Health Information.** Members Health Plan NJ may send you reminders for medical care checkups or information about health services that may be of interest to you. You have a right to place restrictions on these communications and request how these communications occur.

- **For Public Health Activities.** Members Health Plan NJ may send PHI to the state or local public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases. We may disclose medical information to these agencies as required by law.

- **For Health Oversight Activities.** Members Health Plan NJ may use or disclose information to inspect or investigate health care providers. We may disclose medical information to health oversight agencies for activities authorized by law.

- **As Required by Law and For Law Enforcement.** Members Health Plan NJ may use and disclose information when required by federal or state law; by court order, subpoena, warrant, summons, administrative request or similar process; or in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **For Abuse Reports and Investigations.** Members Health Plan NJ is required by law to receive and investigate reports of abuse.

- **For Government Programs.** Members Health Plan NJ may use and disclose information for public benefits under other government programs.

- **To Avoid Harm.** Members Health Plan NJ may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person(s) or the public.

- **For Research.** Members Health Plan NJ uses information for studies and to develop research reports. These reports do not identify specific people. These types of disclosures may only occur without specific member authorization when you (the member) have previously agreed to participate in a research study and the report disclosures are included in participation agreements.

- **Disclosures to Family, Friends and Others Who Are Involved In Your Medical Care.** Members Health Plan NJ may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information. Disclosures may only occur without authorization in instances of emergency or incapacity to effect treatment or care.

- **Other Uses and Disclosures Require Your Written Authorization.** For other situations, Members Health Plan NJ will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. Members Health Plan NJ cannot take back any uses or disclosures already made with your authorization; and disclosures made in conjunction with a valid authorization and prior to a written revocation cannot be withdrawn.

You have the following privacy rights regarding health information Members Health Plan NJ maintains about you:

- **Right to Inspect and Receive Copies of Your Records.** In most cases, you have the right to inspect or receive copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. Members Health Plan NJ may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- **Right to Request a Correction or Update of Your Records.** You may ask Members Health Plan NJ to amend information you feel to be incorrect or add missing information to your records. You must make the request in writing, and provide a reason for your request. Members Health Plan NJ may deny your request in certain limited circumstances.

- **Right to Get a List of Disclosures.** You have the right to ask Members Health Plan NJ for a list of disclosures or access report made within the last three years. You must make the request in writing. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that Members Health Plan NJ limit how your information is used or disclosed. You must make the request in writing to **HIPAA Privacy Officer, Members Health Plan NJ, 24 Arnett Avenue, Suite 115, Lambertville, NJ 08530**, tell Members Health Plan NJ what information you want to limit and to whom you want the limits to apply. Members Health Plan NJ is not required to agree to the restriction, unless the restriction is for disclosures to a health plan for carrying out payment or health care operations that are not otherwise required by law, and the PHI pertains solely to a health care item or service for which you personally, and not your plan, have paid in full. You can request that the restrictions be terminated in writing or verbally.

- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing to:

  HIPAA Privacy Officer
Members Health Plan NJ
24 Arnett Avenue, Suite 115
Lambertville, NJ 08530
This will not affect information that has already been shared.

- **Right to Choose How We Communicate with You.** You have the right to request that Members Health Plan NJ share information with you in a certain way or in a certain place. For example, you may ask Members Health Plan NJ to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how Members Health Plan NJ has used or disclosed information about you, or if you believe your privacy rights have been violated. You will not be penalized for filing a complaint. To file a complaint, you may write to us at: **HIPAA Privacy Officer, Members Health Plan NJ, 24 Arnett Avenue, Suite 115, Lambertville, NJ 08530.** You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights by following the instructions on their website at www.hhs.gov/hipaa/filing-a-complaint/index.html

- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

In the future, Members Health Plan NJ may change its Notice of Privacy Practices. Any changes will apply to information Members Health Plan NJ already has, as well as information Members Health Plan NJ receives in the future. A copy of the new notice will be posted on the Members Health Plan NJ website at **membershealthplannj.com** as required by law. You may ask for a copy of the current notice at any time. If you have any questions regarding this notice, please contact your Human Resources department or call the toll-free member services number on your I.D. card.

Master Trust Health Care Quality Act

You are currently enrolled in a self-insured health plan, which is administered by Concord Management Resources (CMR) for the **Members Health Plan NJ.** This plan is an ERISA plan, that is, one that's governed by the provisions of the Federal Employee Retirement Income Security Act (ERISA). ERISA provides various rules and regulations regarding the conduct of the plan.

Please note that the **Members Health Plan NJ** is generally exempt from complying with New Jersey's health insurance laws, including those which mandate coverage for specific benefits. Therefore, even though the name **Aetna** may appear on your health benefits card or in correspondence about your coverage, you may not be entitled to the exact same benefits as persons covered by state regulated/insured health plans.

The following is a list of New Jersey's mandated health insurance benefits:

Procedures/Facilities/Drugs/Devices

- Diabetes Self Management education & equipment
- Pap Smears for groups larger than 50
- Off label use of certain drugs
- Childhood immunizations
- Blood lead screening
- Mammograms
- Maternity Care regardless of marital status/complications of pregnancy
- Newborn & infant hearing loss screening & monitoring
- Orthotic or prosthetic appliances
- Reconstructive Breast Surgery, breast prosthesis following mastectomy
- Home health care
- Orally administered anticancer medications
- Treatment of sickle cell anemia and prescription drugs
- Congenital Bleeding Disorders; Blood products and infusion equipment for hemophilia treatment
- Prostate cancer screening (for groups 50 or larger)
- Adult wellness promotion programs
- Dental anesthesiology for the severely disabled and children under 5
- Infertility treatment (for groups larger than 50)
- Colorectal cancer screening
- Special infant formulas for protein intolerance
- Benefits for therapeutic treatment of inherited metabolic diseases
- Optional second opinions
- Optional cancer treatment with dose-intensive chemotherapy/autologous bone marrow transplants
- Prescription Female Contraceptives
- Diagnosis and treatment of autism or other developmental disorders

Conditions/Illnesses

- Alcoholism & Drug Abuse
- Autism or other developmental disorders
- Specialized cancer treatment
- Bone marrow transplants for Wilms' Tumor
- Sickle cell anemia
- Domestic violence injuries
- Screening and follow up treatment for lead poisoning
- Certain Inherited Metabolic diseases; Including food and food products
- Hemophilia including home care and lab services at regional hemophilia centers
- Minimum 2 day hospital stay for normal delivery / minimum 4 day stay for cesarean sections
- Biologically based mental illnesses on the same basis as other illnesses
- Minimum 48 hour hospitalization for simple mastectomy / Minimum 72 hour stay for modified radical mastectomy

Coverage for treatment by the following practitioners, if a physician would have been paid for providing the same treatment:

- Chiropractors
- Dentists
- Optometrists
- Podiatrists
- Licensed Orthotist
- Licensed Prosthetist
- Certified Pedorthist
- Psychologists
- Registered Nurses
- Audiologists
- Speech Pathologists
- Midwife
- Any Willing Pharmacy (if your plan covers prescription drugs)

Of all the mandates listed above, the only mandates your plan does not cover or limits are:

- Infertility treatment
- Coverage for the following practitioners is only available if a Network provider is utilized:
  - Chiropractors
  - Optometrists

Should you have any questions regarding this notice or any of your health plan benefits, please feel free to contact your plan hotline at 1-833-982-7368.

Medicare Part D - Creditable Coverage Notice

If you are enrolled in Plans with Prescription Options: 1, 2, 3, 4 or 5

Important Creditable Coverage Notice from The Affiliated Physicians and Employers Master Trust about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Affiliated Physicians and Employers Master Trust hereinafter referred to as "Members Health Plan NJ" and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Members Health Plan NJ has determined that the prescription drug coverage offered by AETNA is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to enroll in a Medicare drug plan and drop your AETNA prescription drug coverage through Members Health Plan NJ, be aware that you and your dependents may not be able to get this coverage back.

Before dropping coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Members Health Plan NJ offers your prescription drug benefit through AETNA one of the leading Pharmacy Benefit Managers in the State of New Jersey. AETNA gives members the option of going to retail pharmacies for a 30 day supply of medication or use AETNA Mail Order which allows a member to receive an extended supply. AETNA provides a formulary listing that is alphabetized by drug category as well as brand name. These listings are to help members identify medication with lower co-payments and/or coinsurance. Members Health Plan NJ pays for health expenses, in addition to prescription drugs. If you choose to enroll in a Medicare prescription drug plan you will lose your prescription coverage. In addition, you will not be able to obtain this coverage back once you disenroll.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Members Health Plan NJ and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage…

You may contact our office for further information or call Valerie Seto at 833-639-2669. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Members Health Plan NJ changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage…..

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

If you need additional information, or have any questions regarding the Members Health Plan NJ prescription drug coverage and Medicare, please give us a call at 833-639-2669.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2021
Name of Entity:	The Affiliated Physicians and Employers Master Trust (Members Health Plan NJ)
Contact – Position Officer:	Valerie Seto, Director Client Operations
Address:	P.O. Box 5487, Somerset, NJ 08875
Phone Number:	833-639-2669.

Medicare Part D – Non-Creditable Coverage Notice

If you are enrolled in Plans with Prescription Option: **6 – NO PRESCRIPTION COVERAGE**

Important Non-Creditable Coverage Notice from The Affiliated Physicians and Employers Master Trust about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Affiliated Physicians and Employers Master Trust hereinafter referred to as "Members Health Plan NJ" and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Because you are not enrolled in any prescription drug coverage through Members Health Plan NJ, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you don't have prescription drug coverage. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You may continue to not enroll in any prescription drug coverage offered by Members Health Plan NJ. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare prescription drug coverage options, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you decide to change your current coverage with the Members Health Plan NJ, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Members Health Plan NJ.

Since you are losing creditable prescription drug coverage under the Members Health Plan NJ, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Members Health Plan NJ, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may

consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to enroll in a Medicare drug plan, it doesn't effect your coverage through the Members Health Plan NJ because you are not enrolled in prescription drug coverage.

The Members Health Plan NJ offers prescription drug benefit options through AETNA one of the leading Pharmacy Benefit Managers in the State of New Jersey. AETNA gives members the option of going to retail pharmacies for a 30 day supply of medication or use AETNA Mail Order which allows a member to receive an extended supply. AETNA provides a formulary listing that is alphabetized by drug category as well as brand name. These listings are to help members identify medication with lower co-payments and/or coinsurance. The Members Health Plan NJ pays for health expenses, in addition to prescription drugs (if enrolled in prescription drug coverage). If you choose to enroll in a Medicare prescription drug plan you can keep your medical coverage.

For more information about this notice or your current prescription drug coverage…

You may contact our office for further information or call Valerie Seto at 833-639-2669. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Members Health Plan NJ changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage…..

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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If you need additional information, or have any questions regarding the Members Health Plan NJ prescription drug coverage and Medicare, please give us a call at 833-639-2669.

Date: January 1, 2021
Name of Entity: The Affiliated Physicians and Employers Master Trust (Members Health Plan NJ)
Contact – Position Officer: Valerie Seto, Director Client Operations
Address: P.O. Box 5487, Somerset, NJ 08875
Phone Number: 833-639-2669.

Summary Annual Report

for

Affiliated Physicians and Employers Master Trust

This is a summary of the annual report for the **Affiliated Physicians and Employers Master Trust**, 41- 6523974, **501** for the plan year **2019**. The annual report has been filed with the U.S. Department of Labor's Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has a contract with QualCare and Aetna to pay certain claims incurred under the terms of the plan. The total Healthcare Fees paid for the plan year ending **2019** were **$208,438,684**. There were a total of 19,022 participants in the plan. Administration fees paid totaled **$16,130,079.**

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $8,303,218 as of December 31, 2019, compared to $13,632,220 as of January 1, 2019. During the plan year, the plan experienced a decrease in its net assets of ($7,777247). This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had a net loss of ($5,421,520) including employer contributions of $208,438,684, and earnings from investments of $526,714. Plan expenses were $214,015,761. These expenses included $16,130,079 in administrative expenses, $148,453,463 in benefits paid to participants and beneficiaries, $35,040,953 in prescriptions paid to participants and beneficiaries, $1,344,440 in professional fees, $11,137,763 in broker commissions, $1,919,063 in other expenses, and $371,157 in federal income taxes.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Financial information and information on payments to service providers;
2. Transactions in excess of 5 percent of the plan assets; and
3. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

Concord Management Resources
80 Cottontail Lane, Suite 204
Somerset, NJ 08873
833-639-2669

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of the income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements are included as part of that report. The charge for copying the full annual report does not include any charge for copying these two statements, as they are furnished free of charge.

You also have the legally protected right to examine the annual report at the main office of the plan (**Concord Management Resources, 80 Cottontail Lane, Suite 204, Somerset, NJ 08873**) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Women’s Health and Cancer Rights Act – Notice of Federal Requirements

Annual Notice to the Affiliated Physicians and Employers Master Trust

The 1998 Federal budget passed by Congress requires all health plans to cover reconstructive surgery following a mastectomy. Although the Members Health Plan NJ 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 (833) 982-7368.