

# Missouri State University – Annual Notices

## Women’s Health and Cancer Rights Act of 1998

In compliance with the Women's Health and Cancer Rights Act of 1998, the Policy provides benefits for mastectomies, including breast reconstruction, surgery to ensure breast symmetry, prosthetics, and treatment for complications arising from a mastectomy, such as lymphedema. If you are receiving benefits related to a mastectomy, coverage is also available for the following health services, as determined by you and your attending physician: (1) All stages of breast reconstruction on the breast that underwent the mastectomy, (2) Surgery and reconstruction of the other breast to create a symmetrical appearance, and (3) Prosthetics and treatment for physical complications, including lymphedema. The costs you are responsible for, such as copayments and any annual deductible, will be the same as for other covered health services. Benefit limitations also follow the same guidelines as other covered health services.

## Statement of Rights Under the Newborns’ and Mothers’ Health Protection Act

Under federal law, group health plans and health insurance issuers are generally prohibited from limiting hospital stays related to childbirth for the mother or newborn to less than 48 hours following a vaginal delivery or less than 96 hours after a cesarean section. However, federal law allows the mother’s or newborn’s attending provider to discharge them earlier than these timeframes, after consulting with the mother. Additionally, plans and issuers cannot require the provider to obtain prior authorization for a hospital stay of up to 48 hours (or 96 hours, if applicable).

## Continuation of Benefits (COBRA)

When employment ends for reasons other than gross misconduct, employees and their insured dependents may continue their medical, dental, and vision coverage for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee responsible for all premium costs. If the employee is disabled, COBRA coverage can be extended to 29 months. Upon termination, the employee will receive personalized information regarding COBRA continuation procedures. Additionally, "qualified beneficiaries" may continue coverage for up to 36 months if one of the following qualifying events occurs: the death of the covered employee, divorce or legal separation, the employee becoming eligible for Medicare, or a dependent child reaching the maximum age allowed under the group plan.

**Please note:** The employee or qualified beneficiary must notify HR of qualifying events like divorce, legal separation, or a dependent aging out of coverage to receive COBRA notification.

## Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Policy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires this Plan and certain other entities to maintain the confidentiality of participants' protected health information (PHI), with limited exceptions for when PHI may be disclosed. You can find this notice in the health care plan booklet or request a full copy of the policy by contacting the Office of Human Resources at (417) 836-6616. The Privacy Notice is also available online at: <http://privacy.missouristate.edu/hipaa/EmployeeBenefits.htm>.

## Medicaid and the Children's Health Insurance Program (“CHIP”)

If you are eligible for health coverage through your employer but find the premiums unaffordable, certain states offer premium assistance programs to help cover the costs. These states use Medicaid or CHIP (Children's Health Insurance Program) funds to assist individuals who qualify for employer-sponsored health coverage but need financial help with their premiums. If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to check if premium assistance is available.

(<https://www.cms.gov/ccio/resources/consumer-assistance-grants>). If you or your dependents are not currently enrolled in Medicaid or CHIP but believe you may qualify, you can reach out to your State Medicaid or CHIP office, call 1-877-KIDS-NOW, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to learn how to apply. If eligible, ask the State if there is a program that can assist with paying your employer-sponsored plan premiums.

Once it’s determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, you qualify for a Special Enrollment opportunity under this Plan. You must request coverage within 60 days of becoming eligible for premium assistance. To complete the enrollment, provide proper documentation confirming eligibility for the subsidy along with the enrollment form. For additional details, visit:

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.pdf>.