

NOTIFICATION

I. Uniformed Services Employment and Reemployment Right Act (USERRA):

On December 10, 2004, a new federal law, The Veteran Benefits Improvement Act, was enacted. Under Title II (relating to “Employment Matters”) of P.L. 108-454, this law mandates that employer must extend the current maximum continuation of coverage period under USERRA from eighteen (18) to twenty-four (24) months [Title 38 UCS, Section 201 (a)]. The purpose of this change is to provide additional coverage for the increasing number of reservists who may be called into active duty for a period exceeding the 18 months that was originally offered under USERRA. Because the need of the current situation in Iraq, Congress has placed great urgency in the need to implement this law, which became effective the date “of the Enactment of this Act”, which was December 10, 2004 [Title 38 USC, Section 201 (b)].

- A.** If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan for you and your dependents up to 24 months while in the military.
- B.** If you elect to discontinued benefits coverage during your military service, you have the right to be reinstated in your employer’s health plan when are reemployed, generally without the waiting periods or exclusions, such as pre-existing exclusions, except for service-connected illnesses or injuries.

II. Women’s Cancer Rights Act of 1998 (WHCRA):

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies.

This law requires group health plans, such as the District’s Self-Insured Medical and Kaiser Medical Plans, which provide coverage for all mastectomies to also cover reconstructive surgery and prostheses following mastectomies. I am pleased to inform you that the District Medical Plans are already in compliance with this law.

As the Acts requires, the purpose of this letter is to inform you about the law’s provisions. Under the law, a group health plan participant or beneficiary who receives benefits for a medically necessary mastectomy who elects breasts reconstruction after the mastectomy, will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses (e.g., breast implant); and
- Treatment for physical complications of the mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same coinsurance or co-payment provisions that apply under your health plan.

If you have any questions about coverage of mastectomies and reconstructive surgery, please call the Member Services toll-free telephone number listed on your health plan ID card.