



Notice of the Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. All School District U-46 health plans follow these requirements.

If you have any questions, please contact the Benefits Department at 847.888.5000, ext. 5026, 4264 or 5563, or e-mail your questions to Benefits@u-46.org.

Newborns' and Mothers' Health Notice

Under the Newborn and Mothers Health Protection Act of 1996, group health plans and health insurance issuers generally may not, under federal law, 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 cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). All School District U-46 health plans follow these requirements.

If you have any questions, please contact the Benefits Department at 847.888.5000, ext. 5026, 4264 or 5563, or e-mail your questions to Benefits@u-46.org.

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 calendar days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 calendar days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Department at 847.888.5000, ext. 5026, 4264 or 5563, or e-mail your questions to Benefits@u-46.org.

Wellness Program Notice

If it is unreasonably difficult due to a medical condition for you to achieve the standards for enrollment in District's Wellness Program, or if it is medically inadvisable for you to attempt to achieve the standards for enrollment under this program, call us at 847.888.5000, ext. 5026, 4264 or 5563 and we will work with you to develop another way to qualify for the plan.