==========
To: All Employees
From: NAkisha Henry
Date: February 24, 2012
Re: Healthcare Reminders and Notices
==========

Women's Health and Cancer Rights Act of 1998

On October 21, 1998 Congress passed a bill called the *Women's Health and Cancer Rights Act*. This new law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- interfere with a woman's rights under the plan to avoid these requirements, or
- offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

If you have questions about the current plan coverage, please contact NAkisha Henry at (718) 636-3787.

Newborns' 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 if applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

Healthcare Reform Mandates

Notice of Grandfather Status

Pratt Institute believes the Self Insured PPO plan (administered by UMR) plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As

permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Self Insured PPO plan (administered by UMR) plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement to cover out-of-network emergency services on an in-network basis. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (718) 636-3787. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1–866–444–3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Patient Protection Notice

The HIP plan did not maintain grandfathered status. However, the HIP plan incorporated the Healthcare Reform plan requirements including the following two items:

The HIP Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, HIP designates one for you. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact HIP using the number on the back of your ID card.

You do not need prior authorization from HIP or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact HIP using the number on the back of your ID card.

Notice of HIPAA Special Enrollment Rights

Please see the attached notice explaining your special enrollment rights.

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

Please see the attached notice that provides you with information on obtaining health care coverage through Medicaid or the Children's Health Insurance Program. There is premium assistance available if you qualify.