



The Vita Viewpoint Important Information for Decision Makers

New Reconstructive Surgery Law Special Notification Requirements

- The recently enacted federal Women's Health and Cancer Rights Act requires that health plans providing coverage for mastectomy also cover post-mastectomy reconstructive surgery, prostheses and physical complications.
- While California law has required this coverage for a number of years, the new federal law affects self-insured plans and also contains notification requirements for all plans.
- Initial notification must be in writing and should be made no later than January 1, 1999 for Plan Years beginning on January 1st. The law also specifies that an annual notification is required.
- This notification should be provided to all health plan participants. A sample notification is provided for distribution to your employees.
- The DOL just released detailed guidance in question and answer format on their internet site, <http://www.dol.gov/dol/pwba>. Go to "News Room," then "Women's Health and Cancer Rights Act".

Social Security Wage Base

- The maximum Social Security taxable wage base for 1999 has been set at \$72,600.

For questions or additional information, please contact Vita Benefits Group at (650) 968-8811.

Sample Important Notice

The federal Women's Health and Cancer Rights Act of 1998 requires coverage of treatment related to mastectomy.

If you are eligible for mastectomy benefits under your health coverage and you elect breast reconstruction in connection with such mastectomy, you are also covered for the following:

1. Reconstruction of the breast on which mastectomy has been performed;
2. Surgery and reconstruction on the other breast to produce a symmetrical appearance;
3. Protheses;
4. Treatment of physical complications of all states of mastectomy, including lymphademas.

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under your plan. Coverage is subject to applicable deductibles, copayments and coinsurance payments.

This law becomes effective on the first day of the Plan Year occurring on or after October 21, 1998.