



**Blackwater Community School**  
**Akimel O'otham Pee-Posh Charter School**



# **Employee Benefit Guide**

**SY 2016- 2017**

**Medical/ Rx**

**Dental**

**Vision**

**Disability**

**Life/AD&D**

**Aflac**

**Legal Shield**



Intellectual



Spiritual

**BALANCE  
WELLNESS**



Emotional



Social



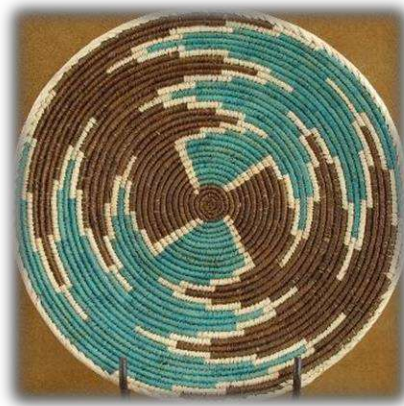
Environmental



Occupational

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# Frequently Asked Questions

## Who is eligible for benefits?

If you are a full-time employee of Blackwater Community School (working 30 hours or more per week) you are eligible to enroll in the benefits described in this guide.

The following family members are eligible for **medical benefits** through Blackwater Community School:

- Your legally married spouse, including same sex marriages
- Your eligible dependent children who are under age 26;
- Your eligible dependent for whom you hold legal guardianship, under the age of 18;
- Your unmarried children who are at least 19 and are incapable of self-support because of a mental or physical handicap.

The following family members are eligible for **dental and/or vision benefits** through the Blackwater Community School:

- Your legally married spouse;
- Your eligible dependent children who are under age 19;
- Your eligible dependent for whom you hold legal guardianship who are under age 18.
- Your unmarried children who are at least 19 and are incapable of self-support because of a mental or physical handicap.

The following family members are eligible for **life insurance benefits** through the Blackwater Community School:

- Your legally married spouse;
- Your eligible dependent children who are under age 19

You are automatically enrolled in short term disability insurance at no cost to you. This coverage is only available to employees working 30 or more hours per week.

*In order to enroll your dependents, you are required to provide appropriate documentation (for example: marriage certificate, birth certificate) at the time of enrollment. Coverage is not available for domestic partner or civil unions. Refer to your Summary Plan Description.*

## When do my benefits begin?

You must enroll for benefits within 30 days prior to your eligibility date. Otherwise, you may only enroll or make changes during the annual Open Enrollment Period.

For all plans, coverage begins for eligible employees on the first day of the month following 60 days of continuous employment. For exact plan details please refer to your Summary Plan Description.

# Frequently Asked Questions

## What does annual “Open Enrollment” mean?

Open enrollment provides a window for you to make changes to your plan elections one time per year without having reason to do so. Outside of the Open Enrollment window you are locked in to your benefit elections for the year. Mid-year changes are ONLY allowed if a qualified change, or Life Event, occurs. You must notify Human Resources within 30 days following the date of a qualifying event. Examples of a Life Event are:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in child’s dependent status
- Assignment of legal guardianship
- Death of spouse, child or other qualified dependent
- Spouse’s open enrollment
- Change in spouse’s employment and/or insurance
- Loss of insurance coverage
- New coverage under another plan

## How do I enroll for benefits?

There are three steps to enrollment:

1. Receive benefit package from Human Resources;
2. Submit applications and supporting documentation within 45 days from date of hire or no later than 30 days prior to eligibility date;
3. Understand your options by reading this guide thoroughly.

## Can I see any medical provider?

If you are on the EPO plan, you will only have in-network benefits.

If you are on the High Deductible PPO plan, you may use the doctor of your choice and receive benefits. Please note, choosing an in-network provider will result in maximized savings to both you and BWCS. In the event you seek services from an out-of-network provider, you will be subject to higher costs (in the form of deductibles and coinsurance) and may also be balance billed by that provider.

# Frequently Asked Questions

## How do I pay for my benefits?

You share in the cost of your benefits coverage. Benefit premiums are deducted from 24 of your 26 paychecks.

Blackwater Community School utilizes IRS Section 125 program for premium deductions, allowing you to use pre-tax dollars to pay for your portion of the medical, dental and vision premiums from your paycheck. Insurance premiums are not taxed because they are deducted from your gross wages. Your gross pay, minus these deductions, will be reported on your W-2 statement at the end of the year.

For most individuals, taking advantage of these payroll deductions on a pre-tax basis is beneficial. However, when deductions are taken out of your paycheck on a pre-tax basis, this also reduces the amount that is paid into Social Security, which, in turn, could affect your Social Security benefits. If you are close to retirement, or currently receiving Social Security benefits, you should understand this fact.

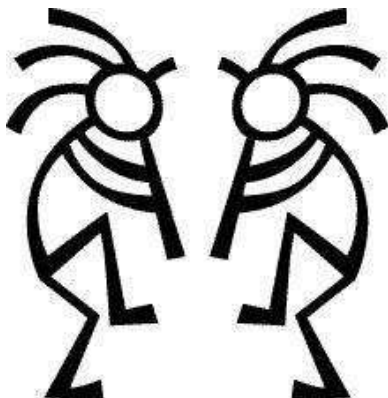
**This IRS program mandates that you keep your insurance for the Plan Year.**

## How Do I Update My Address?

You may update your address by visiting the Human Resource Department and completing a change of address form or through Summit's website, [www.summit-inc.net](http://www.summit-inc.net).

## Will I receive an I.D. card?

Only employees newly electing or changing medical, dental and/or vision will be receiving a new ID card. In the event you misplace your cards, please contact Human Resources or visit the Summit or Principal websites to order a replacement at [www.summit-inc.net](http://www.summit-inc.net) or [www.principal.com](http://www.principal.com). Please note all ID cards are mailed directly to the employees home.



# Medical & Prescription Drugs



The Blackwater Community School offers three choices for medical: EPO, High Deductible PPO Plan and Low Deductible PPO Plan. **You and your family must enroll in the same plan.** Please choose one:

Services	Option 1: EPO	Option 2: High Deductible PPO	
	In Network Only	In Network	Out of Network
Physician Visit Primary Care Physician* Specialist	\$20 Copay then 100% \$40 Copay then 100%	80% after deductible	50% after deductible
Calendar Year Deductible			
- Individual	\$0	\$2,000	\$4,000
- Family	\$0	\$4,000	\$8,000
Coinsurance	100%	80%	50%
Calendar Year Out of Pocket Limit (including deductible)			
- Individual	\$6,000	\$6,000	\$8,000
- Family	\$12,000	\$12,000	\$16,000
Preventive Care	100%	100%	No benefit
Outpatient Complex Imaging (MRI, PT, CAT Scans)	\$50 Copay then 100%	80% after deductible	50% after deductible
Emergency Room	\$150 copay per visit then 100%	80% after deductible	50% after deductible
Urgent Care	\$50 copay per visit then 100%	80% after deductible	50% after deductible
Inpatient Hospital	\$250 copay per admission then 100%	80% after deductible	50% after deductible
Outpatient Hospital	\$100 copay per visit then 100%	80% after deductible	50% after deductible
Prescription Drugs - Generic and Diabetic Medications - Preferred Brand Name - Non-Preferred Brand Name - Specialty - Mail Order	<b>Magellan RX <u>In-Network Retail Pharmacy Only</u></b> \$5 copay \$25 copay \$75 copay \$200 copay 1x retail copay for a 90 day supply		
For More Information on your pharmacy benefits, please got to:	<a href="http://www.magellanrx.com">www.magellanrx.com</a>		

\*Primary Care Physician includes General Practitioner, Internist, Ob/Gyn and Pediatrician. You are responsible for fees in excess of the out-of-network allowed amount. The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. This is called balance billing.

# Medical & Prescription Drugs (cont'd)



	<b>Option 3: Low Deductible PPO</b>	
<b>Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Physician Visit</b> Primary Care Physician* Specialist	70% after deductible	50% after deductible
<b>Calendar Year Deductible</b> - Individual - Family	\$500 \$1,000	\$1,000 \$2,000
<b>Coinsurance</b>	70%	50%
<b>Calendar Year Out of Pocket Limit (including deductible)</b> - Individual - Family	\$6,000 \$12,000	\$8,000 \$16,000
<b>Preventive Care</b>	100%	No benefit
<b>Outpatient Complex Imaging (MRI, PT, CAT Scans)</b>	70% after deductible	50% after deductible
<b>Emergency Room</b>	70% after deductible	20% after deductible
<b>Urgent Care</b>	70% after deductible	50% after deductible
<b>Inpatient Hospital</b>	70% after deductible	50% after deductible
<b>Outpatient Hospital</b>	70% after deductible	50% after deductible
<b>Prescription Drugs</b> - Generic and Diabetic Medications - Preferred Brand Name - Non-Preferred Brand Name - Specialty - Mail Order	<b>Magellan RX In-Network Retail Pharmacy Only</b> \$5 copay \$25 copay \$75 copay \$200 copay 1x retail copay for a 90 day supply	
<b>For More Information on your pharmacy benefits, please go to:</b>	<a href="http://www.magellanrx.com">www.magellanrx.com</a>	



# Wellness Plan



Blackwater Community School is committed to investing in the health and well-being of our employees with the belief that healthy employees will be happier, more productive, and have reduced healthcare costs. All employees will have the opportunity to receive **confidential** biometric blood testing, fitness assessment and access to a health coach to review their results. Employees participating will have the ability to participate in a behavior change that will help lead a healthier life based on the coach's recommendation.

These services are provided by an outside wellness vendor in order to **ensure the complete privacy and confidentiality** our employees. All individual results will be confidential between the health coach and the employee. An aggregate data report reflecting the School's overall risk factors will be shared with the plan administrator. Please rest assured this is only an aggregate report and no individual results are available to the School.

We take this matter very seriously. The wellness program is intended to give employees the tools, resources, support and motivation needed to achieve their personal wellness goals. It is voluntary, confidential and free to participate.

We trust you will enjoy participating in this program.



# Health Plan Customer Service



P.O. Box 25160 • Scottsdale, AZ 85255 • PH: 888-690-2020 • Fax: 480-505-0406

## Online Services

Visit [www.summit-inc.net](http://www.summit-inc.net) to access your personal information 24 hours a day, 7 days a week. Other services available online include:

- **Ordering a replacement ID card;**
- Viewing and printing your Explanation of Benefits;
- Obtaining claim information and details;
- Locating an in-network provider.

**You have access to the BlueCross Blue Shield of Arizona provider network. This means you have access to the #1 healthcare network of providers in the state.**



An Independent Licensee of the Blue Cross and Blue Shield Association

**To find a provider, go to: [www.azblue.com/chsnetwork](http://www.azblue.com/chsnetwork)**  
**If you prefer to speak to a customer service representative for Summit you may call toll-free:**  
**1-888-690-2020 (Group Number 430)**

Hours are Monday through Friday from 8 a.m. to 5 p.m., excluding holidays.

# Health Plan Customer Service

## Who is Eligible?

If you are covered by the Blackwater Community School medical plan, you will automatically be enrolled in the Hines program. Hines has a specialized staff of nurses who are available to help with any complex medical issues you or your covered dependents may be facing.

## Examples of health conditions where Hines can help you and your family:

### Medical Case Management

Cancer

Heart Attack

Specialty Medications – Any

Serious Medical Condition

All services provided by Hines & Associates are paid-for 100% by Blackwater Community School, and are 100% confidential.



Our Experience Works for You

### **Important!**

**Before receiving any inpatient or outpatient treatment, surgery, extensive testing such as MRI, PET or CAT scan, chemotherapy, radiation therapy or specialty medication you or your doctor must call Hines at:**

**1-800-944-9401**

*It is your responsibility to read your Summary Plan Description which outlines all services when Hines must be notified. If you do not notify Hines when necessary, your benefits will be reduced.*

# Dental Plan



Blackwater Community School’s plan only pays benefits when services rendered are from a provider that is in-network. To find a provider, please go to [www.principal.com](http://www.principal.com) and search for a dental provider or call 1-800-247-4695. **Please note, this plan does not have an out-of-network benefit.**

Services	In Network
<b>Preventive Services</b> Exams Routing Cleanings (2 per calendar year) X-rays	100% no deductible
<b>Calendar Year Deductible</b>	Individual: \$50, Family: \$150 Applies to basic and major services only
<b>Basic Services</b> Fillings Simple Extractions Endodontics (rootcanal) Periodontics (gum disease) Oral Surgery	100% after deductible
<b>Major Services</b> Crowns Dentures Bridges	80% after deductible
<b>Annual Maximum</b>	\$2,500
<b>Orthodontia                      (Dependent Children                      up to age 19 only)</b>	50% no deductible Lifetime Maximum of \$1,000 per child

For questions on your dental plan, including claims, provider lookup and benefit verification, please call 1-800-247-4695, option 3.

You may also visit [www.principal.com](http://www.principal.com) and select “Login - personal” in the upper right corner.

Your group number: **1056825**



# Vision Plan

The Blackwater Community School offers vision insurance through Principal Financial. This chart provides you an overview of your vision benefits. For more information on out-of-network benefits, please see your benefit summary or create an account using the below instructions.

Services	In Network
Vision Exam Copay	\$10 copay
Benefit for Frames Plan Allowance	No copay; \$150 benefit
Lenses	\$10 copay Covered at 100% Limitations may apply to specialty lenses and vendors
Contact Lenses Elective Medically Necessary	\$150 benefit per benefit year \$10 copay / \$500 benefit (authorization required)
Lens Tint Ultra-Violet Protection Scratch Coat Options Other Lens Options (such as transition lenses)	20-25% discount for Lens options
Frequency of Benefits  Standard Eye Exam Eyeglass Frames Eyeglass Lenses Contact Lenses	1 (one) eye exam every 12 months 1 (one) pair of frames every 24 months 1 (one) pair of lenses every 12 months 1 (one) pair of contact lenses every 12 months
LASIK Benefit	An average of 15% off the regular price or 5% off the promotional offer

For questions on your vision plan, including claims, provider lookup and benefit verification, please call 1-800-877-7195.



You may also register for a VSP.COM account with your social security number as your member ID.



Your VSP Network: **VSP Choice Network**  
Your group number: **1056825**

# Life Insurance and AD&D Plan

## When Does My Life Insurance Coverage Begin?

Coverage begins on the first day of the month following 60 days continuous employment, provided you are actively at work when coverage begins. Benefits paid will not exceed the maximum benefit. Spouse and child(ren) life benefits are all guaranteed, provided the insured is not confined in a hospital on the day coverage begins.

	Basic Life Insurance and AD&D	Optional Life and AD&D
Employee Guaranteed Amount Maximum Benefit	1x salary \$100,000 \$100,000 (Employer paid)	Increments of \$10,000 \$100,000 \$500,000
Spouse Guaranteed Amount Maximum Benefit	\$20,000 \$20,000 \$20,000	Increments of \$5,000 \$10,000 \$150,000
Child Guaranteed Amount Maximum Benefit	\$5,000 \$5,000 \$5,000	\$2,000, \$4,000, or \$10,000 benefit \$10,000 \$10,000

## Designating Your Beneficiary

**In the event of your death, benefit payments are made based on your most recent signed beneficiary designation. Therefore, it is important to keep this updated.** You must provide a signed beneficiary designation form upon enrollment. You may change your beneficiary any time throughout the year or at Open Enrollment. Please send your completed beneficiary form to Human Resources.

# Short & Long Disability Plan

## Short Term Disability

Benefits begin on the first day of the month after 60 days of continuous full-time employment. This benefit is paid on your behalf by Blackwater Community School.

	Short Term Disability
Benefits Begin	On the 31st day of Disability
Benefits Payable	On the 31st day of Disability up to 26 weeks
Percentage of Income Replaced	60%
Maximum Weekly Benefit	\$500 per week

*In the event you are disabled and need to report a claim, call Principal on their toll-free number to speak with a customer intake representative who will walk you through the process. They will take all of your information over the phone. First notify Human Resources and then call 1-800-262-3283.*

## Long Term Disability

*Provided by Arizona State Retirement (ASRS)*

If you participate in ASRS, you are auto enrolled for the long term disability plan. This benefit is partially paid for by the employee with matching employer contributions. If you need additional information, please visit their website at [www.azasrs.gov](http://www.azasrs.gov).

# Employee Assistance Plan (EAP)



Blackwater Community School cares about your well-being. To assist you, they have contracted with Magellan Healthcare to provide several services to help balance your work-life. The EAP is a confidential counseling and referral service that can help you and your family successfully deal with life's challenges. EAP services are available to you at no cost, as your employer has prepaid these services.

Services	In Network
<b>Face to Face Counseling</b>	Up to 3 counseling sessions available per incident per year. The EAP can help with things like stress, anxiety, depression, relationship problems, job or work stress, parenting, alcohol and drugs, legal issues and financial concerns.
<b>Financial Counseling</b>	Sixty (60) minute consultation with a financial counselor on issues such as budgeting, debt consolidation, loans, mortgage assistance, retirement, IRS matters, etc. Magellan counselors will provide referrals when needed. (Limit one 60-minute consultation per issue per year)
<b>Legal and Mediation Services</b>	Sixty (60) minute consultation with an attorney on any type of legal matter. The 60 minute offering is available for one consultation per topic each year. For services beyond the 60 minutes, members receive a preferred discount rate of 25% off the hourly fee. (Limit one 60-minute consultation per issue per year)
<b>Online Services</b>	Interactive website offers a variety of health and well-being information, including: Healthy Living Topics, Self-Assessments for Behavioral Health, Life Management, Workplace, Families & Parenting, Pre-recorded webinars, Life Mart Discount Center, Podcasts, etc.

EAP services provided by Magellan Healthcare are available 24 hours a day, 7 days a week from anywhere in the United States.

**Phone: 1-800-356-7089**

**Website: [www.magellanhealth.com/member](http://www.magellanhealth.com/member)**



## Additional Employee Paid Options



As a Blackwater Community School employee, Verizon Wireless offers you discounts up to 15% on eligible wireless products and services.



Aflac products pay you money when you need it the most! Call our Aflac representative to find out about the plans available to you at a lower group rate.



LegalShield is prepaid legal program that offers legal advice, document review, letters and phone calls on your behalf, etc. For more information on the plans available, please call our LegalShield representative.

# Federal Notices



The Department of Labor (DOL), the Department of Health and Human Services (HHS) and the Internal Revenue Service (IRS) require certain information related to health benefit plans be issued to employees in writing. These notices explain your rights and obligations in relation to the health plan provided by your employer. Please note this is not a legal document and should not be construed as legal advice.

The following is a summary of notices included in this packet:

- Consolidated Omnibus Budget Reconciliation Act - COBRA
- Family Medical Leave Act - FMLA
- Genetic Information Nondiscrimination Act - GINA
- HIPAA Privacy Notice
- HIPAA Special Enrollment Rights
- Medicaid and Child Health Insurance - CHIP
- Medicare Part D Notice
- Qualified Medical Child Support Order - QMCSO
- Uniformed Services Employment and Reemployment Rights Act - USERRA
- Newborn and Mother's Health Protection Act - NMHPA
- Women's Health and Cancer Rights Act - WHCRA

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act gives workers and their families who lose their health benefits the right to choose to continue group health benefits for limited periods of time under certain circumstances, such as, voluntary or involuntary job loss, reduction in the hours worked, death, divorce, and other events. Qualified individuals may be required to pay the entire cost for coverage up to 102% of the cost for the Plan.

## FAMILY MEDICAL LEAVE ACT (FMLA)

The Family Medical Leave Act entitles eligible employees of covered employers to take unpaid, job-protected leave due to a serious health condition for the employee or immediate family. To be eligible, the employee must have worked at least 1,250 hours during the prior 12 consecutive months. For additional details, visit the Department of Labor FMLA page. Notify your employer when you have a qualifying event, such as, birth or adoption of a child, a serious health condition, need to care for a spouse, child or parent with a serious medical condition, or for reservist or National Guard provisions related to you or an immediate family member leaving for military duty or being injured in active duty.

## GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

The Genetic Information Nondiscrimination Act is designed to prohibit the use of genetic information in health insurance and employment. The Act prohibits group health plans and health insurers from denying coverage to a healthy individual or charging that person higher premiums based solely on a genetic predisposition to developing a disease in the future. The legislation also bars employers from using individual's genetic information when making hiring, firing, job placement or promotion decision.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)-PRIVACY NOTICE

One of the many components of the Health Insurance Portability and Accountability Act (HIPAA) is privacy of an individual's Protected Health Information (PHI). The HIPAA privacy rule requires a health plan to remind employees no less frequently than once every three years of the availability of its notice of privacy practices as well as how to obtain a copy. Remember, it is the Privacy Practices adopted by your employer that must be distributed to all employees. You can access additional information about the required reminder notice to employees at the Office for Civil Rights website, <http://www.hhs.gov/ocr/hipaa> and clicking on FAQs, Notice of Privacy Practices.

## HIPAA SPECIAL ENROLLMENT RIGHTS

If you and/or your dependents lose other group health coverage, or you acquire a dependent, such as, marriage, birth or adoption, you have special enrollment rights in the employer's group health plan allowing you to enroll dependents during the year other than open enrollment. **You must submit a completed application for enrollment in the health plan to the employer within 30 days of the loss of other coverage or dependent acquisition in order to enroll the dependents. Failure to enroll within 30 days results in waiting until the next open enrollment.**

# Federal Notices

## **MEDICAID AND CHILD HEALTH INSURANCE (CHIP)**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have a premium assistance program that can help pay for coverage. If you or your dependent(s) are not currently enrolled in Medicaid or CHIP, and you think your dependent(s) might be eligible, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan. Once it is determined that you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit your dependent(s) to enroll in the Plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. **You have 60 days to request coverage after it is determined you are eligible for premium assistance.**

Arizona CHIP website: [www.azahcccs.gov/applicants](http://www.azahcccs.gov/applicants)

Arizona CHIP telephone: (Outside of Maricopa County): 1-877-764-5437 (Maricopa County): 602-417-5437

## **MEDICARE PART D NOTICE**

Your employer will issue a notice prior to October 15. The notice explains the options you have under Medicare prescription drug coverage. It also has information about your current prescription drug coverage with your employer. It will guide you where to find more information to help you make decisions about your prescription drug plan. If you or any of your eligible dependents are eligible for Medicare, please read the notice. If you are not, you can disregard the notice.

## **QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)**

A qualified medical child support order is issued under state law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits. An "alternate recipient" is any child of an employee or spouse (including a child adopted by or placed for adoption) who is recognized under a medical child support order as having a right to enrollment under a group health plan. Upon receipt, the employer is required to determine within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each qualified order. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer. Like most other prescribed timelines for enrolling under this provision, you must provide a completed application for enrollment for the alternate recipient within 30 days of the court order.

## **UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT NOTICE (USERRA)**

Your right to continued participation in the Plan during leave of absences for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act. Accordingly, if you are absent from work due to a period of active duty in the military for less than 30 days, your Plan participation will not be interrupted. If the absences more than 30 days, but not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 30 days or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA only under the medical coverage for the 24-month period that begins on the first day of your leave of absence. You must pay the cost for COBRA with after-tax funds, subject to the rules that are set out in the Plan.

## **NEWBORN AND MOTHER'S HEALTH PROTECTION ACT (NMHPA)**

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 physician, 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)**

The Women's Health and Cancer Rights Act (WHCRA) provides protection for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must also provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient. Required coverage includes all stages of reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.

## Contact Information



623-215-1321  
Christie Thomas



1-888-690-2020  
Michelle McGowan



1-800-247-4695



1-800-944-9401



602-220-0570  
Hal Elliot



602-369-5890  
Tanisha Morgan

**Human Resources**  
**(520) 215-5859 X 7910**

