

Annual Open Enrollment Special Notices for 2019

Women's Health and Cancer Rights Act

All of the University Health Care Plans cover mastectomies and related procedures (subject to any applicable deductibles, coinsurance or copays). Under federal law, all group health plans that provide coverage for medical and surgical benefits with respect to a mastectomy must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas. Group health plans may impose deductible or coinsurance requirements for reconstructive surgery in connection with a mastectomy, but only if the deductible and coinsurance are consistent with those established for other benefits under the plan or coverage. See the Health Program Guide and the Health Plan Comparison Chart for deductible and coinsurance requirements.

Designation of Primary Care Providers and/or OB/GYN

Some of the plan options require or permit the designation of a primary care provider. You have the right to designate any primary care provider who participates in your TPA's network and who is available to accept you or your family members. 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 the Plan Administrator at 1-585-275-2084 or the TPA listed in the 2019 Health Program Guide. You do not need prior authorization from your TPA 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 the 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 the Plan Administrator at 1-585-275-2084 or the TPA listed in the 2019 Health Program Guide.

HIPAA Special Enrollment Period Changes

If you are declining enrollment in the plan 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
- an employer stops contributing toward the cost of your or your dependents' other coverage; or
- you or your eligible dependents exhaust COBRA coverage.

However, you must request enrollment within 30 days after your or your dependents' other coverage or COBRA ends (or after the employer stops contributing toward the other coverage).

In addition, you can request (within 30 days) to enroll in the plan or enroll your eligible dependents if:

- you marry, or
- you gain a new dependent because of birth, adoption or placement for adoption.

You can also request (within 60 days) to enroll in the plan or enroll your eligible dependents if you or your eligible dependent:

- loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- become eligible for a state's premium assistance program under Medicaid or CHIP.

To request special enrollment or obtain more information, contact the Office of Total Rewards at (585) 275-2084 or email TotalRewards@rochester.edu.