On October 21, 1998, President Clinton signed into law a new federal mandate requiring group health plans that provide coverage for mastectomies (i.e., the whole or partial removal of the breast) to also provide coverage for reconstructive surgery following the mastectomy.

Please note that this mandate only applies if, in fact, the mastectomy is considered a covered and eligible expense; and, normal deductible and coinsurance provisions will apply.

The Women’s Health and Cancer Rights Act of 1998 provides for the following mandated coverage:

1. Reconstruction of the breast on which the mastectomy has been performed; and/or,
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and,
3. Prostheses and physical complications of all states of mastectomy, including lymph edemas;

   In a manner determined during consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan.

Notification Requirements contained in the law, mandate that you be notified of the coverage(s) available under this Act, in writing, prior to January 1, 1999.

The Effective Date of the Act begins on January 1, 1999 for your plan. Please contact your Plan Sponsor (Employer) for any questions regarding your effective date and/or renewal date.