Women's Health and Cancer Rights Act

To learn more specific information about the Women's Health & Cancer Rights Act, you can visit the Federal DOL at dol.gov/ebbs/publications/whra.html.

In 1998, Congress passed legislation that outlines specific coverage that all group health plans and health insurance carriers offering medical and surgical benefits for mastectomies must offer to patients. This coverage is for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to provide a symmetrical appearance.
- Prostheses and the treatment of physical complications during all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the member.

Coverage of these services is subject to the same copayments, deductibles and coinsurance percentages, if any, as other services covered under your plan. Please refer to your certificate of coverage, member handbook or schedule of benefits for more specific information.

Please contact your administrator or call Member Services at the number on your insurance identification card for more information.

Looking for information about your plan?

Every year, we share information about your health plan rights and benefits so you can get the most from your plan. This year, we’ve gathered this important information in one convenient place online, so you can access it anytime. To find your information, go to www.anthem.com/aboutyourplan2474. You can learn about your rights and responsibilities as a member, as well as:

Benefits and services related to your coverage, including:
- Covered services, and any benefits that are not covered or are limited.
- Copayments and costs you will have to share (if any).
- The steps we take when evaluating new treatments to be considered as covered benefits.
- For plans with pharmacy benefit, about your prescription drug plan, including the drug list/formulary and the pharmaceutical management procedures that may apply.

Information about how to access care:
- Primary and specialty care, behavioral health and hospital services.
- After normal office hours or when you are out of the plan’s service area.
- Emergency care or when to use 911 services.

How to perform key functions as a member of the plan, such as:
- Search for a provider, hospital, or specialist in our network, and learn about their qualifications.
- File a claim for covered services.
- Voice a complaint or appeal a decision. This includes any rights to independent external review.
- Get translation services in your preferred language, and access TTY/100 services.
- To get the best care, sharing information about all the care you receive with all your providers.

About important programs we utilize, such as:
- Our Quality Improvement program, and how we use this information to help improve the quality of our benefits and services.
- Our Utilization Management (UM) process, rules for decision-makers, how to contact UM staff toll free, and our hours of operation.
- Our Case Management program and how to sign up if you have a serious medical condition.

If you need a copy of this information on the Web, call the Member Services number on your ID card.