



Collegiate Association Resource of the Southwest

2018 REQUIRED HEALTH PLAN NOTICES

Patient Protection Disclosure

CARES generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our BlueCross BlueShield (BCBS) of Texas provider network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the BCBS online provider directory at www.bcbstx.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from CARES 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 our 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, visit the BCBS online provider directory at www.bcbstx.com.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's summary plan description for details of the Plan's deductible, benefit percentage, and copayment requirements.

If you would like more information on WHCRA benefits, visit www.dol.gov/dol/topic/health-plans/womens.htm.

Newborns' & Mothers' Protection Act

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

If you would like more information on the Newborns' & Mothers' Protection Act, visit www.dol.gov/dol/topic/health-plans/newborns.htm