



Kentucky Employees' Health Plan

## 2021 NOTICE about your rights Under the Women's Health and Cancer Rights Act of 1998

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 the 2021 plans offered through the Kentucky Employees' Health Plan. Therefore, the following deductibles and coinsurance apply:

| Plan Type          | LivingWell CDHP                  |                                  | LivingWell PPO                   |                                  |
|--------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                    | In-Network                       | Out-of-Network                   | In-Network                       | Out-of-Network                   |
| <b>Deductible</b>  | Single \$1,500<br>Family \$2,750 | Single \$2,750<br>Family \$5,250 | Single \$1,000<br>Family \$1,750 | Single \$1,750<br>Family \$3,250 |
| <b>Coinsurance</b> | Plan: 85%<br>Member: 15%         | Plan: 60%<br>Member: 40%         | Plan: 80%<br>Member: 20%         | Plan: 60%<br>Member: 40%         |

| Plan Type          | LivingWell Basic CDHP            |                                  | LivingWell Limited High Deductible Plan |                                    |
|--------------------|----------------------------------|----------------------------------|---|------------------------------------|
|                    | In-Network                       | Out-of-Network                   | In-Network                              | Out-of-Network                     |
| <b>Deductible</b>  | Single \$2,000<br>Family \$3,750 | Single \$3,250<br>Family \$6,250 | Single \$4,250<br>Family \$8,250        | Single \$ 8,250<br>Family \$16,250 |
| <b>Coinsurance</b> | Plan: 70%<br>Member: 30%         | Plan: 50%<br>Member: 50%         | Plan: 50%<br>Member: 50%                | Plan: 40%<br>Member: 60%           |

If you would like more information on WHCRA benefits, contact the Kentucky Employees' Health Plan at **888-581-8834** or **502-564-6534**.

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