

Notice of Rights

Newborns' and Mothers' Health Protection Act

Federal law requires us to tell you that health plans must offer coverage for at least 48 hours of inpatient hospital care following normal vaginal deliveries, and for at least 96 hours of care following caesarean deliveries. The time periods begin from the time of delivery or the time of hospital admission, if the delivery occurs outside of the hospital.

We do not have standard day-limit restrictions on the length of maternity stays. Instead, we review each admission for medical necessity. In any event, we do not limit hospital stays to less than the durations required by the law. As always, if you have questions about your maternity benefits please call our customer service team at the phone number on the back of your ID card.

Notice of Special Enrollment Rights for Group Health Plan Members

Loss of Other Coverage

If you are declining enrollment 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 if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage), otherwise you must wait until the next open enrollment period.

Marriage/Civil Union

If you have a new dependent as a result of marriage or Civil Union and we receive your application within 31 days after the date of marriage/Civil Union, your new type of membership is effective the first day of the month following the date of marriage/Civil Union. If we receive your request within 32 to 60 days after the date of your marriage/Civil Union, your new membership becomes effective the first day of the month after we receive your request.

If you fail to add your new dependent within 60 days of your marriage/Civil Union, you must wait until an open enrollment date to do so. If you belong to a small Group (a Group of 50 or fewer employees) plan, check with your Group Benefits Manager to see if your Group or association imposes an open enrollment period.

Birth, Adoption or Placement for Adoption

If you have a new dependent as a result of birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents without waiting for the next open enrollment period. If you already have a family membership, we cover your new Child from the date of birth, legal placement for adoption or legal adoption. You should, however, notify us of your family addition within 31 days. If you do not have a family membership, we cover your Child for 31 days after:

- birth;
- legal placement for adoption (when placement occurs prior to adoption finalization); or
- legal adoption (when placement occurs at the same time as adoption finalization). However, we must receive your application for a membership change in order to continue benefits for the Child past 31 days.

If we receive your request within the 31 days,

- the Child's effective date is retroactive to the date of birth, placement for adoption or adoption; and
- the new type of membership is effective the first day of the month following birth, placement for adoption or adoption.

If we receive your request within 32 to 60 days, the Child's membership and the new type of membership are effective the first day of the month following our receipt of your request.

If you fail to add your new Dependents within 60 days, you must wait until an open enrollment date to do so. If you belong to a small Group (a Group of 50 or fewer employees) plan, check with your Group Benefits Manager to see if your Group or association imposes an open enrollment period. Dependents who do not become covered within 94 days must fulfill their own waiting periods for preexisting conditions.

To request special enrollment or obtain more information, please contact our customer service department at the number on the back of your ID card or see "Membership" in your Certificate of Coverage.

Questions and Complaints

You may ask for a paper copy of this notice at any time. If you have questions about this notice or protecting your privacy, please call customer service at the phone number listed on the back of your ID card.

If you are concerned that we may have violated your privacy rights or otherwise not complied with this notice and the HIPAA Privacy Regulations, please contact us at:

Mail: Privacy Officer
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601

Telephone: (802) 371-3394
Fax: (802) 229-0511

Email: privacyofficer@bcbsvt.com

You may also file a complaint with the Office for Civil Rights at the U. S. Department of Health and Human Services. You may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human services, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human services.

Your rights under the Women's Health and Cancer Rights Act

Do you know your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema?

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

If you have questions about these benefits, please call our customer service team at the number on the back of your ID card.