

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

The Group Health Plan you are enrolling in (may) impose a pre-existing condition limitation or exclusion on new enrollees for a period of 12 months from the start of your waiting period. All of the Blue Shield medical plans have a pre-existing condition limitation clause. For a newly hired employee, the start of your waiting period is typically the day you begin work for this employer. If your plan imposes a waiting period, that time will count toward satisfaction of any pre-existing limitation or exclusion. If you have a break in coverage less than 63 days, your previous coverage period can also be used to reduce this waiting period. A pre-existing condition is defined as a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the start date of your waiting period.

Notice of Availability of HIPAA Privacy Notice

We are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. The Santa Barbara Superior Court is committed to maintaining and protecting the confidentiality of our employees' personal and sensitive information.

ADDITIONAL INFORMATION REGARDING YOUR BENEFITS

The Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, 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 prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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 are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this plan. You can contact your health plan's Member Services for more information.