



ANNUAL NOTICE TO OHIO DENTAL ASSOCIATION WELLNESS TRUST PARTICIPANTS

I. COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMY

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

II. MENTAL HEALTH PARITY ACT

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. This law requires that all ERISA-qualified plans, group health plans and group health insurers apply the same treatment and financial limits to medical and surgical benefits and to mental health and substance use disorder benefits.

III. MICHELLE'S LAW

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Ohio Dental Association Wellness Trust currently permits an employee to continue a child's coverage past the child's 26th birthday until the child's 28th birthday. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary

educational institution immediately before the first day of a medically necessary leave of absence.

- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
 - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
 - which is medically necessary
 - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

IV. CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT

This law requires that all ERISA-qualified plans, group health plans, must allow for a special enrollment for eligible but not enrolled employees or dependent children who either:

(a) lose coverage under a Medicaid or a State Children's Health Insurance Plan (SCHIP) under titles XIX and XXI of the Social Security Act, respectively, or (b) become eligible for group health plan premium assistance under Medicaid or SCHIP (Special Enrollment Right). The member must request coverage no later than sixty (60) days after the date eligibility is lost or the date member or dependent are determined to be eligible for State premium assistance.

If you have any questions regarding your benefits, please do not hesitate to contact the Plan at (800) 282-1526.