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Women's Health and Cancer Rights Act Notice

This notice is being provided on behalf of the following entities:

Provider Name: _____

Women's Health and Cancer Rights Act (WHCRA)

This Notice informs you of the federal regulation that requires all health plans that cover mastectomies to also cover reconstruction of the removed breast.

If you have a mastectomy and elect breast reconstruction in connection with the mastectomy, you are covered for the following:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

If you are receiving benefits under the plan in connection with a mastectomy and have elected breast reconstruction, please consult your attending physician regarding coverage. If you have any questions or concerns, please contact the Customer Service phone number listed on your identification card.

Company Name: _____
Street Address: _____
City, State, Zip: _____

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