

Figure: 28 TAC §21.2106(b)(1)

NOTICE OF CERTAIN MANDATORY BENEFITS

This notice is to advise you of certain coverage and/or benefits provided by your contract with [name of carrier].

Mastectomy or Lymph Node Dissection

Minimum Inpatient Stay: If due to treatment of breast cancer, any person covered by

this plan has either a mastectomy or a lymph node dissection, this plan will provide

coverage for inpatient care for a minimum of:

(a) 48 hours following a mastectomy, and

(b) 24 hours following a lymph node dissection.

The minimum number of inpatient hours is not required if the covered person receiving

the treatment and the attending physician determine that a shorter period of inpatient

care is appropriate.

Prohibitions: We may not (a) deny any covered person eligibility or continued eligibility

or fail to renew this plan solely to avoid providing the minimum inpatient hours; (b)

provide money payments or rebates to encourage any covered person to accept less

than the minimum inpatient hours; (c) reduce or limit the amount paid to the attending

physician, or otherwise penalize the physician, because the physician required a

covered person to receive the minimum inpatient hours; or (d) provide financial or other

incentives to the attending physician to encourage the physician to provide care that is

less than the minimum hours.

If any person covered by this plan has questions concerning the above, please call

[name of carrier] at [customer service or related department phone number], or write

us at [carrier's customer service or related department address].

Form Number 349 Mastectomy