

**NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER AND OF NO OBLIGATION
FOR PRE-AUTHORIZATION FOR OB/GYN CARE**

Community Unit School District #308 Employee Medical HMO Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact BCBS of Illinois.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Community Unit School District #308 Employee Medical HMO Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Community Unit School District #308 Employee Health Care Plan at:

Glenn Campos
Benefit Coordinator
630-636-3680

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Community Unit School District #308 Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient 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 lymphedemas.

The Community Unit School District #308 Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

PPO	In-Network	Out-of-Network
Individual Deductible	\$1,000 BCO \$2,000 In Network	\$4,000
Family Deductible	\$2,000 BCO \$4,000 In Network	\$8,000
Coinsurance	80% BCO / 60% In Network	50%
HCA	In-Network	Out-of-Network
Individual Deductible	\$3,000 BCO \$6,000 In Network	\$9,000
Family Deductible	\$6,000 BCO \$12,000 In Network	\$18,000
Coinsurance	80% BCO / 60% In Network	50%

HMO	In-Network	Out-of-Network
Individual Deductible	\$0	N/A
Family Deductible	\$0	N/A
Coinsurance	100%	N/A

If you would like more information on WHCRA benefits, please refer to your Policy Booklet or contact your Plan Administrator at:

Glenn Campos
Benefit Coordinator
630-636-3680