

The enclosed notifications are related to your medical insurance coverage through CalCPA Health. If you have any questions related to these notifications, please contact Banyan Administrators at (877) 480-7923, or via email at [calcpahealth@calcpahealth.com](mailto:calcpahealth@calcpahealth.com).

**Availability of Summary of Benefits and Coverage**

CalCPA Health and its affiliate companies would like to communicate the availability of the Summary of Benefits and Coverage (SBC) for all medical plans. A copy of your SBC is available at [www.calcpahealth.com](http://www.calcpahealth.com). On the home page, navigate to 'Plan Participants,' then 'Plan Documents,' then click 'Summary of Benefits and Coverage (SBC).' If you prefer a physical copy of your SBC, one may be obtained by contacting the following:

CalCPA Health: (800) 556-5771  
Banyan Administrators: (877) 480-7923

**Genetic Information Nondiscrimination Act ("GINA")**

GINA prohibits employer-sponsored group health plans and health insurers providing group insurance from:

- Increasing premium or contribution amounts based on genetic information;
- Requesting or requiring an individual or family member to undergo a genetic test; and
- Requesting, requiring or purchasing genetic information prior to or in connection with enrollment, or at any time for underwriting purposes.

Genetic information means:

- The individual's genetic tests;
- The genetic tests of family members;
- The manifestation of a disease or disorder in family members; or
- Any request for, or receipt of, genetic services or participation in clinical research that includes genetic services, by the individual or family member.

Genetic information does not include information about the sex or age of any individual, it does include, with respect to a pregnant woman, an individual who is utilizing an assisted reproductive technology, or a family member, genetic information of any fetus carried by the pregnant woman or of any embryo legally held by the individual or family member.

**Newborns' Act Disclosure**

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 section. 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Employees on Military Leave**

Regardless of any provision described by the Plan, if you take a leave of absence from employment because of military service, you may elect to continue coverage under the Plan to the extent required by the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA") for you and your covered Spouse or dependents.

You will be required to pay for such coverage in an amount determined under USERRA.

A person who elects to continue health plan coverage may be required to pay up to 102% of the full contribution under the Plan, except a person on active duty for 30 days or less cannot be required to pay more than the Employee's share of dependent coverage costs, if any.

Such coverage will end on the earlier of:

- the last day of the 24-month period beginning on the date your absence begins; or
- the day after the date on which you fail to apply for or return to a position of employment with your employer.

**Women's Health & Cancer Rights Act Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.