

FAQs about Women's Health and Cancer Rights



U.S. Department of Labor
Employee Benefits Security Administration

What is the Women's Health and Cancer Rights Act (WHCRA)?

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, if your group health plan covers mastectomies, the plan must provide coverage for certain services relating to the mastectomy, including reconstructive surgery and other post-mastectomy benefits. Your health plan or health insurance issuer (also commonly referred to as your health insurance company) is required to provide you with a notice of your rights under WHCRA when you enroll in the health plan, and then once each year.

I've been diagnosed with breast cancer and plan to have a mastectomy. How will WHCRA affect my benefits?

Under WHCRA, group health plans and health insurance companies offering mastectomy coverage also must provide coverage for certain services relating to the mastectomy in a manner determined in consultation with your attending physician and you. This required coverage includes 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 lymphedema.

I have not been diagnosed with cancer. However, due to other medical reasons I must undergo a mastectomy. Does WHCRA apply to me?

Yes, if your group health plan or health insurance company covers mastectomies and you are receiving benefits in connection with a mastectomy. Despite its name, nothing in the law limits WHCRA rights to cancer patients.

Does WHCRA require all group health plans and health insurance companies to provide reconstructive surgery benefits?

Generally, group health plans, as well as their insurance companies, that provide coverage for medical and surgical benefits with respect to a mastectomy must comply with WHCRA.

However, if your coverage is provided by a "church plan" or "governmental plan", check with your plan administrator. Certain plans that are church plans or governmental plans may not be subject to this law.

May group health plans or health insurance companies impose deductibles or coinsurance requirements on the coverage specified in WHCRA?

Yes, but only if the deductibles and coinsurance are consistent with those established for other benefits under the plan or coverage.

I just changed jobs and am enrolled under my new employer's plan. I underwent a mastectomy and chemotherapy treatment under my previous employer's plan. Now I want reconstructive surgery. Under WHCRA, is my new employer's plan required to cover my reconstructive surgery?

If your new employer's plan provides coverage for mastectomies and if you are receiving benefits under the plan that are related to your mastectomy, then your new employer's plan generally is required to cover reconstructive surgery if you request it. In addition, your new employer's plan generally is required to cover the other benefits specified in WHCRA. It does not matter that you were not enrolled in your new employer's plan at the time you had the mastectomy.

There are additional protections under the Affordable Care Act (ACA). For plan years beginning on or after January 1, 2014, a group health plan generally cannot limit or deny benefits relating to a health condition that was present before your enrollment date in your new employer's plan (a preexisting condition). For more information, visit the ACA web page of the Department of Labor's Employee Benefits Security Administration (EBSA) at dol.gov/ebsa/healthreform or the Department of Health and Human Services' website at HealthCare.gov.

My employer's group health plan provides coverage through an insurance company. Following my mastectomy, my employer changed insurance companies. The new insurance company is refusing to cover my reconstructive surgery. Does WHCRA provide me with any protections?

Yes, as long as your plan's coverage provided through the new insurance company provides coverage for mastectomies, you are receiving benefits under the plan related to your mastectomy, and you elect to have reconstructive surgery. If these conditions apply, the new insurance company is required to provide coverage for breast reconstruction as well as the other benefits required under WHCRA. It does not matter that you were not covered by the new company at the time you had the mastectomy.

I understand that my group health plan is required to provide me with a notice of my rights under WHCRA when I enroll in the plan. What information can I expect to find in this notice?

Plans must provide a notice to all employees when they enroll in the health plan describing the benefits that WHCRA requires the plan and its insurance companies to cover. These benefits include coverage of 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 lymphedema.

The enrollment notice also must state that for the covered employee or their family member who is receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient.

Finally, the enrollment notice must describe any deductibles and coinsurance limitations that apply to the coverage specified under WHCRA. Deductibles and coinsurance limitations may be imposed only if they are consistent with those established for other benefits under the plan or coverage.

What can I expect to find in the annual WHCRA notice from my health plan?

Your annual notice should describe the four categories of coverage required under WHCRA and information on how to obtain a detailed description of the mastectomy-related benefits available under your plan. For example, an annual notice might look like this:

“Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator [phone number here] for more information.”

Your annual notice may be the same notice provided when you enrolled in the plan if it contains the information described above.

My state requires health insurance companies to cover the benefits required by WHCRA and also requires health insurance companies to cover minimum hospital stays in connection with a mastectomy (which is not required by WHCRA). If I have a mastectomy and breast reconstruction, am I also entitled to the minimum hospital stay?

If your employer's group health plan provides coverage through an insurance company, your coverage will be subject to state law. Many state laws provide more protections than WHCRA. Those additional protections apply to coverage provided by an insurance company (known as "insured" coverage).

If your employer’s plan does not provide coverage through an insurance company (in other words, your employer “self-insures” your coverage), then the state law does not apply. In that case, only the Federal law, WHCRA, applies, and it does not require minimum hospital stays.

To find out if your group health coverage is “insured” or “self-insured,” check your health plan's Summary Plan Description or contact your plan administrator.

If your coverage is “insured” and you want to know if you have additional state law protections, check with your state insurance department.

My health coverage is through an individual policy, not through an employer. What rights, if any, do I have under WHCRA?

WHCRA rights apply to individual coverage as well. These requirements are generally within the jurisdiction of the state insurance department. Call your state insurance department or the Department of Health and Human Services toll free at 1-877-267-2323, extension 61565, for further information.

Do I have a right to preventive services related to the detection of breast cancer?

Under the ACA, you may receive recommended preventive services, such as breast cancer mammography screenings for women 40 years of age and older, with no copayment, coinsurance or deductible (or other cost-sharing). For more information, visit HealthCare.gov.

WHCRA does not require coverage for preventive services related to the detection of breast cancer.

Where can I get more information on WHCRA?

WHCRA is administered by the U.S. Departments of Labor and Health and Human Services.

For questions regarding your WHCRA rights under an employer-sponsored group health plan or to view publications on a variety of health coverage topics, visit the website of the Department of Labor's Employee Benefits Security Administration. To order publications or request assistance from a benefits advisor, contact EBSA electronically at askebsa.dol.gov or call toll free 1-866-444-3272.

Information on WHCRA is also available from the Department of Health and Human Services' Centers for Medicare & Medicaid Services. Visit CMS.gov or call toll free at 1-877-267-2323, extension 61565.

For information on insured coverage in your state, contact the office of your state insurance commissioner. Visit the National Association of Insurance Commissioners NAIC website and click on "States and Jurisdictions Map," then the state of your choice.