

INSURANCE MANAGEMENT SERVICES

NOTICE TO ALL INSUREDS

Your plan benefits include the following coverage as provided in the federal legislation known as the **“Women’s Health and Cancer Act of 1998”**.

Post-Mastectomy Benefit

The charges shown below that are incurred by a covered person as the result of a mastectomy on one or both breasts, and in a manner determined in consultation between the attending physician and the patient, are covered medical charges. Any exclusion of benefits for a procedure performed mainly to improve the appearance of the covered person does not apply to this benefit.

Covered medical charges include:

1. reconstruction of the breast on which the mastectomy has been performed;
2. surgery on and reconstruction of the non-diseased breast to produce symmetry between the breasts;
3. prostheses; and
4. treatment of physical complications, including lymphedemas, at all stages of mastectomy.

The deductible and percentage payable provisions of your plan apply. Please refer to your Plan Document and benefit booklet. Please advise your dependents of this coverage and attach this notice to your benefit booklet. Call your Plan Administrator (806-373-5944) for more information.

Newborns and Mothers Protection Act of 1996

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 or newborn 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).