

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Employbridge Holding Company Associates Welfare Benefits Plan and Employbridge Holding Company Colleagues Welfare Benefits Plan are 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 Employbridge Holding Company Associates Welfare Benefits Plan and The Employbridge Holding Company Colleagues Welfare Benefits Plan provide 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:

Anthem Base PPO	In-Network	Out-of-Network
Individual Deductible	\$6,350	\$9,525
Family Deductible	\$12,700	\$19,050
Coinsurance	100%	50%
Anthem Buy-up PPO	In-Network	Out-of-Network
Individual Deductible	\$2,500	\$5,000
Family Deductible	\$5,000	\$10,000
Coinsurance	80%	60%
Anthem HMO Plan	In-Network	Out-of-Network
Individual Deductible	\$5,900	N/A
Family Deductible	\$11,800	N/A
Coinsurance	70%	N/A
Kaiser HMO Plan	In-Network	Out-of-Network
Individual Deductible	\$1,500	N/A
Family Deductible	\$3,000	N/A
Coinsurance	100%	N/A
UMR Core Plan	In-Network	Out-of-Network
Individual Deductible	\$1,250	\$2,500
Family Deductible	\$2,500	\$5,000
Coinsurance	80%	60%
UMR HSA Basic Plan	In-Network	Out-of-Network
Individual Deductible	\$4,000	\$8,000
Family Deductible	\$8,000	\$16,000
Coinsurance	80%	60%
UMR HSA Plus Plan	In-Network	Out-of-Network

Individual Deductible	\$2,500	\$5,000
Family Deductible	\$5,000	\$10,000
Coinsurance	80%	60%
UMR PPO Plan	In-Network	Out-of-Network
Individual Deductible	\$1,500	\$3,000
Family Deductible	\$3,000	\$6,000
Coinsurance	75%	55%
UMR Value Plan	In-Network	Out-of-Network
Individual Deductible	\$3,000	\$6,000
Family Deductible	\$6,000	\$12,000
Coinsurance	80%	60%

If you would like more information on WHCRA benefits for the above plans, please contact your Plan Administrator at:

Employbridge Benefits Department, benefits@employbridge.com, 877-785-5125

If you would like more information on WHCRA benefits for the plans listed below, please contact your Plan Administrator at: The American Worker at: 877-220-1862.

Med Basic, Med Advantage, Med Advantage Plus, Med Enhanced, Med Enhanced Plus