The Women's Health and Cancer Rights Act of 1998 requires the Plan Administrator of Montana Association of Counties Health Care Trust (MACoHCT) employee health benefit plan to notify you, as a participant or beneficiary of the employee health benefit plan, of your rights related to benefits provided through the plan in connection with a mastectomy. You as a participant or beneficiary have rights to coverage to be provided in a manner determined in consultation with your attending physician 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to all regular plan provisions, including plan deductibles and benefit percentages, if applicable and as shown in the Schedule of Benefits in your Summary Plan Description Booklet. Keep this notice for your records. For further details, refer to your Summary Plan Description booklet or call MACoHCT Claims at 1-888-883-3233 for more information regarding these benefits.