WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Beacon Mobility Inc. Employee Health Care Plan is 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 Beacon Mobility Inc. Employee Health Care Plan provide(s) 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:

Aetna Choice® POS II 2500	In-Network	Out-of-Network
Individual Deductible	$2,500	$5,000
Family Deductible	$5,000	$10,000
Coinsurance	80%	60%
Aetna Choice® POS II 4500	In-Network	Out-of-Network
Individual Deductible	$4,500	$9,000
Family Deductible	$9,000	$18,000
Coinsurance	80%	60%
Aetna Choice® POS II 7500	In-Network	Out-of-Network
Individual Deductible	$7,500	$15,000
Family Deductible	$15,000	$30,000
Coinsurance	80%	60%
Aetna Select 1000	In-Network	Out-of-Network
Individual Deductible	$1,000	N/A
Family Deductible	$2,000	N/A
Coinsurance	80%	N/A

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Erin Cartwright
VP, Total Rewards
816-830-2826