WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Parsons Corporation 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 Parsons Corporation 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:

Anthem Core Plan	**In-Network**	**Out-of-Network**
Individual Deductible	$3,000	$5,500
Family Deductible	$6,000	$11,000
Coinsurance	20%	20% or 40% (where indicated on plan documents)
Anthem HSA Plus Plan	**In-Network**	**Out-of-Network**
Individual Deductible	$2,500	$4,500
Family Deductible	$5,000	$9,000
Coinsurance	20%	40%

Anthem PPO Plan	**In-Network**	**Out-of-Network**
Individual Deductible	$1,000	$1,750
Family Deductible	$2,000	$3,500
Coinsurance	20%	40%

Kaiser California	**In-Network**	**Out-of-Network**
Individual Deductible	$1,000	Not Covered (except where indicated in plan documents)
Family Deductible	$2,000	Not Covered (except where indicated in plan documents)
Coinsurance	20%	Not Covered (except where indicated in plan documents)

Kaiser Colorado	In-Network	Out-of-Network
Individual Deductible	$1,000	Not Covered (except where indicated in plan documents)
Family Deductible	$2,000	Not Covered (except where indicated in plan documents)
Coinsurance	20%	Not Covered (except where indicated in plan documents)

Kaiser Georgia	In-Network	Out-of-Network
Individual Deductible	$1,000	Not Covered (except where indicated in plan documents)
Family Deductible	$2,000	Not Covered (except where indicated in plan documents)
Coinsurance	20%	Not Covered (except where indicated in plan documents)

Kaiser Mid-Atlantic	In-Network	Out-of-Network
Individual Deductible	$1,000	Not Covered (except where indicated in plan documents)
Family Deductible	$2,000	Not Covered (except where indicated in plan documents)
Coinsurance	20%	Not Covered (except where indicated in plan documents)

HMSA Preferred Provider Plan 2010 (MED 754 / DRG 860)	In-Network	Out-of-Network
Individual Deductible	$0	$100
Family Deductible	$0	$300
Coinsurance	10% or 20% (where indicated in plan documents)	30%

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

HR Central
Log a ticket or live chat HR Central through Concierge
(833) 867-8001