



TEXAS NOTICE OF MANDATORY BENEFITS

The State of Texas requires notices to be given to insureds and applicants regarding coverage for certain mandated benefits. These rules originally became effective on March 29, 1998, but were periodically revised as new mandates were added. The last revision was on January 19, 2006 with the addition of the human papillomavirus and cervical cancer screening mandate.

The following are notices to advise you of certain coverage and/or benefits provided by your contract with Trustmark Life Insurance Company.

Mastectomy or Lymph Node Dissection

Minimum Inpatient Stay: If due to treatment of breast cancer, any person covered by this plan has either a mastectomy or a lymph node dissection, this plan will provide coverage for inpatient care for a minimum of:

- (a) 48 hours following a mastectomy, and
- (b) 24 hours following a lymph node dissection.

The minimum number of inpatient hours is not required if the covered person receiving the treatment and the attending physician determine that a shorter period of inpatient care is appropriate.

Prohibitions: We may not (a) deny any covered person eligibility or continued eligibility or fail to renew this plan solely to avoid providing the minimum inpatient hours; (b) provide money payments or rebates to encourage any covered person to accept less than the minimum inpatient hours; (c) reduce or limit the amount paid to the attending physician, or otherwise penalize the physician, because the physician required a covered person to receive the minimum inpatient hours; or (d) provide financial or other incentives to the attending physician to encourage the physician to provide care that is less than the minimum hours.

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.

Coverage and/or Benefits for

Reconstructive Surgery After Mastectomy-Enrollment

Coverage and/or benefits are provided to each covered person for reconstructive surgery after mastectomy, including:

- (a) all stages of the reconstruction of the breast on which mastectomy has been performed;
- (b) surgery and reconstruction of the other breast to achieve a symmetrical appearance; and
- (c) prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy.

The coverage and/or benefits must be provided in a manner determined to be appropriate in consultation with the covered person and the attending physician.

Deductible, copayments, and/or coinsurance is applicable to coverage and/or benefits, as shown in Schedule of Benefits.

Prohibitions: We may not (a) offer the covered person a financial incentive to forego breast reconstruction or waive the coverage and/or benefits shown above; (b) condition, limit, or deny any covered person's eligibility or continued eligibility to enroll in the plan or fail to renew this plan solely to avoid providing the coverage and/or benefits shown above; or (c) reduce or limit the amount paid to the physician or provider, nor otherwise penalize, or provide a financial incentive to induce the physician or provider to provide care to a covered person in a manner inconsistent with the coverage and/or benefits shown above.

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.

Coverage and/or Benefits for

Reconstructive Surgery After Mastectomy-Annual

Your contract, as required by the federal Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.

Examinations for Detection of Prostate Cancer

Benefits are provided for each covered male for an annual medically recognized diagnostic examination for the detection of prostate cancer. Benefits include:

- (a) a physical examination for the detection of prostate cancer; and
- (b) a prostate-specific antigen test for each covered male who is
 - (1) at least 50 years of age; or
 - (2) at least 40 years of age with a family history of prostate cancer or other prostate cancer risk factor.

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.

Inpatient Stay following Birth of a Child

For each person covered for maternity/childbirth benefits, we will provide inpatient care for the mother and her newborn child in a health care facility for a minimum of:

- (a) 48 hours following an uncomplicated vaginal delivery, and
- (b) 96 hours following an uncomplicated delivery by cesarean section.

This benefit does not require a covered female who is eligible for maternity/childbirth benefits to (a) give birth in a hospital or other health care facility or (b) remain in a hospital or other health care facility for the minimum number of hours following birth of the child.

If a covered mother or her newborn child is discharged before the 48 or 96 hours has expired, we will provide coverage for postdelivery care. Postdelivery care includes parent education, assistance and training in breast-feeding and bottle-feeding and the performance of any necessary and appropriate clinical tests. Care will be provided by a physician, registered nurse or other appropriate licensed health care provider, and the mother will have the option of receiving the care at her home, the health care provider's office or a health care facility.

If a decision is made to discharge the woman prior to the expiration of the minimum hours of coverage, in-home post-partum care provide by a Physician, registered nurse or other appropriate provider will be covered.

Post-partum care includes health care services in accordance with accepted maternal and neo-natal physical assessments, including: parent education, assistance and training in breast-feeding and bottle-feeding, and the performance of any necessary clinical tests.

Prohibitions. We may not (a) modify the terms of this coverage based on any covered person requesting less than the minimum coverage required; (b) offer the mother financial incentives or other compensation for waiver of the minimum number of hours required; (c) refuse to accept a physician's recommendation for a specified period of inpatient care made in consultation with the mother if the period recommended by the physician does not exceed guidelines for prenatal care developed by nationally recognized professional associations of obstetricians and gynecologists or pediatricians; (d) reduce payments or reimbursements below the usual and customary rate; or (f) penalize a physician for recommending inpatient care for the mother and/or the newborn child.

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.

Coverage for Tests for Detection of Colorectal Cancer

Benefits are provided, for each person enrolled in the plan who is 50 years of age or older and at normal risk for developing colon cancer, for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer. Benefits include the covered person's choice of:

- (a) a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years, or
- (b) a colonoscopy performed every 10 years.

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.

**Coverage of Tests for Detection of
Human Papillomavirus and Cervical Cancer**

Coverage is provided, for each woman enrolled in the plan who is 18 years of age or older, for expenses incurred for an annual medically recognized diagnostic examination for the early detection of cervical cancer. Coverage required under this section includes at a minimum a conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

If any person covered by this plan has questions concerning the above, please call Southwest Service Administrators, Inc. at 1-800474-3485 or 1-602-249-3582 or write us at Southwest Service Administrators, Inc, 2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021.