## CERTIFICATE SCHEDULE

1. POLICY INFORMATION

"The Policyholder": National Congress of Employers

Policy Effective Date: November 15, 2011

Policy Anniversary Date: November 15 of each following year

ELIGIBLE PERSONS: An Eligible Person is an individual who meets the requirements of the Covered Class 2.

shown below:

Class 1

All members under age 65 of an association who have applied and have been approved to receive medical benefits

Dependent Coverage: \_\_\_\_Yes X\_No

- COVERAGE YEAR: Begins on each [JANUARY 1ST] and continues for the next 12 consecutive 3. months, and ends on [DECEMBER 31st] of the [same] year.
- SICKNESS BENEFIT WAITING PERIOD: 30 Days 4.
- **COVERAGE AND BENEFIT AMOUNTS:** 5.

## Accident and Sickness Indemnity Benefit Inpatient and Outpatient

**Hospital Confinement Benefit** 

Hospital Confinement Benefit

\$300 Per Day of Confinement 30 Days Per Coverage Year

Surgery Benefit

Surgery Benefit

50% of 2010 RBRVS

Maximum Benefit Anesthesia Benefit

Maximum Benefit

3 Surgeries per Coverage Year

20% of Surgery Benefit

Doctors' Office Visit Benefits

Doctors' Office Visits Benefit - Primary Care

\$50 Per Visit

Physician

Doctors' Office Visits Benefit - Specialty Care

\$50 Per Visit

Physician

Maximum Benefit - Primary and Specialty Care 5 Visits Per Coverage Year

Visits Combined

**Emergency Room Visits Benefits** 

**Emergency Room Benefit** 

\$50 Per Visit

Maximum Benefit

1 Visits per Coverage Year

**Mental Health Benefits** 

Mental Health Inpatient Benefit

Mental Health Inpatient Maximum Benefit

Mental Health Outpatient Benefit

Mental Health Outpatient Maximum Benefit

**Wellness Benefit** 

Office Visit Benefit Maximum Benefit

Diagnostic X-Ray and Laboratory Tests

Maximum Benefit

Supplemental Accident Benefit

Emergency Room Visit Maximum Benefit

Inpatient Admission

Maximum Benefit

**Accidental Death Benefit** 

Accidental Death Principal Sum for Named Insured Accidental Death Principal Sum for Spouse

Accidental Death Principal Sum for Child(ren)

Loss Period

\$150 per day

60 days per Coverage Year

\$50 per treatment

\$1,000 per Coverage Year

\$100 per Visit

1 Visit per Coverage Year

\$100 per Visit

1 Day per Coverage Year

\$250 per Covered Accident

1 Covered Accidents per Coverage Year

\$500 per Covered Accident

1 Covered Admissions per Coverage Year

\$10,000

50% of Named Insured Benefit

25% of Named Insured Benefit

Loss within 90 days from the date of the Accident