

## 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

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

3. COVERAGE YEAR: Begins on each [JANUARY 1ST] and continues for the next 12 consecutive months, and ends on [DECEMBER 31<sup>ST</sup>] of the [same] year.

4. COVERAGE AND BENEFIT AMOUNTS:

### Accident and Sickness Indemnity Benefit Inpatient and Outpatient

**Hospital Confinement Benefit**

Hospital Confinement Benefit \$1,000 Per Day of Confinement  
Maximum Benefit 30 Days Per Coverage Year

**Surgery Benefit**

Surgery Benefit 100% of 2010 RBRVS  
Maximum Benefit 3 Surgeries per Coverage Year  
Anesthesia Benefit 20% of Surgery Benefit

**Outpatient Surgical Facility Benefit**

Outpatient Surgical Facility Benefit \$500 Per Day  
Maximum Benefit 1 Day Per Coverage Year

**Doctors' Office Visit Benefits**

Doctors' Office Visits Benefit – Primary Care Physician \$75 Per Visit  
Doctors' Office Visits Benefit – Specialty Care Physician \$75 Per Visit  
Maximum Benefit – Primary and Specialty Care Visits Combined 5 Visits Per Coverage Year

**Diagnostic X-ray & Laboratory Tests Benefits**  
**(including interpretation)**

Basic Pathology	\$75 Per Day
Basic Radiology	\$75 Per Day
Advance Studies	\$75 Per Day
Maximum Benefit for all Diagnostic X-Ray and Laboratory Benefits	4 Days Per Coverage Year

**Emergency Room Visits Benefits**

Emergency Room Benefit	\$400 Per Visit
Maximum Benefit	1 Visit per Coverage Year

**Mental Health Benefits**

Mental Health Inpatient Benefit	\$50 per day
Mental Health Inpatient Maximum Benefit	15 days per Coverage Year
Mental Health Outpatient Benefit	\$50 per treatment
Mental Health Outpatient Maximum Benefit	\$750 per Coverage Year

**Chemical Abuse and Dependence Diagnosis and Treatment Benefit**

Chemical Abuse and Dependence Diagnosis and Treatment Benefit	\$50 per day
Inpatient Rehabilitation Maximum Benefit	15 Days per Coverage Year
Chemical Abuse and Dependence Outpatient Benefit	\$50 per treatment
Chemical Abuse and Dependence Outpatient Benefit Maximum Benefit	\$750 per Coverage Year

**Wellness Benefit**

Office Visit Benefit	\$100 per Visit
Maximum Benefit	2 Visits per Coverage Year

**Accidental Death Benefit**

Accidental Death Principal Sum for Named Insured	\$10,000
Accidental Death Principal Sum for Spouse	50% of Named Insured Benefit
Accidental Death Principal Sum for Child(ren)	25% of Named Insured Benefit
Loss Period	Loss within 180 days from the date of the Accident