

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 ☒ No

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

4. COVERAGE AND BENEFIT AMOUNTS:

Accident and Sickness Indemnity Benefit Inpatient and Outpatient

Hospital Confinement Benefit

Hospital Confinement Benefit
Maximum Benefit

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

Surgery Benefit

Surgery Benefit
Maximum Benefit
Anesthesia Benefit

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

Outpatient Surgical Facility Benefit

Outpatient Surgical Facility Benefit
Maximum Benefit

\$500 Per Day
1 Day Per Coverage Year

Doctors' Office Visit Benefits

Doctors' Office Visits Benefit – Primary Care Physician
Doctors' Office Visits Benefit – Specialty Care Physician
Maximum Benefit – Primary and Specialty Care Visits Combined

\$75 Per Visit
\$75 Per Visit
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