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 31st] of the [same] year.

4. SICKNESS BENEFIT WAITING PERIOD: 30 Days

5. 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
Hospital Intensive Care Unit Confinement Benefit*	$1,000 Per Day of Confinement
Maximum Benefit	15 Days Per Coverage Year

*The Hospital Intensive Care Unit Confinement Benefit will only be payable if the Hospital Confinement Benefit is also payable. The Hospital Intensive Care Unit Confinement Benefit will be payable in addition to the Hospital Confinement Benefit.

Additional Hospital Admission Benefit

Hospital Admission Benefit	$1,000 Per Admission
Maximum Benefit	[1-5] Admissions Per Coverage Year

Surgery Benefit

Surgery Benefit	100% of 2010 RBRVS
Maximum Benefit	3 Surgeries per Coverage Year
Anesthesia Benefit	25% of Surgery Benefit

Doctors' Office Visit Benefits

Doctors' Office Visits Benefit – Primary Care Physician	$100 Per Visit
Doctors' Office Visits Benefit – Specialty Care Physician	$100 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	$200 Per Day
Basic Radiology	$200 Per Day
Advance Studies	$200 Per Day
Maximum Benefit for all Diagnostic X-Ray and Laboratory Benefits	3 Days Per Coverage Year

Emergency Room Visits Benefits

Emergency Room Benefit	$200 Per Visit
Maximum Benefit	1 Visits per Coverage Year

Mental Health Benefits

Mental Health Inpatient Benefit	$500 per day
Mental Health Inpatient Maximum Benefit	60 days per Coverage Year
Mental Health Outpatient Benefit	$50 per treatment
Mental Health Outpatient Maximum Benefit	$1,000 per Coverage Year

20 visits

Wellness Benefit

Office Visit Benefit	$200 per Visit
Maximum Benefit	1 Visit per Coverage Year
Diagnostic X-Ray and Laboratory Tests	$200 per Visit
Maximum Benefit	1 Day per Coverage Year

Supplemental Accident Benefit

Emergency Room Visit	$250 per Covered Accident
Maximum Benefit	1 Covered Accidents per Coverage Year
Inpatient Admission	$500 per Covered Accident
Maximum Benefit	3 Covered Admissions 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 90 days from the date of the Accident