

## 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 31<sup>st</sup>] 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  
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

#### 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  
Basic Radiology  
Advance Studies  
Maximum Benefit for all Diagnostic X-Ray and Laboratory Benefits

\$75 Per Day  
\$75 Per Day  
\$75 Per Day  
3 Days Per Coverage Year

**Emergency Room Visits Benefits**

Emergency Room Benefit	\$100 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  
Units

**Wellness Benefit**

Office Visit Benefit	\$100 per Visit
Maximum Benefit	1 Visit per Coverage Year

Diagnostic X-Ray and Laboratory Tests	\$100 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