

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. 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	\$750 Per Day of Confinement
Maximum Benefit	30 Days Per Coverage Year

Surgery Benefit

Surgery Benefit	80% of 2010 RBRVS
Maximum Benefit	3 Surgeries per Coverage Year
Anesthesia Benefit	20% of Surgery Benefit

Doctors' Office Visit Benefits

Doctors' Office Visits Benefit – Primary Care Physician	\$50 Per Visit
Doctors' Office Visits Benefit – Specialty Care Physician	\$50 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	\$50 Per Day
Basic Radiology	\$50 Per Day
Advance Studies	\$50 Per Day
Maximum Benefit for all Diagnostic X-Ray and Laboratory Benefits	2 Days Per Coverage Year

Emergency Room Visits Benefits

Emergency Room Benefit	\$75 Per Visit
Maximum Benefit	1 Visits per Coverage Year

Mental Health Benefits

Mental Health Inpatient Benefit	\$375 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

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	2 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