

SERFF Tracking Number: MCHX-G127022666 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 47928
 Company Tracking Number: 292.CER.AR
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: 292.CER.XX Group Hospital-Medical Indemnity Time
 Project Name/Number: 292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company /292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company

Filing at a Glance

Company: Time Insurance Company

Product Name: 292.CER.XX Group Hospital-Medical Indemnity Time SERFF Tr Num: MCHX-G127022666 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved-Closed State Tr Num: 47928

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: 292.CER.AR State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI McHughConsulting Disposition Date: 02/22/2011
 Date Submitted: 02/08/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: 292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company Status of Filing in Domicile: Not Filed

Project Number: 292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Large

Group Market Type: Association Overall Rate Impact:

Filing Status Changed: 02/22/2011

State Status Changed: 02/22/2011

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

TIME INSURANCE COMPANY (NAIC #69477; FEIN 39-0658730)

Benefit Schedule (2/2011 Edition): 292.BNS.002.XX

Dear Sir/Madam:

SERFF Tracking Number: MCHX-G127022666 State: Arkansas
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The above-referenced update to our Individual Hospital Confinement and Other Fixed Indemnity Benefit Schedule form is hereby submitted for your review seeking approval.

Individual Hospital Confinement and Other Fixed Indemnity Benefit Schedule form 292.BNS.002.XX will be used with the certificate form previously approved by the Department on April 29, 2010 via SERFF Filing ID MCHX-G126596491.

This coverage is offered for benefit of individuals who are members of a non-employer sponsored association, and coverage will be offered by independent agents licensed in your state. The master group policy is issued and delivered to the association group policyholder in the state of Illinois.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Some of the provisions/sections are bracketed to provide flexibility as well as to afford future flexibility to adjust to changing regulatory and market needs. Please see the enclosed Statement of Variability for additional information on form adaptability.

Please note that Wisconsin is the state domicile for Time Insurance Company. The state of Wisconsin does not require the filing of forms that are being marketed for out-of-state use with their office.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

Christine R. Fleming
Senior Contract Compliance Analyst
Legal Department
christine.fleming@assurant.com
T 414.299.1306 or 800.800.1212 ext. 1306
F 414.299.6168

Company and Contact

Filing Contact Information

Jane Neal, Compliance Project Specialist mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]

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2005 South Easton Road, Suite 207 215-230-7961 [FAX]
 Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Time Insurance Company	CoCode: 69477	State of Domicile: Wisconsin
501 West Michigan Avenue	Group Code: 19	Company Type:
Milwaukee, WI 53201-0624	Group Name:	State ID Number:
(414) 299-1140 ext. [Phone]	FEIN Number: 39-0658730	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$50.00	02/08/2011	44507774

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Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/22/2011	02/22/2011

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Disposition

Disposition Date: 02/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	02.07.11 McHugh Cover Letter	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	02.07.11 Client Cover Letter	Approved-Closed	Yes
Supporting Document	AR Cert of Compliance with Rule 19	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	292.BNS.002.XX Red Line	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 292.BNS.002.XX

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/22/2011	292.BNS.002.XX	Schedule Pages	Benefit Schedule	Initial		58.300	Generic TIC Assoc 292 Ben Schedule - VARIABLE w brackets and Ranges v_2-11(clean).PDF

[Inpatient Hospital Confinement Benefits:	<ul style="list-style-type: none"> • Scheduled Benefit per day of a Confinement Period due to Sickness: \$[100-5000] • Scheduled Benefit per day of a Confinement Period due to Injury: \$[100-8000] • If treated for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. • All Inpatient Hospital Confinement Benefits are limited to a Maximum Benefit of \$[10,000-1,000,000][[5-150] days] per Calendar Year, per Covered Person.] 																								
[Rehabilitation Unit Confinement Benefits	<ul style="list-style-type: none"> • Scheduled Benefit per day of a Confinement Period due to rehabilitation for Sickness: \$[50-2000] • Scheduled Benefit per day of a Confinement Period due to rehabilitation for Injury: \$[50-4000] • If rehabilitation is provided for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. • All Rehabilitation Unit Confinement Benefits are limited to a Maximum Benefit of \$[500-10,000][[10-30] days] per Calendar Year, per Covered Person.] 																								
[Emergency Room [and Urgent Care Facility] Visit Benefits	<ul style="list-style-type: none"> • Scheduled Benefit per Emergency Room visit: \$[10-400] • [Scheduled Benefit per Urgent Care visit: \$[10-400]] • All Emergency Room Visits Benefits [and Urgent Care Visit Benefits combined] are limited to a Maximum Benefit of \$[10-1200] [[1-3] visit[s]] [per Calendar Year, per Covered Person.] 																								
[Urgent Care Facility Visit Benefits	<ul style="list-style-type: none"> • Scheduled Benefit per Urgent Care visit: \$[10-400] • All Urgent Care Visit Benefits are limited to a Maximum Benefit of \$[10-1200] [[1-3] visit[s]] [per Calendar Year, per Covered Person.] 																								
[Outpatient Medical Event Benefits:	<p>All Outpatient Medical Event Benefits combined are limited to a Maximum Benefit of \$[250-10,000][[1-25] Covered Events] per Calendar Year, per Covered Person.</p> <ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefits: <table border="1" data-bbox="618 1444 1425 1923"> <thead> <tr> <th>Outpatient Medical Event</th> <th>Scheduled Benefit</th> </tr> </thead> <tbody> <tr> <td>[Laboratory Service</td> <td></td> </tr> <tr> <td> [Surgical Pathology</td> <td>\$[10-250]]</td> </tr> <tr> <td> [All other laboratory services</td> <td>\$[5-100]]</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>[Radiology Services</td> <td></td> </tr> <tr> <td> [Mammogram</td> <td>\$[10-1000]]</td> </tr> <tr> <td> [Computerized Tomography (CT) Scan</td> <td>\$[10-1000]]</td> </tr> <tr> <td> [Magnetic Resonance Imaging (MRI)</td> <td>\$[10-1000]]</td> </tr> <tr> <td> [Positron Emission Tomography (PET) Scan</td> <td>\$[10-1000]]</td> </tr> <tr> <td> [All other radiology services</td> <td>\$[10-250]]</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Outpatient Medical Event	Scheduled Benefit	[Laboratory Service		[Surgical Pathology	\$[10-250]]	[All other laboratory services	\$[5-100]]			[Radiology Services		[Mammogram	\$[10-1000]]	[Computerized Tomography (CT) Scan	\$[10-1000]]	[Magnetic Resonance Imaging (MRI)	\$[10-1000]]	[Positron Emission Tomography (PET) Scan	\$[10-1000]]	[All other radiology services	\$[10-250]]		
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[Office Visit Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit: [\$[10-150] per Office Visit in a Retail Health Clinic.] <ul style="list-style-type: none"> • \$[10-150] per Office Visit in a [Primary Care][Health Care] Practitioner's office. • \$[10-150] per Office Visit in a Specialist Practitioner's office.] • [Office Visit Benefits [in a Retail Health Clinic] are limited to a Maximum Benefit of [\$[10-500]][[1-2] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits [in a Primary Care][Health Care][Practitioner' office] are limited to a Maximum Benefit of [\$[10-500]][[1-2] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits Specialist Practitioner's office are limited to a Maximum Benefit of [\$[10-500]][[1-2] visit[s]] [per month][per Calendar Year], per Covered Person.] • Office Visit Benefits [combined] are limited to a Maximum Benefit of [\$[10-2000]][[1-12] visit[s]] per Calendar Year, per Covered Person.] 														
[[Immunization][and][or][Allergy Immunotherapy Injection] Benefits]	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per immunization: \$[5-50] • Scheduled Benefit per allergy immunotherapy injection: \$[5-25] • [[All] [Immunization][and][Allergy Immunotherapy Injection] Benefits [combined]are limited to a Maximum Benefit of [\$[50-500]][[1-12] Covered Events] per Calendar Year, per Covered Person.] 														
[Telehealth Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[10-75]] • [All Telehealth Benefits combined are limited to a Maximum Benefit of [\$[10-unlimited]][[1-unlimited] Covered Events] per Calendar Year, per Covered Person.] 														
[[Telehealth] [and] [Telemedicine] Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[10-75]] • [Scheduled Benefit per Telemedicine Services event: \$[10-75]] • [[All] [Telehealth] [and] [Telemedicine] Benefits [combined] are 														

	<p>limited to a Maximum Benefit of [[\$10-unlimited]][[1-unlimited] Covered Events] per Calendar Year, per Covered Person.]]</p>
[Outpatient Prescription Order Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: 2-180] days from the Effective Date.] • Scheduled Benefit per [Generic] Prescription Drug: \$[5-25]. • [Scheduled Benefit per [Preferred] Brand Name Prescription Drug: \$[10-100]. • [Scheduled Benefit per [Non-Preferred] Brand Name Prescription Drug: \$[10-100]] • [If a Generic Prescription Drug is available and You receive a [Non-Preferred] Brand Name Prescription Drug, only the Scheduled Benefit for the Generic Prescription Drug will be paid.] • [Outpatient Prescription Order Benefits are limited to a Maximum Benefit of [[\$10-100]][[1-3] Covered Events] per month, per Covered Person.] • [All Outpatient Prescription Order Benefits are limited a Maximum Benefit of [[\$100-2500]][[1-36] Covered Events] per Calendar Year, per Covered Person.] • [Generic Drug Outpatient Prescription Order Benefits are limited a Maximum Benefit of [[\$100-2500]][[1-36] Covered Events] per Calendar Year, per Covered Person.] • [Brand Name Drug Outpatient Prescription Order Benefits are limited a Maximum Benefit of [[\$100-2500]][[1-36] Covered Events] per Calendar Year, per Covered Person.]
[Professional Ground [or Air] Ambulance Services Benefits:	<ul style="list-style-type: none"> • Scheduled Benefit per trip by ground ambulance: \$[10-500]. • [Scheduled Benefit per trip by air ambulance: \$[500-2500].] • [All Professional Ground [or Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [[\$10-4000]][[1-4] one-way trip[s]] per Calendar Year, per Covered Person]. • [All Professional [Ground] [or Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [[\$10-4000]][[X] one-way trip[s]] per Calendar Year, per Covered Person]]
[Anesthesia Benefit	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per anesthesia Event: \$[10-500] • All Anesthesia Benefits are limited to a Maximum Benefit of [[\$10-2500]][[1-5] Covered Events][NO MAX] per Calendar Year, per Covered Person.]
[Surgical Services Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • The Scheduled Benefit for surgical Covered Events is the amount shown in the Surgical Schedule below for the corresponding Surgical Event. • Two or more Surgical Events performed during the same operative session are considered one operation and the Surgical Services Benefit will be considered based on the event with the highest Scheduled Benefit shown in the Surgical Schedule. • Surgical Event – Not Otherwise Listed: If a surgical procedure is performed that is not shown on the Surgical Schedule, the fixed

	<p>benefit will equal [50% - 1000] of the [2010] Non-Facility Pricing Amount from the Medicare national Physician's Fee Schedule released on [9/28/10].</p> <p>All Surgical Services Benefits are limited to a Maximum Benefit of [5000-250,000][[1-12] Covered Events] [per Calendar Year][,] [per Covered Person][over the lifetime of each Covered Person].]</p>
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[Surgical Schedule

We will pay the Scheduled Benefit shown below when the corresponding surgical Covered Event occurs as shown below and subject to the conditions and limitations of the Surgical Services Benefits provision.

[Surgical Event on Cardiovascular System	Scheduled Benefit]
[Insertion of electrode leads and pulse generator	\$[10-30,000]]
[Upgrade of implanted pacemaker system, including conversion of a single chamber system to a dual chamber system	\$[10-30,000]]
[Valvotomy, mitral valve; closed heart	\$[10-30,000]]
[Valvotomy, pulmonary valve, closed heart; transventricular	\$[10-30,000]]
[Valvuloplasty, mitral valve, with cardiopulmonary bypass	\$[10-30,000]]
[Valvuloplasty, open, with cardiopulmonary bypass	\$[10-30,000]]
[Valvuloplasty, open, with inflow occlusion	\$[10-30,000]]
[Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	\$[10-30,000]]
[Ligation, division, and stripping, short or long saphenous vein	\$[10-30,000]]
[Ligation, division, and stripping, of short and long saphenous vein, bilateral	\$[10-30,000]]
[Catheterization – left heart	\$[10-30,000]]
[Surgical Event on Digestive System	Scheduled Benefit]
[Biopsy of salivary gland, needle	\$[10-30,000]]
[Biopsy of salivary gland, incisional	\$[10-30,000]]
[Tonsillectomy, with or without adenoidectomy, under 12 years of age	\$[10-30,000]]
[Tonsillectomy, with or without adenoidectomy, 12 and over years of age	\$[10-30,000]]
[Excision, local; ulcer or benign tumor of stomach	\$[10-30,000]]
[Gastrectomy, total	\$[10-30,000]]
[Colectomy, total, with proctectomy; with Ileostomy	\$[10-30,000]]
[Incision and drainage of appendicular abscess, open	\$[10-30,000]]
[Appendectomy – open	\$[10-30,000]]
[Appendectomy – laparoscopic	\$[10-30,000]]
[Proctectomy; complete, combined abdominoperineal, with colostomy	\$[10-30,000]]
[Colonoscopy – diagnostic [or preventive screening]	\$[10-30,000]]
[Colonoscopy with biopsy	\$[10-30,000]]
[Colonoscopy with removal of tumor, polyp or other lesions	\$[10-30,000]]
[Upper Gastro-Intestinal (GI) Endoscopy with biopsy	\$[10-30,000]]
[Upper Gastro-Intestinal (GI) Endoscopy - diagnostic	\$[10-30,000]]
[Incision of rectal fistula, superficial	\$[10-30,000]]
[Fissurectomy, with or without sphincterotomy	\$[10-30,000]]
[Hemorrhoidectomy, external, complete	\$[10-30,000]]

[Hemorrhoidectomy, internal and external, complete	[\$10-30,000]]
[Cholecystectomy (removal of gall bladder) – open without exploration of common duct	[\$10-30,000]]
[Cholecystectomy – open with exploration of common duct	[\$10-30,000]]
[Cholecystectomy – laparoscopic, with or without exploration of common duct	[\$10-30,000]]
[Cholecystectomy – laparoscopic, with graph	[\$10-30,000]]
[Pancreatectomy, total	[\$10-30,000]]
[Exploratory laparotomy; exploratory celiotomy	[\$10-30,000]]
[Repair inguinal hernia; sliding; any age	[\$10-30,000]]
[Repair initial femoral hernia	[\$10-30,000]]
[Surgical Event on Ear	Scheduled Benefit]
[Tympanostomy	[\$10-30,000]]
[Stapes mobilization	[\$10-30,000]]
[Fenestration of semicircular canal	[\$10-30,000]]
[Surgical Event on Eye	Scheduled Benefit]
[Removal of foreign body, conjunctival, superficial	[\$10-30,000]]
[Removal of foreign body, corneal, with or without slit lamp	[\$10-30,000]]
[Excision or transposition of pterygium; without graft	[\$10-30,000]]
[Cataract removal, intra capsular, extracapsular, with insertion of intraocular lens	[\$10-30,000]]
[Repair of retinal detachment; scleral buckling, with or without implant	[\$10-30,000]]
[Muscle operation involving one or more muscles in one or both eyes	[\$10-30,000]]
[Surgical Event Related to Gynecology	Scheduled Benefit]
[Incision and drainage of Bartholin's gland abscess	[\$10-30,000]]
[Excision of Bartholin's gland or cyst	[\$10-30,000]]
[Anterior colporrhaphy, repair of cystocele, with or without repair of urethrocele	[\$10-30,000]]
[Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	[\$10-30,000]]
[Combined anteroposterior colporrhaphy	[\$10-30,000]]
[Cautery of cervix; electro or thermal	[\$10-30,000]]
[Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)	[\$10-30,000]]
[Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without	[\$10-30,000]]
[removal of ovary(s)	[\$10-30,000]]
[Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	[\$10-30,000]]
[Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	[\$10-30,000]]
[Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$10-30,000]]
[Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$10-30,000]]
[Hysteroscopy - biopsy	[\$10-30,000]]
[Hysteroscopy - ablation	[\$10-30,000]]
[Surgical Event on Musculoskeletal System	Scheduled Benefit]
[Muscle biopsy, superficial	[\$10-30,000]]

[Muscle biopsy, deep	[\$[10-30,000]]
[Arthrocentesis, large joint	[\$[10-30,000]]
[Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure)	[\$[10-30,000]]
[Closed treatment of mandibular fracture with interdental fixation	[\$[10-30,000]]
[Arthrodesis, including laminectomy and/or diskectomy	[\$[10-30,000]]
[Closed treatment of clavicular fracture; without manipulation	[\$[10-30,000]]
[Open treatment of clavicular fracture, with or without internal or external fixation	[\$[10-30,000]]
[Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	[\$[10-30,000]]
[Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s)	[\$[10-30,000]]
[Closed treatment of shoulder dislocation, with manipulation; without anesthesia	[\$[10-30,000]]
[Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	[\$[10-30,000]]
[Open treatment of acute shoulder dislocation	[\$[10-30,000]]
[Arthroscopy - shoulder	[\$[10-30,000]]
[Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	[\$[10-30,000]]
[Treatment of closed elbow dislocation; without anesthesia	[\$[10-30,000]]
[Treatment of closed elbow dislocation; requiring anesthesia	[\$[10-30,000]]
[Open Treatment of acute or chronic elbow dislocation	[\$[10-30,000]]
[Closed treatment of ulnar shaft fracture; without manipulation	[\$[10-30,000]]
[Open treatment of ulnar shaft fracture	[\$[10-30,000]]
[Closed treatment of radial and ulnar shaft fractures	[\$[10-30,000]]
[Open treatment; fixation of radius or ulna	[\$[10-30,000]]
[Open treatment; fixation of radius AND ulna	[\$[10-30,000]]
[Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	[\$[10-30,000]]
[Open treatment of distal radial fracture or epiphyseal separation, with internal fixation	[\$[10-30,000]]
[Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	[\$[10-30,000]]
[Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	[\$[10-30,000]]
[Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	[\$[10-30,000]]
[Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	[\$[10-30,000]]
[Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	[\$[10-30,000]]
[Arthrotomy, hip, including exploration or removal of loose or foreign body	[\$[10-30,000]]
[Closed treatment of femoral fracture, proximal end, neck; without manipulation	[\$[10-30,000]]
[Closed treatment of femoral fracture, proximal end, neck; with manipulation	[\$[10-30,000]]
[Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	[\$[10-30,000]]
[Arthroplasty, hip	[\$[10-30,000]]
[Arthroscopy, knee	[\$[10-30,000]]
[Arthrotomy, knee, with exploration, drainage, or removal of foreign body	[\$[10-30,000]]
[Amputation, thigh, through femur, any level	[\$[10-30,000]]
[Amputation, thigh, through femur, any level; open, circular (guillotine)	[\$[10-30,000]]

[Closed reduction of fracture of tibia, shaft	[\$[10-30,000]]
[Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation	[\$[10-30,000]]
[Open treatment of fracture of tibia, shaft	[\$[10-30,000]]
[Closed treatment of proximal fibula or shaft fracture; without manipulation	[\$[10-30,000]]
[Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	[\$[10-30,000]]
[Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	[\$[10-30,000]]
[Open treatment of distal fibular fracture (lateral malleolus)	[\$[10-30,000]]
[Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation	[\$[10-30,000]]
[Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	[\$[10-30,000]]
[Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	[\$[10-30,000]]
[Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toes, wrist, forearm, foot, ankle	[\$[10-30,000]]
[Carpal Tunnel surgery	[\$[10-30,000]]
[Closed treatment of fracture great toe	[\$[10-30,000]]
[Open treatment of fracture great toe	[\$[10-30,000]]
[Closed treatment of fracture of toes, other than great toes, without manipulation, each	[\$[10-30,000]]
[Open treatment of fracture of toes, other than great toes, without manipulation, each	[\$[10-30,000]]
[Amputation, toe; interphalangeal joint	[\$[10-30,000]]
[Surgical Event on Nervous System	Scheduled Benefit]
[Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	[\$[10-30,000]]
[Burr holes , intracerebral	[\$[10-30,000]]
[Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	[\$[10-30,000]]
[Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	[\$[10-30,000]]
[Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	[\$[XX]]
[Spinal puncture, lumbar, diagnostic	[\$[10-30,000]]
[Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	[\$[10-30,000]]
[Injection procedure for diskography	[\$[10-30,000]]
[Laminectomy with decompression of spinal cord and diskectomy, cervical	[\$[10-30,000]]
[Laminotomy and/or excision of herniated intervertebral disk, single interspace	[\$[10-30,000]]
[Sympathectomy, cervical	[\$[10-30,000]]
[Sympathectomy, lumbar	[\$[10-30,000]]
[Surgical Event on Respiratory System	Scheduled Benefit]
[Excision of nasal polyp(s), simple	[\$[10-30,000]]
[Excision of nasal polyp(s), extensive requiring hospitalization	[\$[10-30,000]]
[Submucous resection, classic, nasal septum	[\$[10-30,000]]
[Laryngectomy; total, without radical neck dissection	[\$[10-30,000]]
[Laryngectomy; total, with radical neck dissection	[\$[10-30,000]]

[Bronchoscopy, diagnostic without biopsy]	[\$[10-30,000]]
[Bronchoscopy with bronchial or endobronchial biopsy]	[\$[10-30,000]]
[Bronchoscopy with removal of foreign body]	[\$[10-30,000]]
[Bronchoscopy with excision of tumor]	[\$[10-30,000]]
[Thoracotomy, exploratory, including biopsy]	[\$[10-30,000]]
[Lobectomy, total, subtotal, or segmentation, single lobe]	[\$[10-30,000]]
[Bilobectomy]	[\$[10-30,000]]
[Pulmonary resection with concomitant thoracoplasty]	[\$[10-30,000]]
[Surgical Event Related to Skin Lesions, Cysts and Mastectomy]	Scheduled Benefit]
[Incision and drainage of abscess; simple or single]	[\$[10-30,000]]
[Incision and drainage of pilonidal cyst]	[\$[10-30,000]]
[Biopsy of skin, subcutaneous tissue and/or mucous membrane, single lesion]	[\$[10-30,000]]
[Biopsy of each additional lesion in addition to primary procedure]	[\$[10-30,000]]
[Excision, benign lesions including margins, except skin tag, 2cm or less]	[\$[10-30,000]]
[Excision, benign lesions including margins, except skin tag, over 2 cm]	[\$[10-30,000]]
[Excision of pilonidal cyst or sinus, simple]	[\$[10-30,000]]
[Excision of pilonidal cyst or sinus, extensive]	[\$[10-30,000]]
[Excision of pilonidal cyst or sinus, complicated]	[\$[10-30,000]]
[Destruction of benign or premalignant lesions; one lesion]	[\$[10-30,000]]
[Destruction of benign or premalignant lesions, second thru 14 lesions, each]	[\$[10-30,000]]
[Wart destruction, up to 14]	[\$[10-30,000]]
[Wart destruction 15 or more]	[\$[10-30,000]]
[Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions]	[\$[10-30,000]]
[Mastectomy, simple, complete]	[\$[10-30,000]]
[Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes]	[\$[10-30,000]]
[Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction]	[\$[10-30,000]]
[Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion]	[\$[10-30,000]]
[Breast reconstruction with latissimus dorsi flap, without prosthetic implant]	[\$[10-30,000]]
[Breast reconstruction with free flap]	[\$[10-30,000]]
[Breast reconstruction with other technique]	[\$[10-30,000]]
[Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)]	[\$[10-30,000]]
[Surgical Event Related to Thyroid]	Scheduled Benefit]
[Excision of cyst or adenoma of thyroid]	[\$[10-30,000]]
[Partial thyroidectomy unilateral]	[\$[10-30,000]]
[Thyroidectomy, total or complete]	[\$[10-30,000]]
[Total or subtotal for malignancy with limited neck dissection]	[\$[10-30,000]]
[Total or subtotal for malignancy with radical neck dissection]	[\$[10-30,000]]
[Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid]	[\$[10-30,000]]
[Surgical Event Related to Urinary System]	Scheduled Benefit]
[Cystoscopy]	[\$[10-30,000]]
[Nephrectomy]	[\$[10-30,000]]

[Kidney lithotripsy	[\$[10-30,000]]
[Excision or fulguration of Skene's glands	[\$[10-30,000]]
[Surgical Event for Transplants	Scheduled Benefit]
[Heart Transplant	[\$[10-30,000]]
[Lung Transplant	[\$[10-30,000]]
[Heart/Lung Transplant	[\$[10-30,000]]
[Liver Transplant	[\$[10-30,000]]
[Kidney Transplant	[\$[10-30,000]]
[Pancreas Transplant	[\$[10-30,000]]
[Bone Marrow/Stem Cell Transplant	[\$[10-30,000]]
[Cornea Transplant	[\$[10-30,000]]
[Skin Transplant	[\$[10-30,000]]
[Surgical Event – Not Otherwise Listed	Scheduled Benefit]
[For all other surgical Covered Events not listed above:	[\$[10-30,000]]

SERFF Tracking Number: MCHX-G127022666 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 47928
 Company Tracking Number: 292.CER.AR
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: 292.CER.XX Group Hospital-Medical Indemnity Time
 Project Name/Number: 292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company /292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: IM TIC Assoc Readability Certification - 292 series.PDF	Approved-Closed	02/22/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: MCHX-126596491 - Form 49800-AR approved on 4.29.10 Comments:	Approved-Closed	02/22/2011

	Item Status:	Status Date:
Satisfied - Item: 02.07.11 McHugh Cover Letter Comments: Attachment: CPS Submission Letter .PDF	Approved-Closed	02/22/2011

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter Comments: Attachment: McHugh Filing Authorization Letter - Assoc 292.PDF	Approved-Closed	02/22/2011

	Item Status:	Status Date:
Satisfied - Item: 02.07.11 Client Cover Letter Comments:	Approved-Closed	02/22/2011

SERFF Tracking Number: MCHX-G127022666 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 47928
 Company Tracking Number: 292.CER.AR
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: 292.CER.XX Group Hospital-Medical Indemnity Time
 Project Name/Number: 292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company /292.CER.XX Group Hospital-Medical Indemnity Time Insurance Company

Attachment:

AR 292 Plan Design Revision Assoc Cover Letter USE.PDF

	Item Status:	Status Date:
Satisfied - Item: AR Cert of Compliance with Rule 19	Approved-Closed	02/22/2011

Comments:

Attachment:

AR Cert of Compliance with Rule 19.PDF

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	02/22/2011

Comments:

Attachment:

Statement of Variability.PDF

	Item Status:	Status Date:
Satisfied - Item: 292.BNS.002.XX Red Line	Approved-Closed	02/22/2011

Comments:

Attachment:

Generic TIC Assoc 292 Ben Schedule - VARIABLE w brackets and Ranges v_2-11(marked).PDF

Time Insurance Company
501 West Michigan
Milwaukee, WI 53203

READABILITY CERTIFICATION

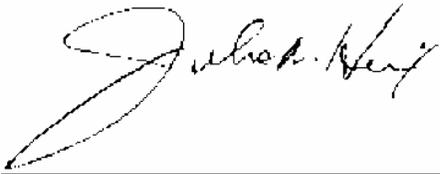
I hereby certify that the forms listed below meet or exceed the minimum Flesch reading ease test score requirements.

Form Number

Flesch Score

292.BNS.002.XX

58.3



Julia M. Hix
Vice President, Product Compliance
Dated: January 31, 2011

.....

McHugh Consulting Resources, Inc.

February 8, 2011

Sent via SERFF

Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: REVISIONS TO PREVIOUSLY APPROVED FORMS
TIME INSURANCE COMPANY (NAIC #69477; FEIN 39-0658730)
Benefit Schedule (2/2011 Edition): 292.BNS.002.XX, et al

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the above referenced forms on behalf of Time Insurance Company. We have provided an authorization letter for your files.

Time Insurance Company has provided the attached descriptive information regarding the filing which we are relaying on their behalf.

Thank you in advance for your time and attention to this filing. Should you have any questions or require additional information, please contact me at any of the number listed below.

Sincerely,



Jane Neal
Compliance Project Specialist
Mchugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Attachments



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

www.assurant.com

January 31, 2011

Re: Time Insurance Company - NAIC 69477-019; FEIN 39-0658730
Form Number: 292.BNS.002.XX et al.

Dear Sir or Madam,

This letter acts as authorization for McHugh Consulting Resources and its representative analysts to file the above-referenced forms and serve as the primary contact on behalf of the company regarding such filings while under review. Please contact McHugh Consulting Resources with questions or comments regarding the enclosed filing.

Best Regards,

Daniel Ziebell, MHP
Director of Product Compliance
daniel.ziebell@assurant.com
T 414.299.6045
F 414.299.6168

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

February 3, 2011

www.assurant.com

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201

RE: TIME INSURANCE COMPANY (NAIC #69477; FEIN 39-0658730)
Benefit Schedule (2/2011 Edition): 292.BNS.002.XX

Dear Sir/Madam:

The above-referenced update to our Individual Hospital Confinement and Other Fixed Indemnity Benefit Schedule form is hereby submitted for your review seeking approval.

Individual Hospital Confinement and Other Fixed Indemnity Benefit Schedule form 292.BNS.002.XX will be used with the certificate form previously approved by the Department on April 29, 2010 via SERFF Filing ID MCHX-G126596491.

This coverage is offered for benefit of individuals who are members of a non-employer sponsored association, and coverage will be offered by independent agents licensed in your state. The master group policy is issued and delivered to the association group policyholder in the state of Illinois.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Some of the provisions/sections are bracketed to provide flexibility as well as to afford future flexibility to adjust to changing regulatory and market needs. Please see the enclosed Statement of Variability for additional information on form adaptability.

Please note that Wisconsin is the state domicile for Time Insurance Company. The state of Wisconsin does not require the filing of forms that are being marketed for out-of-state use with their office.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

Best Regards,

A handwritten signature in black ink that reads "Christine R. Fleming". The signature is written in a cursive style with a large, stylized initial 'C'.

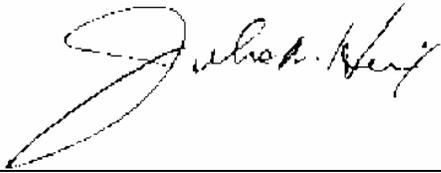
Christine R. Fleming
Senior Contract Compliance Analyst
Legal Department
christine.fleming@assurant.com
T 414.299.1306 or 800.800.1212 ext. 1306
F 414.299.6168

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Time Insurance Company

Form Number(s): 292.BNS.002.XX

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Julia M. Hix

Name

Vice President, Product Compliance

Title

February 3, 2011

Date



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

www.assurant.com

STATEMENT OF VARIABILITY

- A number of benefit options and/or items which customarily vary according to the Policyholder's specific plan of insurance, which will allow us to deliver a customized contract to our customers reflecting all benefit options selected, helping to alleviate any ambiguity on the part of the customers as to what is covered and how it is covered.
 - Flexibility in utilizing provisions when filing diverse products.
 - Future flexibility to adjust to changing regulatory and market needs.
1. All bracketed numbers (excluding form numbers) are variable, subject to the confines of state and federal law. Bracketed benefit amounts, illustrated as a range, list of amounts or otherwise, are variable and can fluctuate to provide a richer benefit to the insured than what is represented in the approved document.
 2. All bracketed text varies to the extent that such language may be:
 - a. included as shown;
 - b. omitted in its entirety;
 - c. rearranged; or
 - d. transferred to another provision, section or page.
 3. All bracketed numbers and/or text will be varied only:
 - a. within any statutory or regulatory requirements; and
 - b. under the condition that the numerical value(s) and benefit language is within the intent and framework of the actual approved provision.
 4. Bracketed addresses, locations, phone and fax numbers or other contact information may be changed to reflect the correct contact information.

We also reserve the right to amend the form(s) to correct any minor clerical or typographical errors we may have overlooked prior to approval, and to revise any phraseology to clarify the intent within the confines of the law.

Filer's Notes are provided in the forms. These notes are provided for your assistance in review of the forms and will not appear in the versions issued to the insureds.

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

[Inpatient Hospital Confinement Benefits:	<ul style="list-style-type: none"> Scheduled Benefit per day of a Confinement Period due to Sickness: \$[100-5000] Scheduled Benefit per day of a Confinement Period due to Injury: \$[100-8000] If treated for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. All Inpatient Hospital Confinement Benefits are limited to a Maximum Benefit of [\$(10,000-1,000,000)][[5-150] days] per Calendar Year, per Covered Person.] 																				
[Rehabilitation Unit Confinement Benefits	<ul style="list-style-type: none"> Scheduled Benefit per day of a Confinement Period due to rehabilitation for Sickness: \$[50-2000] Scheduled Benefit per day of a Confinement Period due to rehabilitation for Injury: \$[50-4000] If rehabilitation is provided for both a Sickness and an Injury during a Confinement Period, only the Injury benefit above will be paid. All Rehabilitation Unit Confinement Benefits are limited to a Maximum Benefit of [\$(500-10,000)][[10-30] days] per Calendar Year, per Covered Person.] 																				
[Emergency Room [and Urgent Care Facility] Visit Benefits	<ul style="list-style-type: none"> Scheduled Benefit per Emergency Room visit: \$[10-400] [Scheduled Benefit per Urgent Care visit: \$[10-400]] All Emergency Room Visits Benefits [and Urgent Care Visit Benefits combined] are limited to a Maximum Benefit of [\$(10-1200) [[1-3] visit[s]]] [per Calendar Year, per Covered Person.] 																				
[Urgent Care Facility Visit Benefits	<ul style="list-style-type: none"> Scheduled Benefit per Urgent Care visit: \$[10-400] All Urgent Care Visit Benefits are limited to a Maximum Benefit of [\$(10-1200) [[1-3] visit[s]]] [per Calendar Year, per Covered Person.] 																				
[Outpatient Medical Event Benefits:	<p>All Outpatient Medical Event Benefits combined are limited to a Maximum Benefit of [\$(250-10,000)][[1-25] Covered Events] per Calendar Year, per Covered Person.</p> <ul style="list-style-type: none"> [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] Scheduled Benefits: <table border="1" data-bbox="513 1205 1190 1602"> <thead> <tr> <th>Outpatient Medical Event</th> <th>Scheduled Benefit</th> </tr> </thead> <tbody> <tr> <td colspan="2">[Laboratory Service</td> </tr> <tr> <td>[Surgical Pathology</td> <td>\$[10-250]]</td> </tr> <tr> <td>[All other laboratory services</td> <td>\$[5-100]]</td> </tr> <tr> <td colspan="2">[Radiology Services</td> </tr> <tr> <td>[Mammogram</td> <td>\$[10-1000]]</td> </tr> <tr> <td>[Computerized Tomography (CT) Scan</td> <td>\$[10-1000]]</td> </tr> <tr> <td>[Magnetic Resonance Imaging (MRI)</td> <td>\$[10-1000]]</td> </tr> <tr> <td>[Positron Emission Tomography (PET) Scan</td> <td>\$[10-1000]]</td> </tr> <tr> <td>[All other radiology services</td> <td>\$[10-250]]</td> </tr> </tbody> </table>	Outpatient Medical Event	Scheduled Benefit	[Laboratory Service		[Surgical Pathology	\$[10-250]]	[All other laboratory services	\$[5-100]]	[Radiology Services		[Mammogram	\$[10-1000]]	[Computerized Tomography (CT) Scan	\$[10-1000]]	[Magnetic Resonance Imaging (MRI)	\$[10-1000]]	[Positron Emission Tomography (PET) Scan	\$[10-1000]]	[All other radiology services	\$[10-250]]
Outpatient Medical Event	Scheduled Benefit																				
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[Positron Emission Tomography (PET) Scan	\$[10-1000]]																				
[All other radiology services	\$[10-250]]																				

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	<p>[Physical Medicine</p> <p>[Physical Therapy (PT)] \$[10-100]]</p> <p>[Occupational Therapy (OT)] \$[10-100]]</p> <p>[Speech Therapy (ST)] \$[10-100]]</p> <p></p> <p>[All Other Outpatient Events, not otherwise shown on this Benefit Schedule: \$[10-500]]]</p>
[Office Visit Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit: [\$[10-150] per Office Visit in a Retail Health Clinic.] <ul style="list-style-type: none"> \$[10-150] per Office Visit in a [Primary Care][Health Care] Practitioner's office. [\$[10-150] per Office Visit in a Specialist Practitioner's office.] • [Office Visit Benefits [in a Retail Health Clinic] are limited to a Maximum Benefit of [\$[10-500]][[1-2] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits [in a Primary Care][Health Care][Practitioner' office] are limited to a Maximum Benefit of [\$[10-500]][[1-2] visit[s]] [per month][per Calendar Year], per Covered Person.] • [Office Visit Benefits Specialist Practitioner's office are limited to a Maximum Benefit of [\$[10-500]][[1-2] visit[s]] [per month][per Calendar Year], per Covered Person.] • Office Visit Benefits [combined] are limited to a Maximum Benefit of [\$[10-2000]][[1-12] visit[s]] per Calendar Year, per Covered Person.]
[[Immunization][and][or][Allergy Immunotherapy Injection] Benefits]	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per immunization: \$[5-50] • Scheduled Benefit per allergy immunotherapy injection: \$[5-25] • [[All] [Immunization][and][Allergy Immunotherapy Injection] Benefits [combined]are limited to a Maximum Benefit of [\$[50-500]][[1-12] Covered Events] per Calendar Year, per Covered Person.]
[Telehealth Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[10-75]] • [All Telehealth Benefits combined are limited to a Maximum Benefit of [\$[10-unlimited]][[1-unlimited] Covered Events] per Calendar Year, per Covered Person.]
[[Telehealth] [and] [Telemedicine] Benefits	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • [Scheduled Benefit per Telehealth Services event: \$[10-75]] • [Scheduled Benefit per Telemedicine Services event: \$[10-75]] • [[All] [Telehealth] [and] [Telemedicine] Benefits [combined] are

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	<p>limited to a Maximum Benefit of [[\$[10-unlimited]]][[1-unlimited] Covered Events] per Calendar Year, per Covered Person.]]</p>
[Outpatient Prescription Order Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: 2-180] days from the Effective Date.] • Scheduled Benefit per [Generic] Prescription Drug: \$[5-25]. • [Scheduled Benefit per [Preferred] Brand Name Prescription Drug: \$[10-100]. • [Scheduled Benefit per [Non-Preferred] Brand Name Prescription Drug: \$[10-100]] • [If a Generic Prescription Drug is available and You receive a [Non-Preferred] Brand Name Prescription Drug, only the Scheduled Benefit for the Generic Prescription Drug will be paid.] • [Outpatient Prescription Order Benefits are limited to a Maximum Benefit of [[\$[10-100]]][[1-3] Covered Events] per month, per Covered Person.] • [All Outpatient Prescription Order Benefits are limited a Maximum Benefit of [[\$[100-2500]]][[1-36] Covered Events] per Calendar Year, per Covered Person.] • <u>[Generic Drug Outpatient Prescription Order Benefits are limited a Maximum Benefit of [[\$[100-2500]]][[1-36] Covered Events] per Calendar Year, per Covered Person.]</u> • <u>[Brand Name Drug Outpatient Prescription Order Benefits are limited a Maximum Benefit of [[\$[100-2500]]][[1-36] Covered Events] per Calendar Year, per Covered Person.]</u>
[Professional Ground [or Air] Ambulance Services Benefits:	<ul style="list-style-type: none"> • Scheduled Benefit per trip by ground ambulance: \$[10-500]. • [Scheduled Benefit per trip by air ambulance: \$[500-2500].] • [All Professional Ground [or Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [[\$[10-4000]]][[1-4] one-way trip[s]] per Calendar Year, per Covered Person]. • [All Professional [Ground] [or Air] Ambulance Services Benefits combined are limited to a Maximum Benefit of [[\$[10-4000]]][[X] one-way trip[s]] per Calendar Year, per Covered Person]]
[Anesthesia Benefit	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • Scheduled Benefit per anesthesia Event: \$[10-500] • All Anesthesia Benefits are limited to a Maximum Benefit of [[\$[10-2500]]][[1-5] Covered Events][NO MAX] per Calendar Year, per Covered Person.]
[Surgical Services Benefits:	<ul style="list-style-type: none"> • [Benefit Waiting Period for Sickness: [2-180] days from the Effective Date.] • The Scheduled Benefit for surgical Covered Events is the amount shown in the Surgical Schedule below for the corresponding Surgical Event. • Two or more Surgical Events performed during the same operative session are considered one operation and the Surgical Services Benefit will be considered based on the event with the highest Scheduled Benefit shown in the Surgical Schedule. • Surgical Event – Not Otherwise Listed: If a surgical procedure is performed that is not shown on the Surgical Schedule, the fixed

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benefit will equal [50% - 100%] of the [2010] Non-Facility Pricing Amount from the Medicare national Physician's Fee Schedule released on [9/28/10].
 All Surgical Services Benefits are limited to a Maximum Benefit of [5000-250,000][1-12] Covered Events [per Calendar Year][,] [per Covered Person][over the lifetime of each Covered Person].]

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[Surgical Schedule]
 We will pay the Scheduled Benefit shown below when the corresponding surgical Covered Event occurs as shown below and subject to the conditions and limitations of the Surgical Services Benefits provision.

[Surgical Event on Cardiovascular System]	Scheduled Benefit]
[Insertion of electrode leads and pulse generator]	[\$[10-30,000]]
[Upgrade of implanted pacemaker system, including conversion of a single chamber system to a dual chamber system]	[\$[10-30,000]]
[Valvotomy, mitral valve; closed heart]	[\$[10-30,000]]
[Valvotomy, pulmonary valve, closed heart; transventricular]	[\$[10-30,000]]
[Valvuloplasty, mitral valve, with cardiopulmonary bypass]	[\$[10-30,000]]
[Valvuloplasty, open, with cardiopulmonary bypass]	[\$[10-30,000]]
[Valvuloplasty, open, with inflow occlusion]	[\$[10-30,000]]
[Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch]	[\$[10-30,000]]
[Ligation, division, and stripping, short or long saphenous vein]	[\$[10-30,000]]
[Ligation, division, and stripping, of short and long saphenous vein, bilateral]	[\$[10-30,000]]
[Catheterization – left heart]	[\$[10-30,000]]
[Surgical Event on Digestive System]	Scheduled Benefit]
[Biopsy of salivary gland, needle]	[\$[10-30,000]]
[Biopsy of salivary gland, incisional]	[\$[10-30,000]]
[Tonsillectomy, with or without adenoidectomy, under 12 years of age]	[\$[10-30,000]]
[Tonsillectomy, with or without adenoidectomy, 12 and over years of age]	[\$[10-30,000]]
[Excision, local; ulcer or benign tumor of stomach]	[\$[10-30,000]]
[Gastrectomy, total]	[\$[10-30,000]]
[Colectomy, total, with proctectomy; with ileostomy]	[\$[10-30,000]]
[Incision and drainage of appendicular abscess, open]	[\$[10-30,000]]
[Appendectomy – open]	[\$[10-30,000]]
[Appendectomy – laparoscopic]	[\$[10-30,000]]
[Proctectomy; complete, combined abdominoperineal, with colostomy]	[\$[10-30,000]]
[Colonoscopy – diagnostic [or preventive screening]	[\$[10-30,000]]
[Colonoscopy with biopsy]	[\$[10-30,000]]
[Colonoscopy with removal of tumor, polyp or other lesions]	[\$[10-30,000]]
[Upper Gastro-Intestinal (GI) Endoscopy with biopsy]	[\$[10-30,000]]
[Upper Gastro-Intestinal (GI) Endoscopy - diagnostic]	[\$[10-30,000]]
[Incision of rectal fistula, superficial]	[\$[10-30,000]]
[Fissurectomy, with or without sphincterotomy]	[\$[10-30,000]]
[Hemorrhoidectomy; external, complete]	-\$[10-30,000]]

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[Hemorrhoidectomy, internal and external, complete	[\$[10-30,000]]
[Cholecystectomy (removal of gall bladder) – open without exploration of common duct	[\$[10-30,000]]
[Cholecystectomy – open with exploration of common duct	[\$[10-30,000]]
[Cholecystectomy – laparoscopic, with or without exploration of common duct	[\$[10-30,000]]
[Cholecystectomy – laparoscopic, with graph	[\$[10-30,000]]
[Pancreatectomy, total	[\$[10-30,000]]
[Exploratory laparotomy; exploratory celiotomy	[\$[10-30,000]]
[Repair inguinal hernia; sliding; any age	[\$[10-30,000]]
[Repair initial femoral hernia	[\$[10-30,000]]
[Surgical Event on Ear	Scheduled Benefit]
[Tympanostomy	[\$[10-30,000]]
[Stapes mobilization	[\$[10-30,000]]
[Fenestration of semicircular canal	[\$[10-30,000]]
[Surgical Event on Eye	Scheduled Benefit]
[Removal of foreign body, conjunctival, superficial	[\$[10-30,000]]
[Removal of foreign body, corneal, with or without slit lamp	[\$[10-30,000]]
[Excision or transposition of pterygium; without graft	[\$[10-30,000]]
[Cataract removal, intra capsular, extracapsular, with insertion of intraocular lens	[\$[10-30,000]]
[Repair of retinal detachment; scleral buckling, with or without implant	[\$[10-30,000]]
[Muscle operation involving one or more muscles in one or both eyes	[\$[10-30,000]]
[Surgical Event Related to Gynecology	Scheduled Benefit]
[Incision and drainage of Bartholin's gland abscess	[\$[10-30,000]]
[Excision of Bartholin's gland or cyst	[\$[10-30,000]]
[Anterior colporrhaphy, repair of cystocele, with or without repair of urethrocele	[\$[10-30,000]]
[Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	[\$[10-30,000]]
[Combined anteroposterior colporrhaphy	[\$[10-30,000]]
[Cautery of cervix; electro or thermal	[\$[10-30,000]]
[Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)	[\$[10-30,000]]
[Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without	[\$[10-30,000]]
[removal of ovary(s)	[\$[10-30,000]]
[Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	[\$[10-30,000]]
[Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	[\$[10-30,000]]
[Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$[10-30,000]]
[Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	[\$[10-30,000]]
[Hysteroscopy - biopsy	[\$[10-30,000]]
[Hysteroscopy - ablation	[\$[10-30,000]]
[Surgical Event on Musculoskeletal System	Scheduled Benefit]
[Muscle biopsy, superficial	[\$[10-30,000]]

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[Muscle biopsy, deep	[\$[10-30,000]]
[Arthrocentesis, large joint	[\$[10-30,000]]
[Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure)	[\$[10-30,000]]
[Closed treatment of mandibular fracture with interdental fixation	[\$[10-30,000]]
[Arthrodesis, including laminectomy and/or diskectomy	[\$[10-30,000]]
[Closed treatment of clavicular fracture; without manipulation	[\$[10-30,000]]
[Open treatment of clavicular fracture, with or without internal or external fixation	[\$[10-30,000]]
[Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	[\$[10-30,000]]
[Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s)	[\$[10-30,000]]
[Closed treatment of shoulder dislocation, with manipulation; without anesthesia	[\$[10-30,000]]
[Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	[\$[10-30,000]]
[Open treatment of acute shoulder dislocation	[\$[10-30,000]]
[Arthroscopy - shoulder	[\$[10-30,000]]
[Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	[\$[10-30,000]]
[Treatment of closed elbow dislocation; without anesthesia	[\$[10-30,000]]
[Treatment of closed elbow dislocation; requiring anesthesia	[\$[10-30,000]]
[Open Treatment of acute or chronic elbow dislocation	[\$[10-30,000]]
[Closed treatment of ulnar shaft fracture; without manipulation	[\$[10-30,000]]
[Open treatment of ulnar shaft fracture	[\$[10-30,000]]
[Closed treatment of radial and ulnar shaft fractures	[\$[10-30,000]]
[Open treatment; fixation of radius or ulna	[\$[10-30,000]]
[Open treatment; fixation of radius AND ulna	[\$[10-30,000]]
[Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	[\$[10-30,000]]
[Open treatment of distal radial fracture or epiphyseal separation, with internal fixation	[\$[10-30,000]]
[Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	[\$[10-30,000]]
[Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	[\$[10-30,000]]
[Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	[\$[10-30,000]]
[Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	[\$[10-30,000]]
[Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	[\$[10-30,000]]
[Arthrotomy, hip, including exploration or removal of loose or foreign body	[\$[10-30,000]]
[Closed treatment of femoral fracture, proximal end, neck; without manipulation	[\$[10-30,000]]
[Closed treatment of femoral fracture, proximal end, neck; with manipulation	[\$[10-30,000]]
[Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	[\$[10-30,000]]
[Arthroplasty, hip	[\$[10-30,000]]
[Arthroscopy, knee	[\$[10-30,000]]
[Arthrotomy, knee, with exploration, drainage, or removal of foreign body	[\$[10-30,000]]
[Amputation, thigh, through femur, any level	[\$[10-30,000]]
[Amputation, thigh, through femur, any level; open, circular (guillotine)	[\$[10-30,000]]

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[Closed reduction of fracture of tibia, shaft	[\$10-30,000]]
[Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation	[\$10-30,000]]
[Open treatment of fracture of tibia, shaft	[\$10-30,000]]
[Closed treatment of proximal fibula or shaft fracture; without manipulation	[\$10-30,000]]
[Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	[\$10-30,000]]
[Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	[\$10-30,000]]
[Open treatment of distal fibular fracture (lateral malleolus)	[\$10-30,000]]
[Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation	[\$10-30,000]]
[Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	[\$10-30,000]]
[Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	[\$10-30,000]]
[Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toes, wrist, forearm, foot, ankle	[\$10-30,000]]
[Carpal Tunnel surgery	[\$10-30,000]]
[Closed treatment of fracture great toe	[\$10-30,000]]
[Open treatment of fracture great toe	[\$10-30,000]]
[Closed treatment of fracture of toes, other than great toes, without manipulation, each	[\$10-30,000]]
[Open treatment of fracture of toes, other than great toes, without manipulation, each	[\$10-30,000]]
[Amputation, toe; interphalangeal joint	[\$10-30,000]]
[Surgical Event on Nervous System	Scheduled Benefit]
[Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	[\$10-30,000]]
[Burr holes , intracerebral	[\$10-30,000]]
[Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	[\$10-30,000]]
[Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	[\$10-30,000]]
[Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	[\$XX]]
[Spinal puncture, lumbar, diagnostic	[\$10-30,000]]
[Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	[\$10-30,000]]
[Injection procedure for diskography	[\$10-30,000]]
[Laminectomy with decompression of spinal cord and discectomy, cervical	[\$10-30,000]]
[Laminotomy and/or excision of herniated intervertebral disk, single interspace	[\$10-30,000]]
[Sympathectomy, cervical	[\$10-30,000]]
[Sympathectomy, lumbar	[\$10-30,000]]
[Surgical Event on Respiratory System	Scheduled Benefit]
[Excision of nasal polyp(s), simple	[\$10-30,000]]
[Excision of nasal polyp(s), extensive requiring hospitalization	[\$10-30,000]]
[Submucous resection, classic, nasal septum	[\$10-30,000]]
[Laryngectomy; total, without radical neck dissection	[\$10-30,000]]
[Laryngectomy; total; with radical neck dissection	[\$10-30,000]]

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[Bronchoscopy, diagnostic without biopsy	[\$[10-30,000]]
[Bronchoscopy with bronchial or endobronchial biopsy	[\$[10-30,000]]
[Bronchoscopy with removal of foreign body	[\$[10-30,000]]
[Bronchoscopy with excision of tumor	[\$[10-30,000]]
[Thoracotomy, exploratory, including biopsy	[\$[10-30,000]]
[Lobectomy, total, subtotal, or segmentation, single lobe	[\$[10-30,000]]
[Bilobectomy	[\$[10-30,000]]
[Pulmonary resection with concomitant thoracoplasty	[\$[10-30,000]]
[Surgical Event Related to Skin Lesions, Cysts and Mastectomy	Scheduled Benefit]
[Incision and drainage of abscess; simple or single	[\$[10-30,000]]
[Incision and drainage of pilonidal cyst	[\$[10-30,000]]
[Biopsy of skin, subcutaneous tissue and/or mucous membrane, single lesion	[\$[10-30,000]]
[Biopsy of each additional lesion in addition to primary procedure	[\$[10-30,000]]
[Excision, benign lesions including margins, except skin tag, 2cm or less	[\$[10-30,000]]
[Excision, benign lesions including margins, except skin tag, over 2 cm	[\$[10-30,000]]
[Excision of pilonidal cyst or sinus, simple	[\$[10-30,000]]
[Excision of pilonidal cyst or sinus, extensive	[\$[10-30,000]]
[Excision of pilonidal cyst or sinus, complicated	[\$[10-30,000]]
[Destruction of benign or premalignant lesions; one lesion	[\$[10-30,000]]
[Destruction of benign or premalignant lesions, second thru 14 lesions, each	[\$[10-30,000]]
[Wart destruction, up to 14	[\$[10-30,000]]
[Wart destruction 15 or more	[\$[10-30,000]]
[Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	[\$[10-30,000]]
[Mastectomy, simple, complete	[\$[10-30,000]]
[Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes	[\$[10-30,000]]
[Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	[\$[10-30,000]]
[Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	[\$[10-30,000]]
[Breast reconstruction with latissimus dorsi flap, without prosthetic implant	[\$[10-30,000]]
[Breast reconstruction with free flap	[\$[10-30,000]]
[Breast reconstruction with other technique	[\$[10-30,000]]
[Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)	[\$[10-30,000]]
[Surgical Event Related to Thyroid	Scheduled Benefit]
[Excision of cyst or adenoma of thyroid	[\$[10-30,000]]
[Partial thyroidectomy unilateral	[\$[10-30,000]]
[Thyroidectomy, total or complete	[\$[10-30,000]]
[Total or subtotal for malignancy with limited neck dissection	[\$[10-30,000]]
[Total or subtotal for malignancy with radical neck dissection	[\$[10-30,000]]
[Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	[\$[10-30,000]]
[Surgical Event Related to Urinary System	Scheduled Benefit]
[Cystoscopy	[\$[10-30,000]]
[Nephrectomy	[\$[10-30,000]]

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[Kidney lithotripsy	}\${10-30,000}}
[Excision or fulguration of Skene's glands	}\${10-30,000}}
[Surgical Event for Transplants	Scheduled Benefit]
[Heart Transplant	}\${10-30,000}}
[Lung Transplant	}\${10-30,000}}
[Heart/Lung Transplant	}\${10-30,000}}
[Liver Transplant	}\${10-30,000}}
[Kidney Transplant	}\${10-30,000}}
[Pancreas Transplant	}\${10-30,000}}
[Bone Marrow/Stem Cell Transplant	}\${10-30,000}}
[Cornea Transplant	}\${10-30,000}}
[Skin Transplant	}\${10-30,000}}
[Surgical Event – Not Otherwise Listed	Scheduled Benefit]
[For all other surgical Covered Events not listed above:	}\${10-30,000}}

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